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

RHONDA JONES *et al.*, Plaintiffs, v. VICTOR HILL *et al.*, Defendants.	CIVIL ACTION NO. 1:20-CV-2791-ELR-CCB

PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

Plaintiffs respectfully move the Court under Rule 65(a) of the Federal Rules of Civil Procedure to enter a preliminary injunction requiring Defendants to take steps to protect Plaintiffs and putative class members from being infected with the virus that causes COVID-19.

A preliminary injunction is granted when (1) the plaintiff is likely to succeed on the merits of his or her claims; (2) the plaintiff would suffer irreparable harm in the absence of an injunction; (3) the harm suffered by the plaintiff absent an injunction would exceed the harm that the injunction would cause the defendant; and (4) an injunction would not disserve the public interest. *See Lebron v. Sec'y, Fla. Dep't of Children and Families*, 710 F.3d 1202, 1206 (11th Cir. 2013). As set forth in the attached brief and exhibits, Plaintiffs meet the requirements for a

preliminary injunction ordering relief under 42 U.S.C. § 1983; the Americans with Disabilities Act, 42 U.S.C. §§ 12131–12133; the Rehabilitation Act, 29 U.S.C. §§ 701 *et seq*.; and 28 U.S.C. §§ 2241 and 2243. Specifically, Plaintiffs respectfully request that the Court enter an order with the following terms:

1. Defendants shall create and file with the Court reasonably specific and detailed written plans—developed in consultation with the Georgia Department of Public Health and/or a qualified medical or public health expert in preventing and mitigating the spread of infectious diseases—for addressing the following matters:

   A. Educating detainees, staff members, contractors, and/or vendors about COVID-19, including symptoms, the importance of social distancing and frequent hand washing, the proper use of personal protective equipment, and other appropriate measures to prevent or mitigate the spread of the virus that causes COVID-19, with this education continuing on a regular and as-needed basis as more information becomes available about the virus;

   B. Screening detainees, staff members, contractors, vendors, and/or visitors to the jail for symptoms of COVID-19 upon entry to the jail;

C. Maintaining an adequate supply of COVID-19 tests and administering them to (1) all individuals who are booked into the jail; (2) a random, representative sample of all detainees and staff members at least once every 14 days; and (3) all detainees, staff members, contractors, and/or vendors suspected of being infected with the virus that causes COVID-19;

D. Responding promptly and effectively when detainees report experiencing symptoms consistent with COVID-19;

E. Detecting, monitoring, documenting, and quarantining or isolating suspected or known cases of COVID-19 among detainees or staff members, including but not limited to taking reasonable steps to identify persons within the jail who have been in contact with a person who has tested positive for or exhibited symptoms of COVID-19;

F. Ensuring that detainees known or suspected to have COVID-19 do not interact with detainees who are not known or suspected to have COVID-19;

G. Creating, posting, and implementing schedules for thorough cleaning and sanitizing of cells, common areas, and objects

used by a person known or suspected to have COVID-19;

H. Facilitating at least six feet of distance between detainees and all other persons during all out-of-cell jail operations, including free time, recreation time, sick call, pill call, meal distribution, transport to video court and other group activities;

I. Reassigning detainees within the jail facility as appropriate to maximize the number of detainees assigned a standard bed to sleep in and minimize the number of detainees required to sleep on the floor;

J. Maintaining and providing to detainees, as appropriate, adequate facilities for frequent hand washing, and adequate supplies of personal hygiene items, including soap, hand sanitizer, tissue paper, paper towels, and toothpaste;

K. Maintaining, using, and providing to detainees adequate cleaning supplies for cleaning cells, common areas, and fixtures in the jail, including chemical solutions that are effective against the virus that causes COVID-19;

L. Creating, posting, and adhering to schedules, and reminding detainees why and how to clean using issued cleaning

materials;

M. Maintaining and providing to detainees adequate supplies of personal protective equipment and similar items, including clean and serviceable face coverings, N95 or equivalent masks, gloves, face shields, and/or protective outer garments effective to prevent the spread of the virus that causes COVID-19;

N. Creating, posting, and adhering to schedules to clean objects that are frequently touched, including door handles, light switches, sink handles, countertops and tabletops, toilets, toilet handles, recreation equipment, kiosks, telephones, and showers;

O. Providing adequate clothing and laundry service to detainees;

P. Maintaining and administering the seasonal influenza vaccine to all detainees and individuals booked into the jail who agree to be vaccinated;

Q. Providing adequate, additional protective measures for all detainees performing work assignments in the jail;

R. Providing adequate, additional protective measures for all detainees who are members of the Medically Vulnerable

Subclasses, as defined in paragraphs 189 and 194 of Plaintiffs' complaint (Doc. 1);

S. Ensuring that detainees, including those who cannot easily access a kiosk, have ready access to means of reporting medical problems and unsafe conditions of confinement, including, but not limited to, access to grievance and sick call systems;

T. Documenting and monitoring the performance of all COVID-19 prevention and mitigation measures in the jail; and

U. Educating detainees about COVID-19 quarantining and other protective measures to take upon release to the community.

2. Plaintiffs shall file with the Court, within three days of Defendants' filing of the written plans discussed above, written responses to Defendants' plans identifying any areas in which Defendants' proposed response is alleged to be insufficient to prevent irreparable harm to detainees. For any matter on which Plaintiffs disagree with the Defendants' proposed remedial plan, Plaintiffs shall propose reasonably specific and detailed substitute measures.

3. The Court will consider the parties' submissions and will thereafter enter a renewed preliminary injunction that is narrowly drawn, extends no further than necessary to correct the harm the court finds requires preliminary relief, and is

the least intrusive means necessary to correct that harm. *See* 18 U.S.C. § 3626(a)(2). Within 30 days of the Court's entry of the renewed preliminary injunction, and every 30 days thereafter, Defendants shall file with the Court and serve on Plaintiffs a status report identifying the jail's detainee population, the number of active and recovered COVID-19 cases that have been identified in the jail, and Defendants' efforts to comply with each provision of the preliminary injunction. Within 7 days of each status report filed by Defendants, Plaintiffs may file a response.

4. Defendants shall provide to the Court and Plaintiffs' counsel records sufficient to show the following information, and shall provide updated versions of these documents to the Court and Plaintiffs' counsel periodically, and no less than every seven days, for the duration of a preliminary injunction order:

A. The names, reasons for detention, incarceration dates, housing assignments, dates of birth, and bond amounts (if applicable) for all current Clayton County Jail detainees;

B. The names and relevant medical conditions of all detainees who are members of the Medically Vulnerable Subclasses, as defined in paragraphs 189 and 194 of Plaintiffs' complaint.

C. The names of all Clayton County Jail detainees who are eligible for earned-time credit, home confinement, and/or other forms of discretionary release from the jail under the Sheriff's control; and

D. For individuals held on one or more bond orders, Defendants shall identify those individuals who would be eligible immediately for release if they paid the applicable bond amounts.

5. Defendants shall create and file with the Court within seven days of a preliminary injunction order a reasonably specific and detailed written plan by which Defendants or their designees will review each detainee eligible for discretionary release by the Sheriff and determine whether to grant discretionary release to each eligible detainee.

6. To further aid the Court's evaluation of whether release and/or enlargement is appropriate relief for Plaintiffs and class members' constitutional and irreparable injuries, Defendants shall create and file under seal with the Court within seven days of the date of a preliminary injunction order a list of all members of the Medically Vulnerable Subclasses that Defendants deem unsuitable for

release under any circumstances. The list must describe the asserted reason with reasonable specificity and identify the evidentiary basis for the asserted reason.

7. The parties shall jointly create and file under seal with the Court within 14 days of a preliminary injunction order a list identifying (a) all members of the Medically Vulnerable Subclasses that the parties agree are suitable for release by this Court; and (b) all members of the Medically Vulnerable Subclasses for whom the parties cannot reach an agreement as to the suitability of release, along with a concise statement explaining the bases of the parties' disagreement.

8. Following receipt of the parties' submissions pursuant to paragraphs 6 through 9, the Court will issue further orders setting forth a process to determine whether the Court must release certain class members under 42 U.S.C. § 1983, 28 U.S.C. §§ 2241 and 2243; or under the Americans with Disabilities Act and Rehabilitation Act, in order to ensure those persons are not in unreasonable risk of infection from COVID-19.

CONCLUSION

The Court should grant a preliminary injunction and writ of habeas corpus.

Respectfully submitted,

/s/ Jeremy Cutting

Kosha S. Tucker
Ga. Bar No. 214335
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF GEORGIA
P.O. Box 77208
Atlanta, GA 30357
(678) 981-5295
ktucker@acluga.org

Stephen L. Pevar
AMERICAN CIVIL LIBERTIES UNION FOUNDATION
765 Asylum Avenue
Hartford, CT 06105
(860) 570-9830
spevar@aclu.org

David C. Fathi
AMERICAN CIVIL LIBERTIES UNION FOUNDATION
915 Fifteenth Street, N.W., Seventh Floor
Washington, DC 20005
(202) 548-6603
dfathi@aclu.org

Sarah Geraghty
Ga. Bar No. 291393
Jeremy Cutting
Ga. Bar No. 947729
Ryan Primerano
Ga. Bar No. 404962
SOUTHERN CENTER FOR HUMAN RIGHTS
60 Walton Street, N.W.
Atlanta, GA 30303
(404) 688-1202
sgeraghty@schr.org

Brandon Buskey
Robert W. Hunter
AMERICAN CIVIL LIBERTIES UNION FOUNDATION
125 Broad Street
New York, NY 10004
(212) 284-7364
bbuskey@aclu.org

Counsel for Plaintiffs

July 27, 2020

CERTIFICATE OF COMPLIANCE

I certify that this document has been prepared in compliance with Local Rule 5.1C using 14-point Times New Roman font.

/s/ Jeremy Cutting

July 27, 2020

CERTIFICATE OF SERVICE

I certify that I filed the foregoing using the Court's CM/ECF system, which will send notification of filing to all counsel of record.

/s/ Jeremy Cutting

July 27, 2020

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

RHONDA JONES *et al.*,

Plaintiffs,

v.

VICTOR HILL *et al.*,

Defendants.

CIVIL ACTION

NO. 1:20-CV-2791-ELR-CCB

PLAINTIFFS' BRIEF IN SUPPORT OF MOTION FOR PRELIMINARY INJUNCTION

July 27, 2020

TABLE OF CONTENTS

TABLE OF AUTHORITIES

PAGE

CASES

STATUTES

RULES AND REGULATIONS

OTHER AUTHORITIES

INTRODUCTION

Plaintiffs seek preliminary injunctive relief to prevent imminent irreparable harm—including death and permanent physical injury—from the spreading COVID-19 outbreak in the Clayton County Jail and Defendants' failure to take reasonable steps to address the risks posed by the virus.

The COVID-19 pandemic is a life-and-death crisis of a magnitude unlike anything in living memory. Because the crisis presents immediate and severe problems for jails and prisons, federal courts around the country have had to confront the pandemic's unprecedented threat to incarcerated populations in order to preserve detainees' fundamental rights under the Eighth and Fourteenth Amendments. The specific conditions at issue in each lawsuit necessarily must be assessed on a case-by-case basis, with remedies tailored to the particular facts. In the present case, the evidence shows that there is a significant outbreak of COVID-19 at the Clayton County Jail, that the Jail's conditions are egregiously deficient, and that Defendants are callously indifferent to protecting detainees from a deadly virus. Judicial intervention is essential to save lives.

Despite the risks being evident for months, and an increasing number of positive cases in the Jail, Defendants have "taken little meaningful action to prevent the spread of COVID-19 and to protect the health and safety" of detainees.

(Rottnek Decl. ¶ 13.)[1] Indeed, Defendants are taking actions that increase the likelihood that detainees and staff will become infected:

- Defendants have failed to identify and isolate infected persons, instead leaving them inside crowded cells where they spread the virus to others.
- Defendants have no functioning system to ensure that infected people receive prompt medical attention, and instead instruct sick people to submit a medical request, a process that delays medical intervention for up to a week.
- Defendants have placed healthy persons into cells with people who are experiencing fevers, vomiting, diarrhea, and other COVID-19 symptoms.
- Defendants failed to provide facemasks to most detainees for a full three months, instead instructing detainees—including elderly and medically vulnerable people—to use a towel, t-shirt, sock, or underwear as a makeshift facemask. There remains no system for replacing and cleaning masks, and not all detainees have been issued them.
- Defendants have failed to provide even minimally adequate hygiene and cleaning supplies, such that detainees resort to using scraps of toilet paper, socks, and their personal allotment of body soap to clean their cells. The Defendants severely restrict soap distribution, providing detainees with only a small amount of liquid soap per week for hand-washing, showering, and in-cell cleaning.
- Defendants have failed to identify detainees who are medically vulnerable and take necessary precautions to protect them against infection.
- Defendants assign healthy detainees to beds vacated by detainees

[1] Plaintiffs submit the declarations of 12 present or former detainees and 3 experts: Nina Fefferman, Ph.D., an epidemiologist at the University of Tennessee, Knoxville; Fred Rottnek, M.D., a Professor of Medicine at Saint Louis University and the former Medical Director of the Saint Louis County Jail; and Emmitt L. Sparkman, a corrections consultant with more than 44 years of experience, including 11 years as Deputy Commissioner of Institutions for the Mississippi Department of Corrections.

exhibiting symptoms of COVID-19 without making any effort to sanitize the cell or bed.

- Defendants require detainees to line up a foot or two apart from one another during meal distribution, pill call, video court, and other activities.
- Defendants failed to provide any education or information about COVID-19 to detainees for a full three months of the pandemic, and to date have provided no information to detainees about COVID-19 symptoms, the Jail's outbreak, or the importance of reporting symptoms to jail staff.
- Defendants have made no discernable effort to reduce the Jail's population, continuing to house three detainees in most of the Jail's two-person cells.

Defendant Victor Hill and his subordinates, who operate the Jail and boast publicly of its harsh conditions, exhibit deliberate indifference to the risks of COVID-19 despite a surge of positive cases in the Jail. Public health agencies report 72 infected detainees as of July 9, plus at least 13 infected staff members. (Ex. G, Attach. 2, 3, 4, 9.) Instead of responding reasonably to this threat to people in their custody, Defendants contend that no outbreak exists. (Ex. K.) Defendants ignore warnings from public health agencies about COVID-19's heightened risk in jails and disregard basic precautionary steps such as social distancing, increased personal hygiene, sanitizing surfaces and cells, aggressive testing, and wearing personal protective equipment, such as clean masks. As a result of Defendants' conduct, conditions in the Jail pose an "unnecessary risk" to detainees and the public. (Fefferman Decl. ¶¶ 9, 12-14.)

To remedy Defendants' inaction and the resulting risk of harm to detainees, Plaintiffs brought this action on behalf of themselves and two classes—the Principal Pretrial Class, and the Principal Post-Adjudication Class—encompassing all detainees confined in the Jail, seeking relief from unconstitutional conditions of confinement. (Doc. 1 ¶¶ 181-88; *see id.* ¶¶ 207-14.) In addition, Plaintiffs seek to represent (1) Medically Vulnerable Subclasses of detainees whose age or medical condition makes them especially vulnerable to the most severe consequences of COVID-19, and (2) Disability Subclasses of detainees whose disabilities make them especially vulnerable to the most severe consequences of COVID-19 and entitle them to the protections of the Americans with Disabilities Act (ADA) and the Rehabilitation Act (RA). (*Id.* ¶¶ 189-206; *see id.* ¶¶ 207-36.)

Plaintiffs now move for a preliminary injunction and writ of habeas corpus providing the relief set forth in the accompanying motion and proposed order, including a written plan to mitigate COVID-19 in the Jail and proper monitoring to ensure full implementation; preliminary steps toward releasing certain detainees, including identification of all members of the Medically Vulnerable and Disability Subclasses; and a plan for releasing medically vulnerable detainees.[2] Without

[2] *See, e.g.*, *Martinez-Brooks v. Easter*, No. 3:20-CV-569, 2020 WL 2405350, at *32-33 (D. Conn. May 12, 2020) (ordering prison officials to identify "medically

preliminary injunctive relief, Plaintiffs will continue to be unnecessarily exposed to and infected by COVID-19 in violation of their constitutional and statutory rights. The Court should grant Plaintiffs' motion.

FACTUAL BACKGROUND

A. COVID-19 Presents a Substantial Risk of Severe Illness and Death to People in Jails.

COVID-19 is a highly contagious and deadly virus that presents an inherent risk in jails, which are "incubators for the virus." (Rottnek Decl. ¶ 15.) In Georgia alone, COVID-19 has infected at least 80,000 people and killed more than 2,800. (Doc. 1 ¶ 85.) Those 55 and older or with underlying health conditions are most susceptible.[3] COVID-19 spreads rapidly via "droplets in the air" and may also be transferred by "contaminated surfaces." (Fefferman Decl. ¶ 18.) Strictly following CDC guidelines regarding COVID-19—including reducing the number of detainees in congregate environments, promoting hygiene, providing face masks, and disinfecting surfaces often—is the best way to "mitigate the risk of infection and serious illness." (Rottnek Decl. 17-18; *see also* Sparkman Decl. ¶ 99.)

---

vulnerable inmates" and implement process to review them for home confinement).

[3] U.S. Ctrs. for Disease Control & Prevention, *People Who Are at Increased Risk for Severe Illness* (June 25, 2020), https://bit.ly/3fVxXOb.

Congregate conditions in jails "foster[] easy transmission of COVID-19 infection." (Fefferman Decl. ¶ 19.) Daily staff ingress and egress as well as high population turnover also compound the risks of COVID-19 in jails, putting detainees, staff, and the public at "unnecessary risk." (*Id.* at ¶¶ 9-14; *see also* Sparkman Decl. ¶¶ 21, 95-97.)

The CDC has published guidance for detention facilities, which includes common-sense steps they can take to mitigate the risk of infection, including promoting intensified cleaning, educating staff and detainees, providing cloth face coverings, ensuring adequate amounts of hygiene supplies, and practicing social distancing.[4] CDC guidelines are considered an authoritative source by correctional administrators, and adherence to the guidelines is critical. (Sparkman Decl. ¶ 19-24.) These measures, however, "are designed to manage and mitigate—not completely eliminate—the increased risk to jail populations." (Rottnek Decl. ¶ 19.) Public health professionals widely agree that "[t]he best chance for medically vulnerable [detainees] to survive . . . is to release them." (*Id.* ¶ 43.)

[4] U.S. Ctrs. for Disease Control & Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (Mar. 23, 2020), https://bit.ly/2BX2gES (hereinafter, "*CDC Interim Guidance*"); *see also* U.S. Ctrs. for Disease Control & Prevention, *Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities* (Jul. 7, 2020), https://bit.ly/2WDAvZv.

B. Defendants Have Failed to Take Reasonable Steps to Prevent and Mitigate COVID-19 Exposure in the Jail.

From the beginning of the pandemic, Defendants have been aware of the risks posed by COVID-19 and recommendations from public health experts about containing it.[5] Defendants have largely ignored this clear guidance (Sparkman Decl. ¶¶ 24-96), allowing for significant spread of COVID-19 within the Jail (Fefferman Decl. ¶¶ 16, 31).

The Georgia Department of Public Health confirmed 32 COVID-19 infections among Clayton County Jail detainees as of June 11, and 72 infections as of July 10. (Ex. G, Attach. 2 & 9.) The Clayton County Sheriff's Office nonetheless claims publicly that "[t]here is no outbreak of COVID-19 in our facility." (Ex. K.) Consistent with this denial, Defendants have no apparent system to track the outbreak, and they regularly leave symptomatic people in overcrowded cells, where sick people infect others. (Fefferman Decl. ¶¶ 24-31; Sparkman Decl. ¶¶ 83-95; F.S. Decl. ¶¶ 23-27.) Many detainees "have not been tested for COVID-19 . . . even though [they] had symptoms." (Singleton Decl. ¶

[5] For example, on March 13, 2020—the same day the President declared a national emergency—internal affairs Captain Eddie Cross emailed all five Defendants warning that prevention measures were needed to slow the spread of the virus and that people with chronic medical conditions were at higher than normal risk of serious illness if infected. (Ex. E; *see also* Ex. J.)

10.) Still others are refused medical care for even severe symptoms and are not separated from other detainees. (W.M. Decl. ¶¶ 28-33; D.H. Decl. ¶¶ 13-25.) Despite the spreading virus, people are directed to congregate in groups, with no distancing, for pill call, meal distribution, video court, and in the medical unit. (Sparkman Decl. ¶ 39-43.)

Numerous detainees have submitted declarations with this Court recounting their experiences in a jail in which Defendants failed to take reasonable steps in response to the known risks of the pandemic. (Ex. D.) The following are a few examples showing Defendants' unreasonable failure to act:

- W.L.M. is a 57-year-old man. (W.L.M. Decl. ¶ 2.) In May, he was placed in a small cell with a man experiencing fever, difficulty breathing, and diarrhea. (*Id.* ¶ 18.) The man was awaiting COVID-19 test results. (*Id.* ¶¶ 18-19.) W.L.M. had no mask. (*Id.*). Within days, W.L.M. had contracted COVID-19; he could not hold down food or water, had severe diarrhea, and "immense difficulty breathing." (*Id.* ¶¶ 21-28.) He repeatedly informed staff about his symptoms and was tested but was not isolated. (*Id.*) On a night when he could not breathe, "felt as if [his] lungs were going to collapse," and begged for help (*id.* ¶ 29), an officer told him to wait in his cell for six hours "until count," at which time another officer told him to wait hours longer "until free time" to submit a medical request. (Id. ¶¶ 30-32.) He was never called to the medical unit.

- M.B. is a 52-year-old woman who recently underwent chemotherapy for cancer. (M.B. Decl. ¶¶ 2, 12.) In late May, M.B. asked an officer for a mask, but none was provided. (*Id.* ¶ 13.) M.B. tied a scrap of old, ripped underwear around her face as a makeshift mask. (*Id.*) She became ill but could not submit a request to see a medical provider because her electronic kiosk access was "on restriction." (*Id.* ¶ 19.)

- F.S. is a 27-year-old woman whose cellmate, C.H., experienced fever, vomiting, and coughing up blood in April. (F.S. Decl. ¶¶ 2, 23-24.) When F.S. sought help, an officer told C.H. to submit a medical request, but C.H. was too sick to walk. (*Id.* ¶ 24.) When F.S. herself developed a fever, chills, sore throat, headaches, and vomiting, officers left both women in their housing unit, where they continued to line up with other detainees during meal and medication distribution. (*Id.* ¶¶ 23-27.) After submitting a medical request, F.S. waited a week to be seen by medical staff. (*Id.* ¶¶ 25-26.) She was never tested for COVID-19. (*Id.* ¶ 27.) During her illness, she used a cut-up sheet as a mask. (*Id.* ¶ 21.)

- D.H. is a 28-year-old man who works as a trustee, or inmate worker, in the Jail. (D.H. Decl. ¶¶ 2-4.) When other trustees in D.H.'s dorm began displaying symptoms consistent with COVID-19, jail officers did not immediately remove them from the dorm and instructed them to continue working around the Jail. (*Id.* ¶¶ 13-15.) D.H. became sick with similar symptoms shortly thereafter. (*Id.* ¶ 20.) He reported his symptoms to a nurse but was sent back to his dorm. (*Id.* ¶ 23.) For the next two weeks, despite being weak and actively symptomatic, D.H. was instructed to wrap a towel around his face and continue distributing meal trays to detainees in other housing units. (*Id.* ¶ 24.) He later tested positive for COVID-19. (*Id.* ¶ 26.)

- Similarly, detainees Mitchell and J.H. each placed medical requests seeking attention for symptoms consistent with COVID-19 and either waited over a week before being seen by medical staff or were never seen at all. (Mitchell Decl. ¶¶ 13-16; J.H. Decl. ¶¶ 30-31.)

Although the CDC urges jails to educate detainees about the risks of COVID-19, Defendants are not doing so. (Sparkman Decl. ¶ 70-75.) Detainees consistently report that Defendants have made no effort to advise detainees about coronavirus symptoms. (F.S. Decl. ¶ 19; A.W. Decl. ¶ 32; M.B. Decl. ¶ 16.) Defendants similarly disregard CDC recommendations to implement intensified

cleaning of the Jail.. (Sparkman Decl. ¶ 44-53.) The Jail's communal "showers [are] covered in black mold and rarely cleaned." (J.H. Decl. ¶ 13.) "Many people use the same telephones, showers, tables, and kiosks, without those items being sanitized between uses." (Jones Decl. ¶ 10; *see also* Singleton Decl. ¶ 4 (same).) Also, the Jail remains at nearly 100% capacity, and many detainees sleep on the floor with their head "two feet from the toilet." (F.S. Decl. ¶ 9.) Failing plumbing systems result in detainees sleeping where toilet water leaks onto the floor, soaking their bedding. (Watkins Decl. ¶ 20; Jones Decl. ¶ 6, 12; A.W. ¶ 10.).) Cells "smell of feces" (W.L.M. Decl. ¶ 11), have inoperable toilets (C.C. Decl. ¶ 17; A.W. Decl. ¶ 12), and are covered in mildew and mold. (A.W. Decl. ¶¶ 13-16.)

"Given the seriousness and prevalence of COVID-19, any jail administrator would understand the need for intensive sanitation measures during this time." (Sparkman Decl. ¶ 44.) But the Jail has not taken any coordinated effort to intensify cleaning. (Sparkman Decl. ¶ 51; Watkins Decl. ¶ 22; *see also* W.L.M. Decl. ¶ 13.) Prisoners who want to clean their own living areas lack supplies, and resort to using bits of toilet paper, socks, and body soap for in-cell sanitation. (*See, e.g.*, Sparkman Decl. ¶ 48; Jones Decl. ¶ 11.) While the provision of clean laundry is crucial to avoiding the spread of disease, laundering of personal items is not regular or timely at the Jail, and detainees often wait weeks or months before their

jumpsuits, towels, or sheets are laundered. (Sparkman Decl. ¶ 62-64; Mitchell Decl. ¶¶ 10-11; W.L.M. Decl. ¶ 15; J.H. Decl. ¶ 20; Watkins Decl. ¶ 17-19.) Although the CDC recommends making liquid soap readily available, soap at the Jail is strictly rationed, even as disease spreads. (Sparkman Decl. ¶ 56-58.) Detainees are only allotted four ounces per week—equivalent to a motel-sized bar of soap—and there are weeks when none is available. (J.H. Decl. ¶ 19; Watkins Decl. ¶ 15; A.W. Decl. ¶ 17; F.S. Decl. ¶ 14.) Many detainees must use their weekly soap allotment for in-cell cleaning and laundry, in addition to personal hygiene. (Singleton Decl. ¶ 6; Watkins Decl. ¶ 15.)[6]

The CDC also recommends the use of masks to stop the virus's spread, and "uniform mask use among detainees and staff would be an obvious and relatively inexpensive safeguard that any reasonable jail administrator would implement." (Sparkman Decl. ¶ 65.) But until this litigation was filed, most non-trustee detainees had no jail-issued masks. (*id.* ¶ 67.) Detainees were instead told to use makeshift masks of spare towels, ripped-up underwear, and pieces of sheets—if they have any—which are often unlaundered and potentially contaminated. (*Id.*)

[6] "At a jail where many people are testing positive for COVID-19 . . . any reasonable correctional administrator would know to modify the procedures, especially procedures pertaining to the rationing of soap." (Sparkman Decl. ¶ 54.)

Masks are not laundered, let alone laundered "routinely," as recommended by the CDC. (*Id*. ¶ 66 (quoting *CDC Interim Guidance*).)

The CDC recommends jails promote social distancing and yet Defendants do just the opposite by compelling detainees every single day to line up one next to the other to obtain meals and medications, even packing "approximately twenty" people "side-by-side and back-to-back" for "video court." (Watkins Decl. at ¶ 11; Singleton Decl. ¶ 4; J.H. Decl. ¶ 32; Sparkman Decl. ¶¶ 39-42.) Defendants also refuse to release detainees who are eligible for home confinement or early release (*see* Ex. F) and routinely incarcerate people unable to purchase their release by payment of small bail sums.

The Jail's conditions are well known to each of the Defendants, all of whom have worked at the Jail for years and enter the Jail's housing units regularly. In addition, multiple detainees have reported concerns about the Jail's systematic failure to ensure sanitary conditions, provide timely medical care, issue face coverings and cleaning supplies, provide information about COVID-19, or screen for COVID-19. (Ex. I.) As detainee A.B. aptly noted in a grievance submitted on May 31, "the staff here [are] not taking this pandemic serious[ly]." (Ex. I.)

Defendants' failures to implement reasonable measures to mitigate the danger of COVID-19 are "medically and epidemiologically unsupportable."

(Fefferman Decl. ¶¶ 22, 26, 30.) Further, they are contrary to "the standards on which reasonable correctional administrators would rely in addressing the pandemic." (Sparkman Decl. ¶ 14.) These failures put all Plaintiffs—particularly those in the Medically Vulnerable and Disability Subclasses, who are "predispose[d] to severe COVID-19 outcomes"—at heightened and "unnecessary risk." (*Id.* at ¶¶ 3, 12.) Named Plaintiffs are among those at an increased risk of death or severe, permanent injury. Plaintiff Jones is 58 years old with Chronic Obstructive Pulmonary Disorder. (Jones Decl. ¶¶ 2-3.) Plaintiff Watkins is a 60-year-old diabetic. (Watkins Decl. ¶¶ 2-3.) And Plaintiff Singleton is a 59-year-old man with hypertension. (Singleton Decl. ¶¶ 2, 7.)[7]

LEGAL STANDARD

A preliminary injunction should issue if the movants show: (1) a substantial likelihood of success on the merits; (2) irreparable harm absent an injunction; (3) a balance of harms in their favor; and (4) that the injunction would not be adverse to the public interest. *BellSouth Telecomms, Inc. v. MCIMetro Access Transmission Svcs., LLC*, 425 F.3d 964, 971 (11th Cir. 2005).

[7] Plaintiff Randolph Mitchell has been released from the Jail.

ARGUMENT

I. Plaintiffs Are Likely to Prevail on the Merits.

Plaintiffs are likely to prevail on each of their claims for relief. First, the harmful conditions in the Jail fail to further any legitimate penological interest, amounting to unconstitutional punishment of pretrial detainees. Second, Defendants have been deliberately indifferent to the threat of COVID-19 by failing to take reasonable steps to mitigate the risk. Third, the continued detention of medically vulnerable detainees and detainees with disabilities constitutes unlawful confinement, requiring a writ of habeas corpus with respect to those detainees and release to protect their constitutional rights.[8] Fourth, Defendants have unlawfully discriminated against detainees with disabilities who are at higher risk of serious illness or death from COVID-19.

A. Defendants Are Punishing Pretrial Plaintiffs in Violation of the Fourteenth Amendment Due Process Clause.

Because pretrial detainees have not been convicted of a crime, the Fourteenth Amendment Due Process Clause prohibits the government from punishing them. *Bell v. Wolfish*, 441 U.S. 520, 535 (1979). Punishment occurs

[8] As discussed below, Plaintiffs seek the release of medically vulnerable detainees and detainees with disabilities under two separate statutes: 28 U.S.C. § 2241 and 42 U.S.C. § 1983.

"when a condition of pretrial detention is not reasonably related to a legitimate governmental goal," such as when jail conditions are "excessive in relation to the legitimate purpose assigned to [them]." *McMillian v. Johnson*, 88 F.3d 1554, 1564 (11th Cir. 1996); *see Magluta v. Samples*, 375 F.3d 1269, 1274 (11th Cir. 2004) (holding complaint stated punishment claim where plaintiff alleged he was "confined under extremely harsh conditions . . . for no legitimate reason"). Although *Bell* refers to an impermissible "purpose of punishment," *Bell*, 441 U.S. at 538, "*Bell*'s focus on 'punishment' does not mean that proof of intent (or motive) to punish is required for a pretrial detainee to prevail on a claim that his due process rights were violated." *Kingsley v. Hendrickson*, 576 U.S. 389, 398 (2015). Instead, *Bell* announced an "objective standard." *Id.*

Here, Defendants' failure to take minimally adequate steps to prevent COVID-19 infections lacks a connection to a "legitimate purpose." As reflected in Plaintiffs' evidence, the Clayton County Jail is operating in a manner that risks spreading infections among the thousands of detainees and staff cycling through the Jail, who then take the disease back to the community. Defendants permit the Jail's living areas to become hubs for the virus's spread, rarely if ever sanitizing the surfaces of tables, telephones, kiosks, showers, and toilets used by numerous detainees each day. (Sparkman Decl. ¶ 44-53.) Detainees lack basic supplies to

clean cells—even cells housing sick detainees—and they resort to using toilet paper, clothing items, and body soap to wipe in-cell surfaces. (*Id*. 48-49.) Defendants strictly ration hand soap in the midst of a global pandemic and a large outbreak at their own facility. (*Id*. ¶ 54-61.) Detainees are required to congregate for meal distribution, pill call, and sick call, and are not consistently issued functional face coverings to limit person-to-person spread of disease. And detainees who report symptoms consistent with COVID-19 are often ignored. (W.L.M. Decl. ¶ 29 ("[I]t felt as if my lungs were going to collapse. I could not breathe. I began to bang on my cell door . . . no one was coming to help."); M.B. Decl. ¶ 18 ("My chest feels tight and my body aches. I am having chills, I feel sweaty, and I am having shortness of breath . . . But I have not been able to see anyone on the medical staff").)

Jail officials' "arbitrary and purposeless" decision to disregard experts' guidance and ignore reasonable steps to protect detainees is disconnected from any legitimate governmental interest and undermines the government's compelling interest in controlling the pandemic. *Bell*, 441 U.S. at 520. It cannot be justified by cost savings. Certain steps—such as releasing eligible detainees, educating detainees remaining in the Jail, and providing prompt medical attention to symptomatic detainees—would involve little if any financial cost. Other measures

would involve only modest expenditures that likely would be offset by reducing the costs of caring for detainees who become ill. At minimum, Defendants' inaction is "excessive in relation to" any interest in limiting financial outlays. *See McMillian*, 88 F.3d at 1564.

Indeed, Defendants' practices most plausibly project their desire to operate the facility as "Georgia's toughest para-military jail,"[9] and thus appear calculated to achieve retribution and deterrence, which "are not legitimate nonpunitive governmental objectives" with respect to pretrial detainees. *See Bell*, 441 U.S. at 539 n.20. Accordingly, Plaintiffs have a substantial likelihood of showing that, with respect to pretrial detainees, the Jail's conditions of confinement serve no "legitimate governmental purpose" and violate the Due Process Clause.

B. Defendants Are Deliberately Indifferent to Plaintiffs' Constitutional Rights.

Governments have a constitutional duty to protect detainees from "a substantial risk of serious harm." *Farmer v. Brennan*, 511 U.S. 825, 834 (1994). This right arises under the Eighth Amendment after conviction. *See Brown v. Plata*, 563 U.S. 493, 510 (2011); *Estelle v. Gamble*, 429 U.S. 97, 104 (1976). *A fortiori*, an Eighth Amendment violation also violates the rights of pretrial

[9] *See, e.g.*, Clayton Cty. Sheriff's Office Advisory, May 30, 2020, https://local.nixle.com/alert/8024208.

detainees under the Fourteenth Amendment's Due Process Clause. *See Goebert v. Lee Cnty.*, 510 F.3d 1312, 1326 (11th Cir. 2007).

To succeed on a claim of deliberate indifference, plaintiffs must show (1) a deprivation that is serious, and (2) that prison officials acted with deliberate indifference. *See Farmer*, 511 U.S. at 834.[10]

1. The COVID-19 Pandemic Poses an Objective Risk of Serious Harm.

Plaintiffs and other Clayton County Jail detainees face an objective risk of serious harm from COVID-19. A "condition of confinement that is sure or very likely to cause serious illness and needless suffering" to someone detained, which includes "exposure of inmates to a serious, communicable disease," is precisely the type of serious harm against which the Constitution protects. *Helling v. McKinney*, 509 U.S. 25, 33 (1993).

COVID-19 is a serious, communicable disease that poses a threat to all detainees, especially those who are medically vulnerable. (*See, e.g.*, Fefferman Decl. ¶¶ 9-10; Rottnek Decl. ¶¶ 25-27, 43-44.) Thus, courts have recognized that COVID-19 poses an objective risk of serious harm. *See, e.g.*, *Swain v. Junior*, 961

[10] Plaintiffs preserve the argument that pretrial detainees need only make an objective showing under the deliberate indifference standard. *See Kingsley*, 135 S. Ct. at 2473-74. Plaintiffs acknowledge that the Eleventh Circuit has taken a contrary view. *See Swain v. Junior*, 961 F.3d 1276, 1285 n.4 (11th Cir. 2020).

F.3d 1276, 1285 (11th Cir. 2020). Dozens of Clayton County Jail detainees have been infected with COVID-19 over the past four months, and the virus is still spreading through the Jail. The conditions in the Jail thus pose an objectively serious risk of harm.

2. Defendants Have Been Deliberately Indifferent.

Jailers are deliberately indifferent when they have "subjective awareness of an 'objectively serious need'" and their response is "objectively insufficient." *See Farrow v. West*, 320 F.3d 1235, 1243 (11th Cir. 2003). A response is objectively insufficient where a jailer fails "to take reasonable measures to abate" the known risk of harm. *Farmer*, 511 U.S. at 847. In that regard, a jailer may be liable "for disregarding 'alternative means' or interim measures for reducing the risk" despite taking minimal responsive action. *Hale v. Tallapoosa Cnty.*, 50 F.3d 1579, 1584 (11th Cir. 1995). Where, as here, jailers are sued in their official capacities, a court may consider "the institution's historical indifference" to address the risk of harm. *See LaMarca v. Turner*, 995 F.2d 1526, 1542 (11th Cir. 1993).[11] A history of constitutional violations permits courts "to conclude that future violations of the

[11] *Cf. Walker v. City of Calhoun*, 901 F.3d 1245, 1270 (11th Cir. 2018) ("[V]oluntary cessation of allegedly illegal conduct does not deprive the tribunal of power to hear and determine the case." (quoting *Flanigan's Enters., Inc. v. City of Sandy Springs*, 868 F.3d 1248, 1255 (11th Cir. 2017) (en banc)).

same kind are likely." *Thomas v. Bryant*, 614 F.3d 1288, 1318 (11th Cir. 2010) (quoting *Kapps v. Wing*, 404 F.3d 105, 123 (2d Cir. 2005)).

Defendants are unquestionably aware of the life-threatening risks presented by COVID-19. Government orders, public health guidance, and extensive news coverage have repeatedly emphasized the risks of COVID-19 to incarcerated people, as well as the heightened risk to the medically vulnerable. (*See*, *e.g.*, Doc. 1 ¶¶ 97-98, 100 (citing public records concerning risks of COVID-19 and prevention measures).) Preventative measures like social distancing, the use of masks, and proper hygiene have been widely publicized. (*See* Doc. 1 ¶ 97.) The Jail's own records establish that written announcements and advice from multiple public health authorities were distributed to Defendants. (Ex. E; Ex. J.) Defendants are likewise aware of the living conditions in the Jail, as the conditions are obviously deficient and each Defendant is a senior official who has been involved in operating the Jail for years.

Nevertheless, Defendants have ignored public health guidance and failed to adopt measures that any reasonable correctional administrator would adopt in addressing the pandemic. (Sparkman Decl. ¶¶ 14, 26-96.) Instead of taking steps to reduce the Jail's population (*see* Ex. F), Defendants have continued to operate the Jail at capacity, with most detainees housed three to a cell (*see* Ex. D).

Defendants have consistently failed to take reasonable steps to prevent and mitigate COVID-19 infections. Rather, they have declared there is no outbreak of COVID-19 in the Jail even though infections among detainees more than doubled between June 11 and July 9. Defendants continue to operate the Jail in a reckless manner. *See Hale*, 50 F.3d at 1579 (holding "atmosphere of deliberate indifference" at jail supported finding that defendant was liable).

Defendants' practices are so inherently risky and likely to spread COVID-19 that deliberate indifference is the only explanation for them. It is objectively unreasonable to place a healthy detainee in a cell with a symptomatic, infected person, yet Defendants do so.[12] (*See*, *e.g.*, Watkins Decl. ¶¶ 37-40; F.S. Decl. ¶¶ 23-27; J.H. Decl. ¶¶ 29-30.) Defendants' officers have also failed to isolate infected people, leading them to further spread the virus.[13] (*See*, *e.g.*, W.L.M. Decl. ¶¶ 18-21; Watkins Decl. ¶¶ 37-40; F.S. Decl. ¶¶ 23-27; J.H. Decl. ¶¶ 29-30.) Even when jailers remove symptomatic detainees from housing units, the cells are not sanitized before another detainee is assigned, and the cellmates of sick people

[12] The reasonable response when people display COVID-19 symptoms is to "immediately" place them "under medical isolation." *CDC Interim Guidance*, https://bit.ly/2BX2gES.

[13] Those who have been in close contact with a known COVID-19 case must promptly be quarantined. *CDC Interim Guidance*, https://bit.ly/2BX2gES.

are not tested for COVID-19. (*See, e.g.*, A.W. Decl. ¶¶ 40-41; D.H. Decl. ¶¶ 16-18.)[14] And Defendants place new admittees into general population without testing to ensure they do not have COVID-19. (*See, e.g.*, W.L.M. Decl. ¶ 4; R.L. Decl. ¶¶ 9-12; Singleton Decl. ¶ 9.)

One critical way of preventing the spread of a contagious disease is by "implementing intensified cleaning and disinfecting procedures" to limit transmission of the virus through contaminated surfaces.[15] Such measures are especially important in a jail, where dozens of detainees are forced to share the same telephones, showers, tables, and kiosks. (*See, e.g.*, Jones Decl. ¶ 10.) Nonetheless, Defendants continue to clean the common areas only "rarely" and fail to sanitize objects and surfaces between uses. (*See, e.g.*, Watkins Decl. ¶ 25; Jones Decl. ¶ 10; Mitchell Decl. ¶ 6; Singleton Decl. ¶¶ 4, 6.) Similarly, Defendants fail to provide detainees with chemicals necessary to sanitize their cells—issuing only a broom and dirty mop water most days—despite multiple complaints from

[14] When detainees complain of COVID-19 symptoms, jailers instead tell detainees to place a sick-call request on the kiosk, after which detainees wait several days to be seen by medical staff members, if they are seen at all. (*See, e.g.*, J.H. Decl. ¶¶ 30.) In the meantime, they remain in their assigned housing units with others, potentially spreading the disease. (*See, e.g.*, Watkins Decl. ¶¶ 37-40; J.H. Decl. ¶¶ 30-32; F.S. Decl. ¶¶ 23-27.)

[15] *CDC Interim Guidance*, https://bit.ly/2BX2gES.

detainees about the lack of supplies. (*See, e.g.*, Watkins Decl. ¶¶ 23-24; Jones Decl. ¶ 11; Mitchell Decl. ¶¶ 9-10; Singleton Decl. ¶¶ 3, 6; J.H. Decl. ¶ 9.)

Another reasonable way of reducing the spread of the virus is to educate detainees about the virus's symptoms and the importance of good hygiene, and by issuing adequate supplies of soap for detainees to wash their hands frequently.[16] But Defendants have given detainees no information regarding COVID-19 symptoms (*see, e.g.*, Watkins Decl. ¶ 32; Jones Decl. ¶ 4; Mitchell Decl. ¶ 22; Singleton Decl. ¶ 11; J.H. Decl. ¶ 25), and detainees continue to receive, at most, the same four-ounce weekly allotment of soap that Defendants provided before the pandemic (*see, e.g.*, Watkins Decl. ¶ 15 ("Four ounces does not last any of us for the whole week.").[17]

Defendants have also failed to implement social distancing. They continue to require large groups of detainees to congregate during meal distribution, pill distribution, visits to the medical unit, and "video court" hearings, significantly

[16] *CDC Interim Guidance*, https://bit.ly/2BX2gES. (Sparkman Decl. ¶ 70-75.)

[17] "The amount of soap provided at the Clayton County Jail is woefully inadequate to ensure the kind of frequent hand washing needed to stop the spread of a contagious illness. If a person runs out of soap, more should be provided, and it should be provided immediately. This is not a time to maintain strict adherence to existing procedures about soap quantity. Soap, paper towels, and other hygiene items should be readily available upon request for detainees." (Sparkman Decl. ¶ 58.)

increasing the risk of contagion. (*See, e.g.*, Watkins Decl. ¶¶ 13, 14, 26-27; A.W. Decl. ¶¶ 23-24; J.H. Decl. ¶ 32; R.L. Decl. ¶ 11.)

Until recently, Defendants had not issued most detainees facial coverings, "a critical preventive measure."[18] Before this, only "inmate workers" were issued masks; all other detainees resorted to placing random clothing items like underwear or towels over their faces. (*See, e.g.*, Watkins Decl. ¶ 35; Jones Decl. ¶ 14; Mitchell Decl. ¶¶ 19-20; Singleton Decl. ¶¶ 4, 8.) Though Defendants may have recently issued masks to more detainees, it appears Defendants have still not issued every detainee a mask, and Defendants have not provided a way for those with masks to clean or replace them regularly. (*See, e.g.*, Watkins Decl. ¶ 36 (noting in late June that he had been given a surgical mask at the end of May that had "not been cleaned or replaced" in the intervening three weeks).)

In sum, Defendants have failed to take "reasonable measures to abate" the serious harm of COVID-19. *Farmer*, 511 U.S. at 837.[19] The Clayton County Jail

[18] U.S. Ctrs. for Disease Control & Prevention, *Considerations for Wearing Cloth Face Coverings* (Jun. 28, 2020), https://bit.ly/32cUxh6.

[19] Defendants' response to date is so perfunctory that "even a lay person would easily recognize" the need for corrective action. *See Taylor v. Hughes*, 920 F.3d 729, 733 (11th Cir. 2019) (citation omitted), *remanded*, No. 2:14-CV-1163, 2019 WL 5756057 (M.D. Ala. Nov. 4, 2019), *appeal filed*, (11th Cir. Dec. 5, 2019). Many detainees have expressed concerns about the Jail's deficient prevention measures

is "not equipped to protect [detainees] from a potentially fatal exposure to COVID-19," and leaving Defendants' practices unchecked would invite "an unconscionable and possibly barbaric result." *Basank v. Decker*, 1:20-CV-2518, 2020 WL 1481503, at *5 (S.D.N.Y. Mar. 26, 2020) (holding that several COVID-19 measures were "patently insufficient to protect [detainees]" where social distancing was not enforced); *Pimentel-Estrada v. Barr*, No. 2:20-CV-495, 2020 WL 2092430, at *16 (W.D. Wash. Apr. 28, 2020) (finding likelihood of deliberate indifference despite Defendants making numerous changes in response to the pandemic due to failure to reduce population, establish social distancing protocol, and implement widespread testing). *Cf. Thakker v. Doll*, No. 1:20-CV-480, 2020 WL 1671563, at *8-9 (M.D. Pa. Mar. 31, 2020) (ordering release of detainees housed with communal eating and sleeping space and bunks "often less than two feet apart"), *appeal docketed*, No. 20-1906 (3d Cir. Apr. 28, 2020).

By failing to take even rudimentary, let alone reasonable, steps necessary to

---

through the Jail's grievance system. For example, detainee C.S. complained on May 22 that he had not been given information regarding COVID-19. (Ex. I.) Detainee B.T. complained on May 16 that there was "no proper social distancing." (*Id.*) Multiple detainees have complained of being unable to obtain masks and cleaning supplies. (*Id.*) Several specifically referenced the Jail's failure to follow guidelines for preventing and mitigating COVID-19, and a number complained of being in fear for their lives. (*Id.*) One detainee, Q.T., complained on May 19 that he had been tested for COVID-19, was returned to his dorm, and learned two weeks later that his test was positive. (*Id.*)

address the virus, Defendants are recklessly exposing the Jail's detainees to a potentially lethal or permanently debilitating disease. The Eighth and Fourteenth Amendments prohibit this.

C. The Medically Vulnerable and Disability Subclasses Are Likely to Prevail on Their Habeas Claim.

The Medically Vulnerable and Disability Subclasses are likely to prevail on their § 2241 claims, which are based on the same violations of federal law underlying Plaintiffs' § 1983, Americans with Disabilities Act, and Rehabilitation Act claims. "If medically vulnerable detainees are not released as soon as possible," they are at risk of "infection," "long-lasting and permanent organ damage," and "death." (Rottnek Decl. ¶ 43.)

1. COVID-19 Makes Confinement Unlawful for the Medically Vulnerable and Disability Subclasses.

Members of the Medically Vulnerable and Disability Subclasses challenge the fact of their confinement, which by its very nature poses an unacceptably high risk of COVID-19 infection, long-term harm, and death. (Rottnek Decl. ¶ 43.) Given that "[t]here is no effective way to eliminate risk for medically vulnerable detainees in the jail" (*id.* ¶ 49), no conditions of confinement can protect these subclasses.[20]

[20] Plaintiffs pleaded this action as both a habeas petition and a civil action pursuant to 42 U.S.C. § 1983. (*See* Doc. 1 ⁋⁋ 24, 214.) Even if this Court concludes that it

As the Supreme Court explained, when the very fact of imprisonment is challenged as unlawful, a detainee's proper remedy is a writ of habeas corpus. *Preiser v. Rodriguez*, 411 U.S. 475, 500 (1973). Therefore, where release is the only adequate remedy for a violation of federal rights, habeas relief is appropriate. *See Haskins v. City of Boaz*, 822 F.2d 1014, 1015 (11th Cir. 1987) ("When federal rights are violated, 'it has been the rule from the beginning that courts will be alert to adjust their remedies so as to grant the necessary relief'" (quoting *Bell v. Hood*, 327 U.S. 678, 684 (1946))).

Members of the Disability and Medically Vulnerable Subclasses' only adequate remedy is release, because the Jail is incapable of providing them with adequate care and protection from infection. (Rottnek Decl. ¶ 49.) "[E]ven the most stringent precautionary measures—short of limiting the detained population itself—simply cannot protect detainees from the extremely high risk of contracting this unique and deadly disease." *Malam v. Adducci*, 5:20-CV-10829, 2020 WL 1672662, at *8 (E.D. Mich. Apr. 5, 2020). Accordingly, those who are medically vulnerable "should be evaluated for release" (Fefferman Decl. ¶ 10), because absent release,

---

lacks habeas jurisdiction, it has the power to order release or transfer of detainees in a § 1983 action. *See, e.g., Reaves v. Dep't of Correction*, 404 F. Supp. 3d 520, 522-25 (D. Mass. 2019) (ordering transfer of prisoner with quadriplegia to outside treatment facility); *Plata v. Brown*, 427 F.Supp.3d 1211, 1222-24 (N.D. Cal. 2013) (ordering transfer of medically vulnerable prisoners due to risk of disease).

they "are at risk of infection . . . and even death" (Rottnek Decl. ¶ 43). "There is *no effective way to eliminate risk for medically vulnerable detainees*" and "[t]he best chance for medically vulnerable detainees to survive the pandemic is to release them from the jail so they can practice social distancing." (Rottnek Decl. ¶ 49 (emphasis added).)

2. Habeas Relief May Take the Form of Release or Transfer.

As an alternative to release, the Medically Vulnerable and Disability Subclasses require enlargement of their detention in the form of home confinement or transfer to facilities with adequate social distancing, sanitation practices, and other conditions sufficient to protect them from COVID-19, which Defendants have authority to grant. *See, e.g.*, O.C.G.A. §§ 42-4-7(b), 42-1-8; *see also, e.g.*, *Busby v. Bonner*, 2:20-CV-2359, 2020 WL 3108713, at *3 (W.D. Tenn. June 10, 2020) (enlargement claims may be brought under § 2241); *Jimenez v. Aristiguieta*, 314 F.2d 649, 652 (5th Cir. 1963) ("The District Court [has] inherent power as the habeas corpus court or judge to enter [an] order . . . respecting the custody or enlargement of [the petitioner]").

D. The Disability Subclasses Are Likely to Prevail on Their Claim That Defendants Are Violating the ADA and the RA.

Members of the Disability Subclasses are protected persons with disabilities under Title II of the ADA and § 504 of the RA. 42 U.S.C. § 12102(1)(A), (2)(B),

28 C.F.R. § 35.108(d)(2)(iii). By virtue of their detainee status, they are entitled to equal access to the programs and services of the Jail, a public entity. 42 U.S.C. § 12131(2); 28 CFR § 35.104; *Lonergan v. Fla. Dep't of Corr*., 623 F. App'x 990, 992 (11th Cir. 2015).

Title II of the ADA addresses "failure to make modifications to existing facilities and practices." 42 U.S.C. § 12101(a)(5). Public entities lack "the option of being passive in their approach to disabled individuals as far as the provision of accommodations is concerned." *Pierce v. District of Columbia*, 128 F. Supp. 3d 250, 269 (D.D.C. 2015); *see also R.W. v. Bd. of Regents of the Univ. Sys. of Ga*., 114 F. Supp. 3d 1260, 1282 (N.D. Ga. 2015) (recognizing proof of intentional discrimination is unnecessary in ADA case seeking injunctive relief). Similarly, the RA requires public entities that receive federal funding to grant individuals with disabilities access by making "reasonable accommodations," whether or not exclusion was intentional. *Alexander v. Choate*, 469 U.S. 287, 301 (1985).

The ADA and the RA require public entities to take *affirmative* steps and make reasonable modifications to their policies, practices and procedures to ensure the disabled have access to programs and services for which they would otherwise be qualified. 28 C.F.R. §§ 35.102(a), 35.130(a), (b); *Alexander*, 469 U.S. at 295 (the RA entitles qualified disabled individuals to "meaningful access to the benefit

that the grantee offers" through "reasonable accommodations"); *Lonergan*, 623 F. App'x at 992 (Title II claims "may proceed on the theory that Defendant failed to reasonably accommodate the Plaintiff's disability"). The ADA expressly prohibits public entities from "utiliz[ing] criteria or methods of administration . . . [t]hat have the *effect* of subjecting qualified individuals with disabilities to discrimination on the basis of disability" or "have the . . . *effect* of defeating or substantially impairing accomplishment of the objectives of the public entity's program with respect to individuals with disabilities." 28 C.F.R. § 35.130(b)(3)(i)-(ii) (emphasis added). The duty of a public entity to provide meaningful affirmative accommodations is at its apex when that entity is a jail, due to the "complete control [it has] over whether . . . inmates (disabled or not) receive any programs or services at all." *Pierce*, 128 F. Supp. 3d at 269.

Programs and services in detention include the safe adjudication of pretrial detainees' pending criminal cases, as well as adequate living conditions and access to medical care for all detainees. Keeping detainees alive and healthy to conclude their criminal proceedings and serve any sentences imposed are important components of a jail's program. *See generally* 42 U.S.C. § 12131(2); 28 C.F.R. § 35.104. If members of the Disability Subclasses experience long-term illness or death from COVID-19, they will have been denied equal access to safe

adjudication of their cases, and thus will have suffered discrimination. *See Fraihat v. U.S. Immigration & Customs Enf't*, No. 5:19-CV-1546, 2020 WL 1932570, at *26 (C.D. Cal. Apr. 20, 2020) (holding people with disabilities in ICE detention entitled to reasonable accommodations in order to participate in the removal process). Disabled detainees also face discrimination in the form of unequal access to the Jail's programs: they are facing impossible choices between accessing essential medical care and risking potentially-deadly exposure to COVID, or foregoing medical care to limit their exposure to the virus.

Defendants' practices potentially exclude the Disability Subclasses from equal access to the Jail's services and access to courts, because of the heightened risk that COVID-19 poses to them. All of the Jail's services require being in close quarters with other detainees, posing a disproportionate risk of severe illness and death for the Disability Subclass. (*See, e.g.*, J.H. Decl. ¶¶ 31-32.) Defendants nonetheless fail to provide essential basic resources, including hygiene products, protective equipment, and social distancing, necessary for Disability Subclass members to protect themselves from COVID-19 while engaging in these activities. For example, Plaintiff Rhonda Jones is disabled as a result of chronic obstructive pulmonary disease, has been hospitalized twice for pneumonia in recent months, and must access the Jail's medical care program to manage her illness. (Jones

Decl. ¶¶ 3, 9.) But she can only participate in that program if she waits in a crowded cage in the Jail's medical unit, potentially exposing her to a virus that poses an acute threat to her health precisely because her disability makes her susceptible to serious illness or death. (*Id.* ¶¶ 9, 22.) The Jail has made no accommodations for Jones or other members of the Disability Subclasses to reduce their risk of exposure to the virus, meaning that these detainees are potentially excluded from Jail services. *See Pierce*, 128 F. Supp. 3d. at 273 (ADA and RA violations where deaf prisoners were excluded from prison substance abuse and anger management programs because no interpreter was provided).

Defendants have disregarded their affirmative obligation under the ADA and RA to address these dangers for the Disability Subclasses. The accommodations the Disability Subclasses require to address the harms they face—implementation of CDC guidelines to mitigate COVID-19 exposure and a process to facilitate the release of medically vulnerable detainees for whom mitigation will be insufficient—are reasonable and necessary. *See Fraihat*, 2020 WL 1932570, at *29 (directing ICE to take mitigation measures in its detention facility, including timely release determinations, for detainees with risk factors); *Busby*, 2020 WL 3108713, at *9-10 (discussing plaintiffs' disabilities identified by the CDC as heightened COVID-19 risk factors).

II. Without Injunctive Relief, Plaintiffs Will Be Irreparably Harmed.

"The deliberate indifference to serious medical needs of prisoners constitutes the 'unnecessary and wanton infliction of pain' proscribed by the Eighth Amendment." *Estelle v. Gamble*, l429 U.S. 97, 104 (1976) (citation omitted). As does a "heightened risk of dying or suffering from serious illness and long-term health consequences" and "bodily injury and loss of life." *City of Los Angeles v. Lyons*, 461 U.S. 95, 98 (1983). "The risk of permanent harm to Plaintiffs applies with greater force to the medically vulnerable . . . , for whom continued detention is even more likely to cause injury and death." *Wilson v. Gordon*, 822 F.3d 934, 958 (6th Cir. 2016).

The dangers and lethality of COVID-19 are indisputable, and the risks to the Plaintiff classes of permanent physical injury or death are "prototypical irreparable harm." *Banks v. Booth*, 1:20-CV-849, 2020 WL 3303006, at *16 (D.D.C. June 18, 2020); *Vazquez Barrera v. Wolf*, 4:20-CV-1241, 2020 WL 1904497, at *6 (S.D. Tex. Apr. 17, 2020) (holding that the long-term health consequences of COVID-19 are irreparable harm). Plaintiffs thus meet the irreparable harm requirement.

III. The Public Interest and Balance of Equities Favor Plaintiffs.

An injunction halting unconstitutional actions and unlawful discrimination against people with disabilities during a global pandemic disproportionately

affecting people in jails outweighs any harm to Defendants and is in the public interest. Injunctive relief is appropriate if the harm to plaintiffs in the absence of an injunction "would exceed the harm suffered by the State if the injunction is issued, and [the] injunction would not disserve the public interest." *Odebrecht Const., Inc. v. Sec'y, Fla. Dep't of Transp.*, 715 F.3d 1268, 1287 (11th Cir. 2013). "'[I]t is always in the public interest to prevent the violation of a party's constitutional rights.'" *Melendres v. Arpaio*, 695 F.3d 990, 1002 (9th Cir. 2012) (citation omitted); *see also Hispanic Interest Coal. of Ala. v. Governor of Ala.*, 691 F.3d 1236, 1249 (11th Cir. 2012) (recognizing that a state "has no interest in enforcing a state law that is unconstitutional").

Although ordering Defendants to take steps to prevent and mitigate COVID-19 will entail some expenditures, any financial harm to Defendants does not outweigh the risk of severe illness, permanent organ damage, or death Plaintiffs face. Courts regularly find that the balance tips in favor of plaintiffs when detainees' health is at risk. *See, e.g., Ancata v. Prison Health Servs. Inc.*, 769 F.2d 700, 705 (11th Cir. 1985) ("Lack of funds . . . cannot justify an unconstitutional lack of competent medical care"). Moreover, steps to control COVID-19 in the Jail will serve the public interest in controlling the pandemic by reducing the risk that an former detainee or staff member will carry the virus to the community.

(*See* Fefferman Decl. ¶¶ 9, 12-14 (noting Jail poses "unnecessary risk" to the "broader community").)

Similarly, release or enlargement is in the public interest because it "preserve[s] critical medical resources and prevent[s] further stress on the states' and country's already overburdened healthcare system." *Robenson v. Decker*, No. 2:20-CV-5141, 2020 WL 2611544, at *9 (D.N.J. May 22, 2020); *see Arias v. Decker*, No. 1:20-CV-2802, 2020 WL 2306565, at *11 (S.D.N.Y. May 8, 2020) (same), *appeal docketed*, No. 20-2139 (2d Cir. Jul. 7, 2020); *Alcantara v. Archambeault*, No. 3:20-CV-756, 2020 WL 2315777, at *10 (S.D. Cal. May 1, 2020) (same); *Zaya v. Adducci*, No. 5:20-CV-10921, 2020 WL 2487490, at *9 (E.D. Mich. May 14, 2020) (same), *appeal docketed*, No. 10-1667 (6th Cir. Jul. 14, 2020).

Finally, an injunction also serves the public interest because it will benefit the public health by mitigating COVID-19's spread in the community. *See Banks v. Booth*, No. 1:20-CV-849, 2020 WL 1914896, at *12 (D.D.C. Apr. 19, 2020) ("[I]njunctive relief . . . is in the public interest because it supports public health.").

CONCLUSION

The Court should grant a preliminary injunction and writ of habeas corpus.

Respectfully submitted,

/s/ Jeremy Cutting

Kosha S. Tucker
Ga. Bar No. 214335
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF GEORGIA
P.O. Box 77208
Atlanta, GA 30357
(678) 981-5295
ktucker@acluga.org

Stephen L. Pevar
AMERICAN CIVIL LIBERTIES UNION FOUNDATION
765 Asylum Avenue
Hartford, Connecticut 06105
(860) 570-9830
spevar@aclu.org

David C. Fathi
AMERICAN CIVIL LIBERTIES UNION FOUNDATION
915 Fifteenth Street, N.W., Seventh Floor
Washington, DC 20005
(202) 548-6603
dfathi@aclu.org

Sarah Geraghty
Ga. Bar No. 291393
Jeremy Cutting
Ga. Bar No. 947729
SOUTHERN CENTER FOR HUMAN RIGHTS
60 Walton Street, N.W.
Atlanta, GA 30303
(404) 688-1202
sgeraghty@schr.org

Brandon Buskey
Robert W. Hunter
AMERICAN CIVIL LIBERTIES UNION FOUNDATION
125 Broad Street
New York, NY 10004
(212) 284-7364
bbuskey@aclu.org

Counsel for Plaintiffs

July 27, 2020

CERTIFICATE OF COMPLIANCE

Pursuant to N.D. Ga. Local Civil Rule 7.1(D), I hereby certify that the foregoing has been prepared in compliance with N.D. Ga. Local Civil Rule 5.1(C) in Times New Roman 14-point typeface.

/s/ Jeremy Cutting

July 27, 2020

EXHIBIT A

Declaration of
Nina H. Fefferman, Ph.D

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

RHONDA JONES *et al.*, Plaintiffs, v. VICTOR HILL *et al.*, Defendants.	CIVIL ACTION NO. 1:20-CV-2791-ELR-CCB

DECLARATION OF NINA H. FEFFERMAN

1. I, Nina Fefferman, being competent to make this declaration and having personal knowledge of the matters stated herein, declare under penalty of perjury that the following is true and correct:

2. I am over 21 years of age. The statements contained in this declaration are based on my personal knowledge, or on information that experts in the field of infectious disease epidemiology would reasonably rely on in forming an opinion, and are true and correct to the best of my knowledge.

I. Expert Qualifications

3. I am a full Professor at the University of Tennessee, Knoxville in both the Department of Ecology and Evolutionary Biology and the Department of

Mathematics. I am also the Director of the Mathematical Modeling Consulting Center at the National Institute for Mathematical and Biological Synthesis, and the Associate Director of the University of Tennessee One Health Initiative. My research focuses on complex adaptive systems, with a focus on the interplay between individual behavior and infectious disease epidemiology.

4. I have worked for the past 16 years as a researcher of the epidemiology, ecology, and evolution of infectious disease, pandemic preparedness, national biosecurity, and infrastructure protection. I hold a Master's degree in mathematics from Rutgers University and a PhD in Biology from Tufts University.

5. For over a decade, I was one of the primary researchers of the Command, Control, and Interoperability Center for Advanced Data Analytics, a U.S. Department of Homeland Security ("DHS") Center of Excellence, where I ran a research group focusing on the mathematics of both biosecurity and cybersecurity. As part of my role in that center, I contributed models and policy recommendations to DHS and its affiliate agencies for how to manage and mitigate pandemic threats from H1N1 2009 flu, Ebola in West Africa, and Zika virus. I have also consulted for various additional state and federal agencies and private companies, domestically and abroad, in the area of outbreak management since 2004.

6. My C.V., attached as **Exhibit A**, includes a full list of my honors, experience, and publications.

7. I am not being compensated for my work reviewing materials and preparing this report. Any live testimony I provide will also be provided *pro bono*.

8. I have reviewed and relied upon the following documents in forming the opinions set forth below:

a. Report by the Georgia Department of Community Affairs listing the Clayton County Jail capacity and population (dated June 2020);

b. Documents from the Georgia Department of Public Health regarding the nature and scope of the COVID-19 outbreak at the Clayton County Jail (dated June 11, 2020 and July 9, 2020);

c. Declarations by current and former Clayton County Jail detainees, including the following:

i. Declaration of Barry Watkins, dated June 21, 2020;

ii. Declaration of Randolph Mitchell, dated June 21, 2020;

iii. Declaration of Rhonda Jones, dated June 21, 2020;

iv. Declaration of Michael Singleton, dated June 24, 2020;

v. Declaration of C.C., dated June 25, 2020;

vi. Declaration of J.H., dated June 25, 2020.

vii. Declaration of M.B., dated June 3, 2020;

viii. Declaration of F.S., dated June 18, 2020;

ix. Declaration of A.W., dated June 21, 2020;

x. Declaration of W.L.M., dated July 7, 2020;

xi. Declaration of D.H., dated July 14, 2020.

d. Other Documents

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

ii. Centers for Disease Control and Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (July 22, 2020), https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

iii. Centers for Disease Control and Prevention, *Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities* (July 7, 2020) https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html.

iv. Robert Weidner & Jennifer Schultz, *Examining the Relationship Between US Incarceration Rates and Population Health at the County Level*, 13 SSM Pop. Health 1 (2019).

v. Susan Kelley, *Study: Nearly Half of Americans Have Had a Family Member Jailed, Imprisoned*, 47 Hum. Ecology 15 (2019).

vi. Hugh Lester & Martin Miller, *Discrete Event Simulation of Jail Operations in Pursuit of Organizational Culture Change*, *in* COMPUTER SECURITY 307-322 (Springer 2019).

vii. Joseph A. Bick, *Infection Control in Jails and Prisons*, 45 Clinical Infectious Diseases 1047 (2007).

viii. Charles Hoge, et al., *An Epidemic of Pneumococcal Disease in an Overcrowded, Inadequately Ventilated Jail*, 331 New Eng. J. Med. 643 (1994).

ix. Kathryn Nowotny, *Health Care Needs and Service Use Among Male Prison Inmates in the United States: A Multi-Level Behavioral Model of Prison Health Service Utilization*, 5 Health Just. 9 (2017).

II. Opinion

9. Based on my expertise in the epidemiology of infectious pandemics and my understanding of the conditions within the Clayton County Jail from the declarations and other documents listed above, I conclude that unsafe conditions within the jail are exacerbating the spread of disease. As a consequence, detainees in the facility, as well as the corrections and medical staff, their families, and the broader community, are being put at unnecessary risk of severe harm from COVID-19.

10. In response, it is my opinion as an expert in infectious disease dynamics that individuals who are already detained in the facility—particularly individuals

who are susceptible to complications from COVID-19—should be evaluated for release. Additionally, at a minimum, the jail's administrators should take immediate steps to:

a. Provide detainees with clear information about COVID-19, including methods for prevention, recognizing symptoms, and reporting symptoms;
b. Enforce and allow for social distancing among detainees during all activities, including those involving meals, medical care, and court appearances;
c. Provide adequate masks that are cleaned or replaced regularly;
d. Implement an enhanced cleaning protocol that includes providing disinfectant materials to detainees so that they may clean out their cells;
e. Implement an enhanced personal hygiene protocol that includes providing hand sanitizer to detainees, as well as increased quantities of soap and more frequent laundry services;
f. Screen all incoming detainees and staff for symptoms and quarantine all incoming detainees for at least 14 days;
g. Test anyone who displays any of the most common symptoms associated with COVID-19;
h. Act promptly to isolate individuals who report symptoms or who have been in recent close contact with those who have reported symptoms; and
i. Ensure that sick individuals have access to supportive medical monitoring and care during the entire period they are symptomatic.

The jail should incorporate these recommendations into clear and formal guidelines to adequately protect those who remain in jail facilities and ensure that these steps are being followed by all staff. These steps should be maintained until

at least such time as the epidemic in the broader community has been contained and social distancing and other prevention and mitigation measures are no longer recommended.

11. By adopting these recommendations—to both release as many people as possible and to implement urgently needed protective measures within the jail—the jail could substantially reduce the number of COVID-19 infections in both the jail and the surrounding Clayton County community, and reduce the risk that the Clayton County healthcare system becomes overwhelmed.

A. Risk of COVID-19 Within Jails and the Wider Community

12. The health of persons in jail and the health of the rest of the community are inherently linked. The two populations must interact because jails constantly release people into the wider community, admit new people from the wider community, and rely on staff and vendors who regularly mix with the wider community. Further, many jails rely on local hospitals to treat incarcerated persons requiring advanced medical care, adding to the burden on the limited resources of local healthcare systems.

13. Unmitigated spread of disease within jails results in worse health outcomes for the entire population. Cases of infection occurring within a jail cause

additional cases of infection, hospitalization, and deaths in the wider community.[1] This link is not surprising. Studies show that the conditions inherent to all jails degrade the health of incarcerated people, leaving them more vulnerable to infection and severe outcomes from infection.[2] As an epidemiological result of increasing individual vulnerability to disease, the vulnerability of the whole jail population increases.

14. Jails with disease prevalence higher than the general populations they serve—like the Clayton County Jail—will therefore act as sources of infection. Jails with high infection rates will continue to re-seed infection into the wider community, undermining the wider community's efforts to contain or mitigate outbreaks, and can even introduce disease into otherwise non-infected communities.

---

[1] Eric Lofgren, Kristian Lum, Aaron Horowitz, Brooke Madubuonwu & Nina Fefferman, *The Epidemiological Implications of Incarceration Dynamics in Jails for Community, Corrections Officer, and Incarcerated Population Risks from COVID-19*, medRxiv (May 4, 2020) (submitted for review), https://www.medrxiv.org/content/10.1101/2020.04.08.20058842v2.

[2] David C. McClelland, et al., *The Need for Power, Stress, Immune Function, and Illness Among Male Prisoners*, 91 J. of Abnormal Psych. 61, 68 (1982); Elizabeth T. Jacobs & Charles J. Mullany, *Vitamin D Deficiency and Inadequacy in a Correctional Population*, 31 Nutrition 659 (2015); Fiona G. Kouyoumdjian, et al., *Do People Who Experience Incarceration Age More Quickly? Exploratory Analyses Using Retrospective Cohort Data on Mortality from Ontario*, 12 PLOS One 1, 7 (2017); U.S. Dep't of Justice, *Special Report, Medical Problems of State and Federal Prisoners and Jail Inmates 2011–12* (Revised Oct. 4, 2016) https://www.bjs.gov/content/pub/pdf/mpsfpji1112.pdf.

15. Outbreaks of disease in jails are exacerbated by three dynamics: (1) the continuous introduction of potential new sources of infection (for example, as a result of new admissions or by staff); (2) the high density of jail living arrangements (such as bunks and cells), which creates more physical proximity and contact among susceptible incarcerated people; and (3) often inadequate protocols for mitigating the spread of infection within the facility. Any intervention calculated to slow or halt the outbreak of disease in jails will rise or fall on its capacity to meaningfully shift one or more of these three powerful factors.

B. Failure to Mitigate COVID-19 Infection Inside the Clayton County Jail

16. Based on the declarations I have reviewed, it is clear that the Clayton County Jail has not taken basic steps recommended by authoritative public health entities to respond to the COVID-19 pandemic and protect the health and safety of people inside and outside its walls. The lack of action by officials with the Clayton County Sheriff's Office contravenes public health guidance and common sense. The result is a jail environment that is already in the midst of a recorded outbreak and, with every passing day that allows the continuation of these conditions, continues to risk further viral transmission both within the jail and spilling out into the broader community.

i. Exposure Conditions Within the Housing Unit Cells

17. Conditions within the jail's cells pose a substantial risk of infection due to crowding and lack of adequate hygiene materials provided by the jail. The cornerstone of COVID-19 prevention is social distancing, a practice that is effectively impossible in a small jail cell that holds more than one person. Making matters worse, Declarants report that most if not all of the two-person cells in the jail house three people. Thus, within a given cell, there is no possibility of social distancing that would offer any protection from transmission between cellmates. This problem is worsened further by detainees' lack of access to appropriate masks.

18. Further, detainees' lack of sufficient access to cleaning products and personal sanitary products also contribute to the potential for transmission. There is an apparent insufficiency in the surfactants/disinfectants and cleaning materials with which the jail provides detainees to maintain personal hygienic practice for themselves and their surroundings. Detainees receive only a single 4 oz. bottle of soap per week, no hand sanitizer, insufficient access to disinfectant, and no sponges or rags. This lack of cleaning materials would be problematic under standard conditions and is even more so during a pandemic. Although the primary routes of infection in normal circumstances outside a jail are from droplets in the air, there are

still known risks from contaminated surfaces being touched and then transferred by touch of unclean hands to the face. Current evidence suggests that the virus causing COVID-19 may remain alive on hard surfaces like those common to a jail for hours or even days.[3] For this reason, the CDC recommends that regularly touched surfaces be frequently cleaned and disinfected.[4] In the circumstances described in the detainee statements, there are insufficient cleaning supplies to clean either surfaces or hands. This failure is unacceptable, easily remedied by the jail, and likely to further the spread of infection if not corrected.

ii. Exposure Conditions Outside of Housing Unit Cells

19. The jail's practice of requiring detainees to congregate in large groups—sometimes multiple times per day— fosters easy transmission of COVID-19 infection. Declarants report that they must stand in a line to obtain their second

[3] The CDC recommends sanitizing frequently touched surfaces multiple times a day in the household setting. The jail setting is riskier than the household setting due to increased human density, and thus an increased sanitization regime is appropriate. *See* Centers for Disease Control and Prevention, *Cleaning and Disinfection for Households* (July 10, 2020) https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html.

[4] Centers for Disease Control and Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (July 22, 2020), https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

meal of the day.[5] At pill call, the daily distribution of medication to detainees, jail staff require detainees to line up to receive their medications from a nurse in the middle of the housing unit.[6] They are further made to congregate in holding cells awaiting courtroom appearances and in the medical wing with people from other housing.[7] Each time detainees are instructed to line up close together, if any one person in the group is infected, the infection can easily spread to all persons in the group. The jail can and should reduce the risk of infection by no longer making detainees congregate in large groups (in fact, such congregation of large groups should be actively prohibited), by ensuring the wearing of masks during all activities involving contact with others not housed in the same room together, and by disinfecting high-touch surfaces regularly.

20. Further, depriving incarcerated people of access to the outdoors is known to contribute to immunocompromise, which will increase susceptibility to infection and thereby make it easier to transmit infection to others.[8] Nevertheless,

---

[5] *See, e.g.*, Decl. of Randolph Mitchell ¶ 7.
[6] *See, e.g.*, Decl. of Barry Watkins ¶¶ 13-14.
[7] *See, e.g.*¸ Decl. of J.H. ¶¶ 31-32 (detailing forced congregation at video court); Decl. of Barry Watkins ¶¶ 26-27 (detailing forced congregation during trips to the medical wing).
[8] *See* Elizabeth T. Jacobs & Charles J. Mullany, *Vitamin D Deficiency and Inadequacy in a Correctional Population* 31 Nutrition 659 (2015).

declarants describe receiving no access at all to the outdoors, or even to an open-air "yard," despite it also being a space where detainees can maintain more distance between themselves and others.[9] The jail should therefore allow as many detainees as possible to have time outdoors regularly with access rotated through small groups to limit potential spread due to congregation.

21. Ensuring that every detainee has (and uses) a mask would also decrease transmission risks. Masks have been shown to be effective at decreasing the likelihood of spread of COVID-19 infection from a sick person to a healthy person. Consequently, the jail should issue a mask to each staff person and detainee, and ensure that each person in the jail always has a clean mask. Paper masks should be replaced on a daily basis and cloth masks should be "routinely" laundered.[10] The jail should require that all individuals (detainees and staff) always wear appropriate masks. This is not a protocol taken to protect oneself; it is taken to protect others,

---

[9] *See, e.g.*, Decl. of Randolph Mitchell ¶ 8.

[10] Edward M. Fisher & Ronald E. Shaffer, *Considerations for Recommending Extended Use and Limited Reuse of Filtering Facepiece Respirators in Health Care Settings*, 11 J. Occup. & Environ. Hyg. D115 (2014), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4610368/ (summarizing studies suggesting that facemask protection can be reduced by multiple donnings or uses); Centers for Disease Control and Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (July 22, 2020), https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

and when everyone is protected, every individual benefits.

22. The jail has also failed to provide education regarding protocol for personal protection from COVID-19 infection and how to interrupt the spread (as described in detainee declarations). This shortcoming is an epidemiologically unsupportable scenario with no discernable justification. Knowledge is a powerful tool for modifying behavior, and disseminating information about how to recognize and prevent the spread of COVID-19 would cost little if anything.[11] The jail should make every effort to provide written, verbal, and demonstration-based explanations for best practices about social distancing, personal hygienic practices, and signs and symptoms that should be immediately reported to officers and/or medical staff.

iii. Unclear and Unsafe Intake Protocols

23. The statements from detainees indicate that the jail's standard operating procedure includes a protocol of quarantining new detainees for up to 7 days before they are sent to general population. However, even if new arrivals are isolated for 7 days, that period of time is epidemiologically insufficient to prevent them from

[11] *See* Robert Hornik, PUBLIC HEALTH COMMUNICATION: EVIDENCE FOR BEHAVIOR CHANGE (Routledge 2002); *see also*, Centers for Disease Control and Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (July 22, 2020), https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html (providing sample signage).

carrying infection into the jail system. The etiology of COVID-19 is such that individuals can begin to show symptoms anywhere from 2 to 14 days after exposure to infection.[12] If, as appears to be the case, new detainees are released into the general population fewer than 14 days after their arrival, they may carry pre-symptomatic infection with them into the general population during this known window of potential duration before symptom onset. This jail protocol poses a risk to the entire area in which they are housed and in which they move.

iv. Failure to Examine, Isolate, or Provide Adequate Medical Care to Symptomatic Individuals

24. Based on my review of the declarations, the jail is committing critical failures by not responding promptly to reported symptoms, and by failing to isolate or provide adequate medical care to symptomatic individuals. Identifying and isolating symptomatic individuals is one of the most important steps the jail should be taking to mitigate transmission. Individuals with any detected sign or symptom not explained by another clinically diagnosed condition should be removed from the rest of the population, tested, and only returned to the rest of the population upon receiving a negative test result. They should have access to supportive medical

[12] Centers for Disease Control and Prevention, *Symptoms of Coronavirus* (May 13, 2020), https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

monitoring and care during the entire period they are symptomatic. The jail's failure to follow these commonsense procedures ensures the infection will continue to spread unabated.

25. Declarants describe long delays between reporting symptoms consistent with COVID-19 infection and receiving medical attention. Some report filing medical requests and waiting over a week to be seen by a medical professional.[13] Others report that, even after notifying multiple members of the jail staff that they are unwell, they were never seen by medical staff.[14] Still another reported no access to the system that allows for communications with the medical staff.[15] Particularly during a pandemic, no detainee should be prohibited or delayed in any way from receiving medical care, yet such delays appear to be routine at the jail. Immediate attention to symptomatic individuals is key to controlling the spread of the virus and should be a priority of jail staff.

26. Multiple declarations also state that sick individuals are only removed a substantial time after their symptoms are first reported, or that the sick people are not isolated at all.[16] These responses from the jail are both medically and

[13] *See, e.g.*, Decl. of F.S. ¶ 26.
[14] *See, e.g.*, Decl. of W.L.M. ¶¶ 29-34; Decl. of J.H. ¶¶ 30-31.
[15] *See* Decl. of M.B. ¶ 19.
[16] *See, e.g.*, Decl. of F.S. ¶¶ 23-24; Decl. of W.L.M. ¶ 18-21.

epidemiologically unsupportable. As soon as a person develops any sign or symptom of COVID-19 infection they should be separated from others who have not yet developed any symptoms. All symptomatic individuals should be tested immediately, and those who have been in close contact with the symptomatic person should be quarantined and monitored regularly. The symptomatic person should be isolated and monitored closely in a medical environment, especially if they are older or have any of the medical conditions that predispose someone to severe COVID-19 outcomes (*e.g.*, diabetes, hypertension, etc.).

27. Detainees further describe that the identification of active infection in certain dormitories did not lead to isolation of individuals housed in those units from interaction with other detainees. Most critically, detainees acting in their capacity as trustees were still sent to perform duties in housing units with either confirmed or suspected cases of active COVID-19 infection, thereby exposing to infection themselves, the other detainees with whom they are housed, and as a consequence, all areas of the facility served by trustee labor.[17] The jail's failure to isolate individuals who are presenting with COVID-19 signs and symptoms, whether or not they have yet received a positive COVID-19 test, substantially undermines the

[17] *See* Decl. of D.H. ¶¶ 13-25.

efficacy of any other efforts to mitigate the spread of infection. It exposes the entirety of the facility and the broader community to ongoing infection.

28. Finally, the jail must ensure that sick individuals receive supportive medical monitoring and care during the entire period they are symptomatic. Based on my review of the declarations, it appears that the jail is largely failing to provide supportive medical care and oversight to symptomatic individuals, even when the individual has been acknowledged by jail staff to be symptomatic and placed into a form of "medical isolation." One man reported that, 14 days into his "quarantine," he still had not been seen by a doctor or received any medical treatment.[18] Another reported his symptoms to medical staff and had a COVID-19 test pending, yet he received no medical care and was unable to access help as he experienced a symptomatic attack one night.[19] Finally, a third reported an entire dorm being "locked down" for 17 days, during which time nobody in the dorm received any monitoring of, or treatment for, their symptoms.[20] Providing continuous medical

[18] *See* Decl. of C.C. ¶ 6 ("I never saw a doctor, and I never received any medicine or other medical treatment.").
[19] *See* Decl. of W.L.M. ¶ 29 ("At approximately 1:00 a.m., I began to feel severe pain in my lungs; it felt as if my lungs were going to collapse. I could not breathe. I began to bang on my cell door because the emergency call button in my cell does not work. My cellmate, E.R., told me that banging on the door would not work either: no one was coming to help. I believed I was going to die that night.").
[20] Decl. of D.H. ¶¶ 27-28.

care is critical to preventing harm to detainees, and does not apply any less to people who are quarantined or isolated. The jail's medical staff should evaluate all known symptomatic individuals at least once per day and should apply "close monitoring" to all individuals who are at least moderately ill.[21] Any appropriate evaluation and treatment (such as pulmonary imaging, antibiotics, or oxygen therapy) should be administered without delay.

v. Insufficient Testing Protocols for Reactive Epidemiological Interventions

29. The jail's testing is woefully insufficient to allow for effective epidemiological interventions. It has been shown that individuals may transmit COVID-19 infection prior to the onset of symptoms. In an ideal scenario, the jail would test each individual daily and remove anyone with a positive test from the rest of the population immediately. Due to practical constraints, such as test availability, an acceptable best practice would be to test a random sample of 10% of individuals present in the jail each week (whether symptomatic or not) as an indication of prevalence and an early warning of increased transmission risks. (Note that this would include detainees and staff and the choice of individuals comprising the 10%

[21] National Institute of Health, *Management of Persons with COVID-19* (June 11, 2020), https://www.covid19treatmentguidelines.nih.gov/overview/management-of-covid-19/.

should be newly randomly selected each week.) If conditions in the jail prevent adopting this best practice, an alternative best practice should at least be to monitor the daily temperature of each seemingly healthy detainee and to perform a more thorough test (which could include a breathing test, test of ability to smell, and lung scan) on any individual showing ***any*** symptoms consistent with COVID-19. Jail staff should actively query individuals regarding the onset of new symptoms, rather than relying only on general surveillance testing or medical requests that involve slow processing times.

30. The jail appears to take a haphazard approach to testing people who are symptomatic. Detainees describe being unable to get tested, even when they are experiencing symptoms and bring those symptoms to the attention of the medical staff.[22] The jail's standards for testing people appear to be keyed to temperature.[23] Performing a COVID-19 test only on those detainees who have an elevated body temperature is epidemiologically unsupportable. Some studies have concluded that, early in the progression of symptomatic infection, only 44% of patients exhibited

[22] *See, e.g.*, Decl. of D.H. ¶ 23; Decl. of J.H. ¶¶ 30-31; Decl. of Randolph Mitchell ¶¶ 16-17.
[23] *See, e.g.*, Decl. of Barry Watkins ¶ 41 ("The nurse told me I couldn't receive a test if I wasn't running a fever. She did not take my temperature to see if I was feverish.").

fever as a symptom.[24] Lack of fever should not be used as a disqualification from being tested for active infectious status. Ideally, testing should be based on identification of exposure to a confirmed COVID-19 case via contact tracing but, at minimum, testing should be employed anytime an individual experiences novel and otherwise medically unexplained presentation of any of the most common symptoms associated with COVID-19.[25]

C. Conclusion and Recommendation

31. It is my professional judgment that the people incarcerated in the Clayton County Jail are facing risks of exposure to COVID-19 that are drastically higher than those faced by members of the broader community. These risks could be mitigated by a set of minor and reasonable steps consistent with community- and correctional facility-focused recommendations by public health authorities including (but not limited to) the CDC; however the jail has thus far failed to take these steps to prevent the spread and resultant harms of COVID-19. Based on the extensive work I have done on mitigation and containment strategies for infectious disease, it

[24] Wei-jie Guan, et al., *Clinical Characteristics of Coronavirus Disease 2019 in China*, 382 New Eng. J. Med. 1708 (2020), https://www.nejm.org/doi/full/10.1056/NEJMoa2002032.
[25] Centers for Disease Control and Prevention, *Symptoms of Coronavirus* (May 13, 2020), https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

is my opinion that reducing the population of the Clayton County Jail by releasing people who are at heightened risk of harm from COVID-19 and implementing the recommended procedures for mitigating the risk of infection within the facility will substantially reduce the number of COVID-19 infections in the jail. Successful implementation of these strategies will also clearly yield a reduction in the source of risk to the families of jail staff and incarcerated individuals, as well as to the broader community.

32. It is my professional opinion that these steps are both necessary and urgent. Each additional day the jail continues under current operational standards will cost lives in both the incarcerated population and the broader Clayton County community it serves.

33. The health of people in jails and prisons, whether incarcerated or employed within, is inextricably linked with community health. It is essential to protect the health of individuals who are detained in and work in these facilities, for their sake and the sake of the wider community.

I swear under penalty of perjury that the information given herein is true and correct, and I understand that a false answer to any item may result in a charge of false swearing.

Nina H. Fefferman, PhD — July 23, 2020 — Knoxville, TN
Name — Date

The University of Tennessee, Knoxville
447 Hesler Biology Building, 1406 Circle Dr.
Knoxville, TN 37996
Phone: 781 710 5025
Fax: 865-974-3067
E-mail: nina.h.fefferman@gmail.com

EXHIBIT A

Nina H. Fefferman

http://feffermanlab.org

Nationality: United States of America
Telephone: 781 710 5025
e-mail: nina h.fefferman@gmail.com

Departments: Ecology and Evolutionary Biology & Mathematics
Address: 447 Hesler Biology Building
University of Tennessee
Knoxville, TN 37996

Education

2005	PhD in Mathematical Biology from the Department of Biology, Tufts University. Advisor: J. Michael Reed
2001	MS in Mathematics from the Department of Mathematics, Rutgers University. Advisor: J. Beck
1999	AB in Mathematics from Princeton University

Positions

2020-	Associate Director, UT One Health Initiative, University of Tennessee, Knoxville
2018-	Director, Mathematical Modeling Consulting Center, University of Tennessee, Knoxville
2018 -	Professor, Depts. of Mathematics & Ecology and Evolutionary Biology, University of Tennessee, Knoxville
2016 - 2018	Associate Professor, Depts. of Mathematics & Ecology and Evolutionary Biology, University of Tennessee, Knoxville
2015 - 2016	Program Director, Graduate Program in Ecology and Evolution, Rutgers University
2012 - 2016	Associate Professor, Dept. of Ecology, Evolution, and Natural Resources, Rutgers University
2011 - 2016	Assistant/Associate Professor, School of Public Health, University of Medicine and Dentistry of New Jersey
2008 - 2012	Assistant Professor, Dept. of Ecology, Evolution, and Natural Resources, Rutgers University
2007 - 2016	Research Assistant/Associate Professor, The Center for Discrete Mathematics and Theoretical Computer Science, Rutgers University
2005 - present	Co-Director, Tufts University Initiative for the Forecasting and Modeling of Infectious Disease (InForMID), Tufts University School of Medicine
2005 - 2007	Visiting Research Associate, Center for Discrete Math and Theoretical Computer Science (DIMACS), Rutgers University
2005	Short Term Visitor, School of Natural Sciences, Institute for Advanced Study

Honors/Awards

2019	Invited Participant of the 11th.Triennial Invitational Choice Symposium
2019	Invited Performer/Participant, Stand Up Science – a public performance featuring stand-up comics and scientists discussing their work
2017	Invited Research Team Leader: AWM Women in Mathematical Biology Workshop
2016	Invited Speaker at the National Academy of Sciences Sackler Colloquium
2015	Coauthored an article chosen for the cover of *Phil Trans Roy Soc B* (issue 370.1665)
2012	Invited to Health Foo 2012

2011 Shared the Virginia Governor's Technology Award in the category of 'Cross-Boundary Collaboration in Modeling & Simulation' for our study 'Strategic Default in the Context of a Social Network: An Epidemiological Approach'.
2010 Speaker at TEDx Midatlantic
2009 Rutgers University Packard Fellow Nominee
2007 Coauthored an article chosen for the cover of *The Lancet Infectious Diseases* (vol. 7)
- Invited to give 22 Keynote, Plenary, or Public Lectures (see Invited Talks for details), over three continents

Media Coverage (interviews and coverage):

Television/Online Video Broadcasts:

The Washington Post, 2020
BBC International, 2020
WBIR News, 2019
NJTV News, 2015
Discovery Channel "How Stuff Works" (Season 2: "Games Unboxed"), 2011
BBC World News Aug 21, 2007
CBS News Aug 22, 2007
Canada Television (CTV) Aug 21, 2007
AT&T Tech Channel Sept, 2007

Radio Broadcasts:

NPR Marketplace, Mar 2020
NPR WUOT Knoxville, Mar 2017
PRI Studio 360, Sept 2016
New Tech City, WNYC, Oct 2014
PRI Studio 360, Sept 2014
PRI Studio 360, Jan 2013
BBC UK News, Aug 2007
National Public Radio Podcast "Science Friday", Sept 2007
AM900 CHML, Sept 2007
National Public Radio "All Things Considered", Oct 2005

Print/Online Media (2005-present):

ABC News, ABS CBN News, ARS Technical, Canadian Press (via CBC), Cell, The Daily Mail (UK), The Daily Telegraph (Australia), The Economist, Forbes, Fox News, G1.com.br (Brazil), The Gist (Slate.com), O Globo (Brazil), Gazet Van Antwerpen (Belgium), La Jornada (Mexico), KevinMD, Knox News, Medical News Today, New Scientist, NU.nl (Netherlands), PC Gamer, Politico.com, Reuters, TIME, The Washington Post, Science News, Slate.com, the South African Star, Tech News World, Wired, Yahoo! Entertainment, You Made I *and many more*…

Research Support (reverse chronological order by start date)

Active

2020-2021	$198,932	NSF RAPID – DEB Coupled Social and Epidemiological Networks and COVID-19	PI
2020-2022	$359,849	DoD Minerva DECUR - The Topology of Interdependent Multi-Domain Behavioral Systems	PI
2017-2022	$138,964	NSF IOS - Melding Mathematical and Theoretical	UT-PI

		Models of Stress	
2017-2021	$2,498,876	NSF EEID – Co-evolutionary Epidemiology of Avian Malaria	UT-PI
Completed			
2018-2020	$196,628	SESYNC/NIMBioS Modeling Risk Perception, Vector-borne Diseases, and Environmental Integrity	PI
2018-2019	$2,000	Haines Morris Grant – Internal UTK Competition	Co-PI
2017	$30,000	Syngenta – Workshop Grant – Math of Agribusiness	Co-I
2016-2019	$99,938	NSF EAGER – CISE – Distributed Anomaly Detection	PI
2016-2018	$50,000	US - Israel Binational Science Foundation (BSF)	Co-PI
2016-2018	$190,000	NSF RAPID – DEB – Modeling Zika Virus Control	PI
2016-2017	$75,000	US START Center – Leadership in Social Networks	PI
2016-2017	$100,000	National Academies Keck Futures Initiative	Co-PI
2015-2018	$292,804	USFWS – White-Nose Syndrome Open Grant	Co-PI
2015-2017	$21,003	NSF RAPID – Information & Intelligent Systems – Virtual Worlds and Experiential Learning	PI
2015-2017	$130,000	NSF EAGER – DEB – Machine Learning for Co-Evolutionary Systems	Co-PI
2014-2016	$100,000	Dept. of Homeland Security – Next Generation Communications and Interoperability	Project PI
2011-2014	$3,853,332	NSF EASM – Ocean Sciences – SocioEconomic Systems and Climate Change	Co-PI
2011-2012	$22,500	UCDPER – Emergency Preparedness	Co-PI
2010-2012	$384,000	Dept. of Homeland Security – Virtual Worlds and Experiential Education	Project PI
2010-2011	$99,944	Dept. of Homeland Security – Self-Organizing Surveillance Systems	Project PI
2010	$22,500	Dept. of Homeland Security – BioSecurity	Co-PI
2009-2012	$299,886	NSF – DEB – ULTRA-Ex	Co-PI
2009-2011	$89,318	UCDPER – Emergency Preparedness	PI
2009-2010	$10,000	USDA CSREES Multi-State Research Fund – Vector-borne Disease Control	Co-I
2008	$99,990	NIH NAID SBIR – Epidemiological Surveillance	PI
2008	$5,000	Rutgers Climate and Environmental Change Initiative	PI
2008	$75,000	Rutgers Academic Excellence Fellowship, Climate and Health Research Initiative	Co-I
2007	$22,500	Dept. of Homeland Security – BioSecurity	PI
2007	$22,500	Dept. of Homeland Security – BioSecurity	PI
2006	$5,000	Tufts Summer Scholars Award – Epidemiology	PI
2003-2004	$42,000	NIH R01 Supplement - Epidemiology	Co-PI
2003-2004	$1,500	Tufts Institute of the Environment	Co-I
2003	$500	MASI Student Travel Award	PI
2003	$1,500	TIES Student Travel Award	PI

Consultancies

2020	American Civil Liberties Union (ACLU)
2020	The State of Vermont, Department of Education
2018	Ogilvy

2017-present	Humane Society International
2009-present	US Centers for Disease Control
2011-2012	Research Institute for Housing America Trust Fund
2006-2007	New Jersey, Department of Corrections
2004-2009	NIH U19 (Center PI: Gorski) T-cell Mediated Immunity
2004	National Defense University
2004	DARPA

Participation in Research Centers

Center	**Position**	**Description of Role**
NIMBioS *(National Institute for Mathematical and Biological Synthesis)*	Leadership Team	Active participant in working group, organizer of multiple tutorials, mentor for summer research experience for undergraduates, and founding director of the Mathematical Modeling Consulting Center
InForMID *(Tufts University Initiative for the Forecasting and Modeling of Infectious Diseases)*	Center Co-Director	Researcher and Administrative lead in the area of mathematical modeling of infectious disease epidemiology
CCICADA *(US Dept of Homeland Security Command, Control, and Interoperability Center for Advanced Data Analysis)*	Project PI	Principle Investigator into data analysis relating to social behavior in virtual/technologically enable environments, bio-security, and bio-inspired algorithms in cyber-security
DIMACS *(The Center for Discrete Mathematics and Theoretical Computer Science)*	Member	Active participant in working groups, collaborations, and conferences (including acting as organizer for multiple workshops/conferences/tutorials) in all areas of mathematical macrobiology
START *(US Dept of Homeland Security Center for the Study of Terrorism and Responses to Terrorism)*	Project PI	Principle Investigator working on understanding social behavior and algorithms driving the emergence of extremism and leadership in

Publications (peer reviewed):

***** *= a student or post-doctoral researcher advised by Fefferman during the research effort reported*

Journal Articles:

Published or In Press

70. Udiani*, O. and N.H. **Fefferman**. (In press) How Disease Risk Constrains the Evolution of Social Systems. *Proceedings of the Royal Society, B.*

69. Jiao*, J., M. Gilchrist, and N.H. **Fefferman**. (In press) The Impact of Host Metapopulation Structure on Short-term Evolutionary Rescue in the Face of a Novel Pathogenic Threat. *Global Ecology and Conservation*.
68. Lemanski*, N., S. Schwab, D. Fonseca, and N.H. **Fefferman**. 2020. Coordination Among Neighbors Improves the Efficacy of the Zika Control Despite Economic Costs. *PLoS Neglected Tropical Diseases.* 14(6): e0007870.
67. Wilson, S., S. Sindi, H. Brooks, M. Hohn, C. Price, A. Radunskaya, N. Williams, and N.H. **Fefferman**. 2020. How Emergent Social Patterns in Allogrooming Combat Parasitic Infections. *Frontiers in Ecology and Evolution*. 8:54.
66. DeNegre*, A., Myers*, K., and N.H. **Fefferman**. 2020. Impact of Strain Competition on Bacterial Resistance in Immunocompromised Populations. *Antibiotics*. 9(3):114
65. Myers*, K., A. Redere*, and N.H. **Fefferman**. 2020. How Resource Limitations and Household Economics May Compromise Efforts to Safeguard Children During Outbreaks. *BMC Public Health.* 20(1):1-14.
64. Suarez*, G., O. Udiani*, B. Allan, C. Price, S. Ryan, E. Lofgren, A. Coman, C. Stone*, L. Gallos*, and N.H. **Fefferman**. 2020. A Generic Arboviral Model Framework for Exploring Trade-offs Between Vector Control and Environmental Concern. *Journal of Theoretical Biology*. 490 (2020) 110161.
63. DeNegre*, A., Myers*, K., and N.H. **Fefferman**. 2020. Impact of Chemoprophylaxis Policy for AIDS-immunocompromised Patients on Emergence of Bacterial Resistance. *PLoS One*. 15(1): e0225861.
62. Gallos*, L., S. Havlin, G. Stanley, and N.H. **Fefferman**. 2019. Propinquity drives the emergence of network structure and density. *Proceedings of the National Academy of Sciences*. 116(41):20360-20365.
61. Stone*, C., S. Schwab*, D. Fonseca, and N.H. **Fefferman**. 2019. Contrasting the Value of Targeted vs. Area-Wide Mosquito Control Scenarios to Limit Arbovirus Transmission for Different Tropical Urban Population Centers. *PLoS Neglected Tropical Diseases.* 13.7: e0007479.
60. Myers*, K, A. DeNegre*, L.K. Gallos*, N. Lemanski*, A. Mayberry, A. Redere*, S. Schwab*, O. Stringham, & N.H. **Fefferman**. 2019. Dynamic Ad Hoc Social Networks in Improvised Intelligence / Counter-Intelligence Exercises: A Department of Homeland Security Red-Team Blue-Team Live-Action Roleplay. *Journal of Homeland Security and Emergency Management.* https://doi.org/10.1515/jhsem-2018-0027.
59. Suarez*, G.P., L.K. Gallos, and N.H. **Fefferman**. 2019. A Case Study in Tailoring a Bio-Inspired Cyber-Security Algorithm: designing anomaly detection for multilayer networks. *Journal of Cyber Security and Mobility*. 8(1):113-132.
58. DeNegre*, A., K. Myers*, M. Ndeffo, and N.H. Fefferman. 2019. Emergence of Antibiotic Resistance in Immunocompromised Host Populations. *PLoS One* 14 (2), e0212969.
57. Schwab*, S., C. Stone*, D. Fonseca, and N.H. **Fefferman**. 2019. (Meta)population Dynamics Determine Effective Spatial Distributions of Mosquito-Borne Disease Control. *Ecological Applications* 29(3): e01856.
56. Kebir*, A., N.H. **Fefferman**, and S.B. Miled. 2018. A general structured model of a hermaphrodite population. *Journal of Theoretical Biology*. 449:53-59.
55. Lemanski*, N.J. and N.H. **Fefferman**. 2018. Expanding the evolutionary theory of aging: honeybees as a test case for an optimal decision making model of senescence. *American Naturalist*. 191(6):756-766.

54. Schwab*, S., C. Stone*, D. Fonseca, and N.H. **Fefferman**. 2018. The importance of being urgent: the impact of surveillance target and scale on mosquito-borne disease control. *Epidemics*. 23:55-63.

53. Beckage, B., L. Gross, S. Metcalf, E. Carr, K. Lacasse, J. Winter, P. Howe, N. **Fefferman**, A. Zia, and T. Franck. 2018. Integrating human behavior and risk perception into a climate model. *Nature Climate Change.* 8:79–84.

52. Maslo, B., O. Stringham, A. Bevan, A. Brumbaugh, C. Sanders, M. Hall, and N.H. **Fefferman**. 2017. High Survival of Some Infected Bat Populations Veils a Persistent Extinction Risk from White-nose Syndrome. *Ecosphere*. 8(12):e02001.10.1002/ecs2.2001.

51. Stone*, C.M., S.R. Schwab*, D.M. Fonseca, N.H. **Fefferman**. 2017. Human movement, cooperation, and the effectiveness of coordinated vector control strategies. *Journal of the Royal Society Interface.* 14(133):20170336.

50. Lemanski*, N.J. and N.H. **Fefferman**. 2017. Coordination Between the Sexes Constrains the Optimization of Reproductive Timing in Honey Bee Colonies *Nature Scientific Reports.* 7:2740.

49. Egizi, A., N.H. **Fefferman**, and R. Jordan. 2017. Relative Risk of Infection with Ehrlichiosis Agents and Lyme Disease in an Area Where Both Vectors are Sympatric. *Emerging Infectious Diseases.* 23(6):939-945.

48. Greenbaum*, G. and N.H. **Fefferman**. 2017. Application of network methods for understanding evolutionary dynamics in discrete habitat. *Molecular Ecology*. DOI: 10.1111/mec.14059

47. Maslo, B., R. Valentin, K Leu, K Kerwin, A Bevan, G.C. Hamilton, N.H. **Fefferman**, and D.M. Fonseca. 2017. ChiroSurveillance: The Use of Native Bats to Detect Invasive Agricultural Pests. *PLoS One.* 12(3), e0173321.

46. Robinson*, O.J., O.P. Jensen, M.M. Provost, S. Huang, N.H. **Fefferman**, A. Kebir and J.L. Lockwood. 2017. Evaluating the vulnerability of sex-changing fish to harvest: A game-theoretic approach. *ICES Journal of Marine Science.* 74(3):652-659.

45. Gallos*, L., M. Korczynski*, and N.H. **Fefferman.** 2017. Anomaly Detection Through Information Sharing Under Different Topologies. *EURASIP Journal on Information Security*. 2017:5. DOI:10.1186/s13635-017-0056-5.

44. Maslo, B., S. Gignoux-Wolfsohn, and N.H. **Fefferman**. 2017. Success of Wildlife Disease Treatment Depends on Host Immune Response. *Frontiers in Ecology and Evolution*. 5(28).

43. Lofgren*, E., A. Egizi, and N.H. **Fefferman**. 2016. Patients as Patches: Ecology and Epidemiology in Healthcare Environments. *Infection Control and Hospital Epidemiology.* 37(12):1507-1512.

42. Korczynski*, M., A. Hamieh*, J. H. Huh, H. Holm, S. R. Rajagopalan, and N. H. **Fefferman**. 2016. Hive Oversight for Network Intrusion Early Warning Using DIAMoND: A Bee-Inspired Method for Fully Distributed Cyber Defense. *IEEE Communications Magazine* 54(6):60-67.

41. Gallos*, L. and N.H. **Fefferman.** 2015. Simple and efficient self-healing strategy for damaged complex networks. *Physical Reviews E*. 92(5):052806.

40. Kebir*, A., N.H. **Fefferman**, S. Ben Miled. 2015. Understanding hermaphrodite species through game theory. *Journal of Mathematical Biology*. 71(6-7):1505-1524.

39. Gallos*, L., and N.H. **Fefferman**. 2015. The Effect of Disease-Induced Mortality on Structural Network Properties. *PLoS One.* DOI: 10.1371/journal.pone.0136704

37. Burkhalter*, J.C., N.H. **Fefferman**, and J.L. Lockwood. 2015. The impact of personality on the success of prospecting behavior in changing landscapes. *Current Zoology*. 61:557-568.

36. Robinson*, O., J. Lockwood, O. Stringham*, and N.H. **Fefferman**. 2015. A Novel Tool for Making Policy Recommendations Based on PVA:Helping Theory Become Practice. *Conservation Letters*. 8(3):190-198.

35. **Fefferman**, N.H. and E.N. Naumova. 2015. Dangers of vaccine refusal near the herd immunity threshold: a modelling study. *Lancet Infectious Diseases*. S1473-3099(15)70130-1

34. Maslo, B. and N.H. **Fefferman.** 2015. A Case Study of Bats and White-Nose Syndrome Demonstrating How to Model Population Viability with Evolutionary Effects. *Conservation Biology*. 29(4):1176-1185. DOI: 10.1111/cobi.12485.

33. Parham, P E. J. Waldock, G.K. Christophides, D. Hemming, F. Agusto, K. J. Evans, N.H. **Fefferman**, H. Gaff, A. Gumel, S. LaDeau, S. Lenhart, R.E. Mickens, E. Naumova, R. Ostfeld, P. Ready, M. Thomas, J. Velasco-Hernandez, E. Michael. 2015. Climate, Environmental, and Socioeconomic Change – Weighing up the Balance in Vector-Borne Disease Transmission. *Philosophical Transactions of the Royal Society B.* 370.1665 (2015): 20130551.

32. Egizi, A., N.H. **Fefferman**, and D. M. Fonseca. 2015. Evidence that implicit assumptions of "no evolution" of disease vectors in changing environments can be violated on a rapid timescale. *Philosophical Transactions of the Royal Society B.* 370.1665 (2015): 20140136.

31. Greening*, B., N. Pinter-Wollman, and N.H. **Fefferman**. 2015. Higher-Order Analysis of Information Sharing and Knowledge Capacity in Animal Social Groups *Current Zoology*. 61(1): 114–127.

30. Gallos*, L. and N.H. **Fefferman.** 2014. Revealing effective classifiers through network comparison. *Europhysics Letters*. 108(3): 38001.

29. Lofgren*, E.T., R.W. Moehring, D.J. Anderson, D.J. Weber, and N.H. **Fefferman**. 2014. A Mathematical Model to Evaluate the Routine Use of Fecal Microbiota Transplantation to Prevent Incident and Recurrent *Clostridium difficile* Infection. *Infection Control and Hospital Epidemiology*. 35(1):18-27.

28. Greening*, B. and N.H. **Fefferman**. 2014. Evolutionary Significance of the Role of Family Units in a Broader Social System. *Nature Scientific Reports*. 4: 3608

27. Seiler, M.J., Collins, A.J., and N.H. **Fefferman**. 2013. Strategic Mortgage Default in the Context of a Social Network: An Epidemiological Approach. *Journal of Real Estate Research* 35(4).

26. Robinson*, O.J., N.H. **Fefferman**, and J.L. Lockwood. 2013. How to effectively manage invasive predators to protect their native prey. *Biological Conservation* 165: 146-153.

25. **Fefferman,** N.H., and L.M. Romero. 2013. Can physiological stress alter population persistence? A model with conservation implications. *Conservation Physiology*. 1(1): cot012. doi: 10.1093/conphys/cot012

24. Moorthy, M., D. Castronovo, A. Abraham, S. Bhattacharyya, S. Gradus, J. Gorski, Y.N. Naumov, N.H. **Fefferman**, and E.N. Naumova. 2012. Deviations in influenza seasonality: odd coincidence or obscure consequence? *Clinical Microbiology and Infection*. 18(10):955-962.

23. Hock*, K. and N.H. **Fefferman**. 2012. Social organization patterns can lower disease risk without associated disease avoidance or immunity. *Ecological Complexity*. 12:34–42.

22. Hock*, K. and N.H. **Fefferman**. 2011. Violating Social Norms when Choosing Friends: How Rule-Breakers Affect Social Networks. *PLoS One.* 2011; 6(10): e26652

21. Hock*, K. and N.H. **Fefferman**. 2011. Extending the role of social networks to study social organization and interaction structure of animal groups. *Annales Zoologici Fennici*. 48(6):365-370.

20. Kafai, Y.B. and N.H. **Fefferman**. 2010. Virtual Epidemics as Learning Laboratories in Virtual Worlds. *Journal of Virtual Worlds Research.* 3(2):2-15.

19. Hock*, K., K.L. Ng, and N.H. **Fefferman**. 2010. Systems approach to studying animal sociality: individual position versus group organization in dynamic social network models. *PLoS One.* 5(12): e15789.

18. **Fefferman,** N.H. and E.N. Naumova. 2010. Innovation in Observation: A Vision for Early Outbreak Detection. *Emerging Health Threats.* 3:e6. doi: 10.3134/ehtj.10.006

17. Lofgren*, E.T., J.B. Wenger, N.H. **Fefferman**, D. Bina, S Gradus, S. Bhattacharyya, Y.N. Naumov, J. Gorski, E.N. Naumova. 2010. Disproportional Effects in Populations of Concern for Pandemic Influenza: Insights from Seasonal Epidemics in Wisconsin, 1967-2004. *Influenza and Other Respiratory Diseases.* 4:205-212.

16. Phan, L., N.H. **Fefferman,** D. Hui, and D. Brugge. 2010. Impact of Street Crime on Boston Chinatown. *Local Environment*. 15(5):481-491.

15. Reed, J.M., N.H. **Fefferman**, and R.C. Averil-Murray. 2009. Vital Rate Sensitivity Analysis and Management Implications for Desert Tortoise. *Biological Conservation*. 14(12): 2813-3222.

14. Wilson-Rich, N., Spivak, M., **Fefferman**, N.H., Starks, P.T. 2009. Genetic, Individual, and Group Facilitation of Disease Resistance in Insect Societies. *Annual Reviews of Entomol*ogy. 54:405-23.

13. **Fefferman**. N.H. 2008. Biological Experimentation *in silico*. *Annales Zoologici Fennici,* 45: 367-368.

12. Lofgren*, E., M. Senese*, J. Rogers* and N.H. **Fefferman**. 2008. Pandemic Preparedness Strategies for School Systems: Is Closure Really the Only Way? *Annales Zoologici Fennici*, 45: 449-458.

11. **Fefferman**, N.H. and K.L. Ng*. 2007. How Disease Models on Static Graphs Fail to Approximate Epidemics in Shifting Social Networks. *Physical Review E*. 76:031919. (*This article was selected for reprinting by the Virtual Journal of Biological Physics Research 2007)*

10. Lofgren*, E. and N.H. **Fefferman**. 2007. The Untapped Potential of Virtual Game Worlds to Shed Light on Real World Epidemics. *The Lancet Infectious Diseases.* 7:625–629. *(article content was the cover of the journal)*

9. Lofgren*, E., N.H. **Fefferman**, Y.N. Naumov, J. Gorski and E.N. Naumova. 2007. Influenza Seasonality: Underlying Causes and Modeling Theories. *Journal of Virology*, 81(11):5429-5436.

8. Lofgren*, E., N.H. **Fefferman**, M. Doshi and E.N. Naumova. 2007. Assessing Seasonal Variation in Multisource Surveillance Data: Annual Harmonic Regression. *Lecture Notes in Computer Science.* BioSurveillance 2007. eds D. Zeng et al. 4506:114-123.

7. **Fefferman**, N.H. and K.L Ng*. 2007. The role of individual choice in the evolution of social complexity. *Annales Zoologici Fennici*, 44:58-69.

6. **Fefferman**, N.H., J.F.A. Traniello, R.B. Rosengaus and D.V. Calleri. 2007. Disease Prevention and Resistance in Social Insects: Modeling the Survival Consequences of Immunity, Hygienic Behavior and Colony Organization. *Behavioral Ecology and Sociobiology*, 61:565-577.

5. Starks, P.T.B. and N.H. **Fefferman**. 2006. Polistes Nest Founding Behavior: a Model for the Selective Maintenance of Alternative Behavioral Phenotypes. *Annales Zoologici Fennici*, 43:456-467.

4. **Fefferman**, N.H., and E.N. Naumova. 2006. Combinatorial Decomposition of an Outbreak Signature. *Mathematical Biosciences*, 202(2):269-287.

3. **Fefferman**, N.H. and J.M. Reed. 2006. A Vital Rate Sensitivity Analysis that is Valid for Non-Stable Age Distributions and for Short-Term Planning. *The Journal of Wildlife Management*, 70(3):649-656.

2. **Fefferman**, N.H., and P.T.B. Starks. 2006. A Modeling Approach to Swarming in Honey Bees. *Insectes Sociaux*, 53(1):37-45.

1. **Fefferman**, N.H., E.A. O'Neil, and E.N. Naumova. 2005. Confidentiality vs Confidence: The aggravation of aggregation as a remedy in public health. *Journal of Public Health Policy*, 26(4):430-449.

Under Review:

13. Carrignon, S., R.A. Bentley, M.J. Silk, and N.H. **Fefferman**. The 'Icarus Effect' of Preventative Health Behaviors. (Under Review)
12. Silk, M.J., S. Carrignon, R.A. Bentley, and N.H. **Fefferman**. Improving Pandemic Mitigation Policies Across Communities Through Coupled Dynamics of Risk Perception and Infection (Under Review)
11. **Fefferman**, N.H., E.T. Lofgren, N. Li, P. Blue, D.J. Weber, and A.A. Yakubu. Fear, Access, and the Real-Time Estimation of Etiological Parameters for Outbreaks of Novel Pathogens. (Under Review)
10. **Fefferman**, N.H., S. DeWitte, S.S. Johnson, and E.T. Lofgren. Leveraging Insight from Centuries of Outbreak Preparedness to Improve Modern Planning Efforts. (Under Review)
9. **Fefferman,** N.H. and O. Udiani. Workforce Training, Deployment, Protection, and Management in the Wake of a Pandemic. (Under Review).
8. Lofgren, E. K. Lum, A. Horowitz, B. Madubuonwu, K. Myers, and N. H. **Fefferman**. The Epidemiological Implications of Jails for Community, Corrections Officer, and Incarcerated Population Risks from COVID-19. (Under Review).
7. Feinberg, F., A. Patania, B. McShane, B. Falk, D. Larremore, E. Feit, J. Helveston, M. Small, M. Braun, N. **Fefferman**, and E. Bruch. A Framework for Studying Choices in Networks. (Under Review)
6. Beckage, B., K. Lacasse, J.M. Winter, N.H. **Fefferman**, F.M. Hoffman, L.J. Gross, S.S. Metcalf, T. Franck, E. Carr, A. Zia, and A. Kinzig. The Earth has humans, so why don't our climate models? (Under Review)
5. Udiani*, O., K. Lacasse, A. Zia, L. Gallos*, P. Zhong*, B. Beckage, E. Carr, T. Franck, L. Gross, F. Hoffman, P. Howe, A. Kinzig, S. Metcalf, J. Winter, and N.H. **Fefferman**. Recruitment and Mobilization for Social Movements: implications from network modeling. (Under Review)
4. Udiani*, O., and N.H. **Fefferman**. Could the Need for Rest Provide a Pathway for the Evolution of Division of Labor in Social Species? (Under Review)
3. Gignoux-Wolfsohn, S.A., Pinsky, M.L., Kerwin, K., Herzog, C., Hall, M., Bennett, A.B., **Fefferman**, N.H. and Maslo, B., Genomic signatures of evolutionary rescue in bats surviving white-nose syndrome. (Under Review)
2. Hobson, E.A., M.J. Silk, N.H. **Fefferman**, D.B. Larremore, P. Rombach, S. Shai, and N. Pinter-Wollman. What Are Your Social Questions? Identifying Appropriate Reference Models When Animals Don't Live in Asymptopia. (Under Review)
1. Siewe*, N., B. Greening*, and N.H. **Fefferman**. The Potential Role of Asymptomatic Infection in Outbreaks of Emerging Pathogens (Under Review)

Book Chapters:

Published or In Press

10. **Fefferman**, N.H. When to Turn to Nature-Inspired Solutions for Cyber Systems. 2019. *in* Nature-Inspired Security and Resilience. eds. Eltoweissy, Elalfy, Fulp, and Mazurczyk. pp 29-50. The Institution of Engineering and Technology, London, UK.
9. Price, C.R. and N.H. **Fefferman**. 2019. A Preliminary Exploration of the Professional Support Networks the EDGE Program Creates. *in* A Celebration of the EDGE Program's Impact on the Mathematics Community and Beyond (pp. 317-325). Springer, Cham.
8. Brooks. H.Z., M.E. Hohn, C. Price, A.E. Radunskaya, S.S. Sindi, N.D. Williams, S.N. Wilson, N.H. **Fefferman**. 2018. Mathematical Analysis of the Impact of Social Structure on Ectoparasite Load in Allogrooming Populations. *in* Understanding Complex Biological Systems with Mathematics eds. A. Radunskaya, R. Segal, B. Shtylla. Association for Women in Mathematics Series, vol 14. pp 47-61. Springer
7. Williams, N.D., H.Z. Brooks, M.E. Hohn, C. R. Price, A.E. Radunskaya, S.S. Sindi, S.N. Wilson, and N. H. **Fefferman**. 2018. How Disease Risks Can Impact the Evolution of Social Behaviors and Emergent Population Organization. *in* Understanding Complex Biological Systems with Mathematics eds. A. Radunskaya, R. Segal, B. Shtylla. Association for Women in Mathematics Series, vol 14. pp 31-46. Springer
6. Korczynski*, M., A. Hamieh*, J.H. Huh, H. Holm, S. R. Rajagopalan, and N.H. **Fefferman**. 2017. DIAMoND: Distributed Intrusion/Anomaly Monitoring for Nonparametric Detection (invited extended version). *in* Security, Privacy and Reliability in Computer Communications and Networks. eds. K. Sha, A Striegel, and M Song. River Publishers Series in Communications. River Publishers.
5. **Fefferman**, N.H. and L.M. Fefferman. 2011. Mathematical Macrobiology: An Unexploited Opportunity in High School Education. *in* Biomath in the Schools. eds. M.B. Cozzens, and F.S. Roberts. DIMACS Series in Discrete Mathematics and Theoretical Computer Science. Vol 76. American Mathematical Society.
4. Jagai, J., N.H. **Fefferman** and E.N. Naumova. 2011. Waterborne Disease Surveillance. *in* Encyclopedia of Environmental Health. eds. J. Nriagu, S. Kcew, T. Kawamoto, J. Patz, and D. Rennie. Elsevier Science. 1st edition
3. Ji, S., W.A. Chaovalitwongse, N.H. **Fefferman**, W. Yoo, and J.E. Perez-Ortin. 2009. Mechanism-based Clustering of Genome-wide RNA Levels: Roles of Transcription and Transcript-Degradation Rates. *in* Clustering Challenges in Biological Networks. eds. S. Butenko, P.M. Pardalos, and W.A. Chaovalitwongse. World Scientific Publishing Company.
2. **Fefferman**, N.H. and J.F.A. Traniello. 2008. Social Insects as Models in Epidemiology: Establishing the Foundation for an Interdisciplinary Approach to Disease and Sociality. *in* Organization of Insect Societies: From Genome to Sociocomplexity eds J. Gadau and J. Fewell. Harvard University Press
1. MacLeod, N., N. Ortiz, N.H. **Fefferman**, W. Clyde, C. Schulter, and J. MacLean. 2000. Phenotypic Response of Foraminifera to episodes of global environmental change. *in* Biotic Response to Global Change. eds S.J. Culver and P. Rawson. Cambridge University Press

Edited Volumes:

1. **Fefferman**, N.H. (Ed.) (2008) *Annales Zoologici Fennici* 45(5)

Peer Reviewed Contributed Conference Papers:

8. Suarez*, G.P., L.K. Gallos, and N.H. **Fefferman**. 2018. A Case Study in Tailoring a Bio-Inspired Cyber-Security Algorithm: designing anomaly detection for multilayer networks. *2018 IEEE Security and Privacy Workshops (SPW)*. IEEE, 2018.

7. Fields, D. A., Kafai, Y. B., Giang, M. T., **Fefferman**, N., & Wong, J. 2017. Plagues and people: Mass community participation in a virtual epidemic within a tween online world. *Proceedings of the 12th International Conference on the Foundations of Digital Games.* DOI: 10.1145/3102071.3102108
6. Kafai, Y. B., Fields, D. A., Giang, M. T., **Fefferman**, N., Sun, J., Kunka, D., & Wong, J. 2017. Designing for massive engagement in a tween community: Participation, prevention, and philanthropy in a virtual epidemic. In *Interaction Design & Children Conference*. New York: ACM, 365-370. ISBN: 978-1-4503-4921-5
5. Fields, D. A., Kafai, Y. B., Giang, M. T., **Fefferman**, N., & Wong, J. 2017. The Dragon Swooping Cough: Mass community participation in a virtual epidemic within a tween online world. *In* B. Smith, M. Borge, E. Mercier & K. Y. Lim (*Eds*.) *Proceedings of the 12th International Conference on Computer Supported Collaborative Learning*, Volume 2 (pp. 865-866). Philadelphia, PA: International Society of the Learning Sciences.
4. Fields, D. A., Kafai, Y. B., Sun, J., **Fefferman**, N., Ellis, E., DeVane, B., Giang, M. T., & Wong, J. 2016. The great dragon swooping cough: Stories about learning designs in promoting participation and engagement with a virtual epidemic. *In* Barany, A., Slater, S., & C. Steinkuehler *(Eds.), Proceedings of the Games + Learning + Society (GLS) 12.0 Conference* (pp. 419-424). Pittsburgh, PA: ETC Press.
3. Verma, S., A. Hamieh*, J. H. Huh, H. Holm, S. R. Rajagopalan, M. Korczynski*, and N. H. **Fefferman**. 2016. Stopping Amplified DNS DDoS Attacks Through Query Rate Sharing Between DNS Resolvers, to appear in the International Conference on Availability, Reliability and Security (ARES). (Note: this is the proceeding of a conference, not a journal, but is equivalent to journal publication for the field of computer science, however in keeping with the conventions of Biology, Fefferman is last author as PI on the sponsoring grant that funded the research.)
2. Korczynski*, M., A. Hamieh*, J.H. Huh, H. Holm, S. R. Rajagopalan, and N.H. **Fefferman**. 2015. DIAMoND: Distributed Intrusion/Anomaly Monitoring for Nonparametric Detection. *CCCN 2015: 24th International Conference on Computer Communications and Networks, IEEE, 2015*. (Note: this is the proceeding of a conference, not a journal, but is equivalent to journal publication for the field of computer science, however in keeping with the conventions of Biology, Fefferman is last author as PI on the sponsoring grant that funded the research.)
1. **Fefferman**, N.H., J. Jagai, and E.N. Naumova. 2004. Two - Stage Wavelet Analysis Assessment of Dependencies in Time Series of Disease Incidence. *Proceedings of the 2004 Conference of the International Environmetrics Society*

Research Mentoring

(**bold = current)**

Undergraduate Researchers:

Shyretha Brown, Danika Chari, Kaige Chen, Ian Clark, Liz Davis, Anne Eaton, Taylor Eisenstein, Brandon Grandison, Derek Hansen, David Haycraft, John Huffman, Ana Kilgore, John Kim, Edward Lee, Somair Malik, Andrew McConvey, Jeffrey Mandell, Zain Paracha, Luke Postle, Lauren Prince, Asya Pritsker, Cathy Reis, Jeremiah Rogers, Bolanle Salaam, Nicole Scholtz, Margaret Senese, Joshua Smith, Andrew Sohn, Kim Stanek, Johanna Tam, Colleen Thiersch, Elena Tsvetkova, Barton Willage, Immanuel Williams, Nakeya Williams, Barry Walker, Hannah Yin, Yi Ming Yu, Yongqing Yuan, Stefanie Yuen, James Xue, Bobby Zandstra

Graduate Researchers:

*(Committee Member, or Advisor for work on funded research projects – not primary dissertation advisor; * = special case)*

Kevin Aagard, Emma Bell, Carissa Bleker, Curtis Burkhalter, Jordan Bush, Huilan Chang, Erick Chastain, Fnu Eric Ngang Che, **Brittany Coppinger**, Ashley Crump, Kathyrn Fair, Alison Golinski, **Stephen Grady,** Gili Greenbaum, Candice JeanLouis, **Hwayoung Jung,** Ariel Kruger, Di Li, Eric Lofgren*, Nicholas Lorusso, Adam Marszalek, Benjamin Mcclendon, Anthony Ogbuka, Paul Raff, Orin Robinson, Margaurete Romero, Rajat Roy, Liliana Salvador, **Shelby Scott,** Tinevimbo Shiri, Brittany Stephenson**,** Alex Thorn, Rafael Valentine, Alex Villiard, Orion Weldon

(primary research advisor to)

Jessica Beck, **Kelly Buch**, Ashley DeNegre, **Jeff DeSalu**, Brad Greening, Natalie Lemanski, **Agnesa Redere**, Samantha Schwab, **Anna Sisk** (co-advised), Oliver Stringham, Karen Wylie

Post-Doctoral Researchers:

Dr. Erick Chastain, Dr. Lazaros Gallos, Dr. Manuel Garcia-Quisimondo, Dr. Ali Hamieh, Dr. Karlo Hock, Dr. Cindy Hui, **Dr. Jing Jiao**, Dr. Amira Kebir, Dr. Maciej Korczynski, Dr. Natalie Lemanski, Dr. Kellen Myers, Dr. Kah Loon Ng, Dr. Chris Stone, Dr. Nourridine Siewe (co-advised by Prof. S. Lenhart), Dr. Gonzalo Suarez, **Dr. Oyita Udiani**, Dr. Peng Zhong

Courses Developed and Taught (all courses developed from scratch)

- Advanced Mathematical Ecology II (MAT/EEB 682 – University of Tennessee, Knoxville) Spring 2017 and 2019
- Evolution, Disease, and Medicine (ENR110 – Rutgers University / EEB 310 – UT, Knoxville) Fall each year 2009 – 2014, Spring 2018 and 2020
- Conversational Bio-Mathematical Modeling (ENR 428 – Rutgers University/ EEB 475 – UT, Knoxville) Spring 2011 – 2014, 2020
- Problems in Ecology: Academic Pedagogy (ENR 601 – Rutgers University) Fall 2015
- *(Co-Developed and Taught)* Ethics & Professional Development in Ecology and Evolution (ENR 602 01 – Rutgers University) Spring 2013-2016 (exception – sabbatical Fall 2014-Spring 2015)
- Introduction to Modeling Ecology, Evolution, and Epidemiology (ENR 604 – Rutgers University) Spring each year 2010 – 2016 (exception – sabbatical Fall 2014-Spring 2015)
- Introduction to Epidemiological Modeling (ENR 603 – Rutgers University) Fall each year 2009 – 2012
- Elements of Data Analysis and Epidemiology (CMPH 343 – Tufts University School of Medicine) Spring 2006

Professional Memberships

Association for Women in Mathematics (AWM)
Association for Women in Science (AWIS)
Complex Systems Society (CSS)
Institute of Electrical and Electronics Engineers (IEEE)
International Union for the Study of Social Insects (IUSSI)
Society for Industrial and Applied Mathematics (SIAM)
Society for Mathematical Biology (SMB)

Invited Presentations

2020

Session Keynote: "Logic, Equations, Data: From each according to their ability," Intelligent Systems for Molecular Biology (ISMB) 2020, COVID-19 Session (conference shifted to virtual meeting)

Public Webinar: "Invasive Species Policy and COVID-19," Panel Participant, Ecological Society of America, Webinar Series

Public Interview: "Nina Fefferman," You Made it Weird podcast

Public Lecture: "The Role of Applied Math in Real-time Pandemic Response: How Basic Disease Models Work," NIMBioS Webinar Series, Knoxville, TN

Public Interview: "Math + Virus + Us," Here We Are podcast and YouTube video.

2019

Public Lecture: "Vaccine Acceptance and Epidemic Risks," Infinite Futures Event Series, Museum of Science and Industry, Chicago, IL.

"When to Turn to Biology for Inspiration in Systems Design," DIMACS 30th Anniversary Conference, New Brunswick, NJ.

"Patients as patches: Ecological challenges from the epidemiology of healthcare environments," ESA 2019, Louisville, KY.

"Math and Disease," Possibilities in Postsecondary Education and Science (PIPES), UTK, Knoxville, TN.

Keynote Address: "Evolving Efficient Solutions: How simple natural systems solve the most complicated problems," MBI Capstone Conference 2019, Columbus, OH (virtual)

Plenary Talk: "How AIDS prevalence impacts the emergence of antibiotic resistance in bacterial infections," SIAM BAMM 2019, Richmond, VA.

Public Lecture: "Math and Disease," Stand Up Science, Farragut, TN.

"Biosurveillance and Homeland Security," Princeton University, NJ.

"Understanding Social Communication Systems with Homology Theory," Complex Systems Seminar, University of Michigan, Ann Arbor, MI.

"Going Against the Grain," Women Empowered in STEM (WeSTEM) 2019, Champaign, IL.

"You're Worth It: Job Negotiations," Women Empowered in STEM (WeSTEM) 2019, Champaign, IL.

2018

"Math: A Critical, Treacherous Bridge Between Scientific Disciplines," American Geophyiscal Union (AGU 2018), Washington DC.

"The Evolution of Social Complexity as Multi-Scale Feedback Control on Networks," Systems Theory Lunch Colloquium, Harvard Medical School, Boston, MA.

"Saving Bats from Fungal Diseases with Linear Algebra," Claremont Center for Mathematical Sciences Colloquium, Claremont, CA.

Plenary Talk: "Evolving Efficient Solutions: How simple natural systems solve the most complicated problems," NIMBioS Undergraduate Research Conference 2018, Knoxville, TN.

Plenary Talk: "Linking Local Decisions with Global Outcomes in Networks: Case Studies in Behavior and Population Health" SIAM Life Sciences 2018, Minneapolis, MN.

"The mathematical biology of networks: from disease outbreaks to cyber-attacks," TN Governor's School, University of Tennessee, Knoxville, TN.

"Trans-disciplinary adventures in the mathematical biology of networks: from disease outbreaks to cyber attacks," DIMACS REU, Rutgers University, Piscataway, NJ.

Public Webinar: "Social and Biological Networks: The Evolution of Social Systems," US National Academies of Sciences, Engineering, and Medicine: Math Frontiers Webinar Series

2017

"Self-Diagnosing Networks," Data Institute San Francisco Conference (DSCO17), San Francisco, CA.

Keynote: "Evolving Efficient Solutions: How simple natural systems solve the most complicated problems," Workshop on Bio-Inspired Security, Trust Assurance, and Resilience (BioSTAR 2017), San Jose, CA.

"Wildlife Disease Management Outcomes May Depend on the Mechanism of Host Immune Response," Distinguished Lecture Series in Immunology and Infectious Diseases, Center for Emerging & Re-emerging Infectious Diseases, School of Medicine, University of Washington, Pullman, WA.

2016

"Evolving Healthy Populations," International Symposium on Biomathematics and Ecology Education and Research 2016, Charlseton, SC.

"Individuals, Societies, and Climate: Modeling motivations to change," Oak Ridge National Laboratory Workshop on Human Activity at Scale in Earth System Models, Oak Ridge, TN.

"Network Models in Epidemiology," US-Canadian Institutes Epidemiology Summer School: Mathematical Modeling of Infectious Disease Spread, MBI, Columbus, OH.

"The Invasion Ecology of Diseases in a Human Environment," Arthur M. Sackler Colloquia of the National Academy of Sciences, Coupled Human and Environmental Systems, Washington DC.

"Global Feedback Control on Centrality in Self-Organizing Systems", Mathematical Biosciences Institute Workshop on the Control and Observability of Network Dynamics, MBI, Columbus, OH.

"Zika Control: More Complicated than Hoped?" Next Einstein Forum, Dakar, Senegal.

2015

"Linear Algebraic Tools in Conservation Ecology," Simon A. Levin Mathematical, Computational and Modeling Sciences Center Seminar, Tempe, AZ.

"Applications of Homology Theory to Animal Communication Systems," Mathematics and Statistics Colloquium, Arizona State Univ., Tempe, AZ.

"Trade-offs Between Collaboration and Infection Risk: Can 'social distancing' improve colony function?" Conference on Complex Systems 2015, Tempe, AZ.

"The Benefits of Ongoing Dynamics in Self-Organizing Social Systems," Conference on Collective Dynamics and Evolving Networks, Bath, UK.

Plenary Talk: Exploiting the Complexity of Identity to Infiltrate Clandestine Groups – Lessons from a LARP, CyDentity Conference, CCICADA, New Brunswick, NJ.

"Incorporating Evolutionary Rescue into Population Viability Models," Mathematics of Planet Earth: Workshop on Management of Natural Resources, Washington D.C.

"Distributed Detection Algorithms for Real-Time Maritime CyberSecurity," Joint CCICADA & AMU Conference on Maritime CyberSecurity, New Brunswick, NJ.

"The Definition of Communication: One way biology and math people accidentally talk past each other and what we might be able to do to fix it," Annual Meeting, Society for Integrative and Comparative Biology, West Palm Beach, FL.

2014

"BioInspired Anomaly Detection: Social Insects and Network Security," Dept. of Homeland Security Science and Technology HSARPA CyberSecurity Division Research and Development Showcase and Technical Workshop, Washington D.C.

"n-TANGLE: a new method for comparing networks across scales" Workshop on Advances in Discrete Networks, Dept. of Mathematics, Univ. of Pittsburgh, Pittsburgh, PA.

Keynote Address: "Virtual Worlds Helping Public Health Preparedness," New Jersey Health Care Quality Institute Annual Meeting, Trenton, NJ.

"A Mathematician's Role in Fighting Ebola," Saint Ann's School, Brooklyn, NY.

"Provable Boundaries on Disease Outbreaks in Self-Organizing Social Networks," The Duke University Mathematical Biology Colloquium, Durham, NC.

Keynote Address: "Designing your own role: Women in STEM," Tufts University Graduate Student Luncheon for Women in Science, Medford, MA.

"Division of Labor as an Adaptation to Combat Disease Risks?" The Seventh International Symposium on Biomathematics and Ecology: Education and Research (BEER), Claremont, CA.

"How dynamic networks affect disease transmission," The BioCircuits Institute, UCSD, San Diego, CA.

"The Evolution of Social Complexity," Plant Biology Dept. Seminar, Univ. of Vermont, Burlington, VT.

"Provable Boundaries on Disease Outbreaks in Self-Organizing Social Networks," Math Dept. Seminar, Univ. of Tennessee at Knoxville, TN.

"Mathematics, Optimization, and the Evolution and Behavior of Social Insects," Math Dept. Junior Colloquium, Univ. of Tennessee at Knoxville, TN.

"The Life of a Mathematical Researcher," Saint Ann's School, Brooklyn, NY.

"Mathematics, Optimization, and the Evolution and Behavior of Social Insects," Social Insect Research Group Seminar, School of Life Sciences, Arizona State Univ., AZ.

"N-tangle: A Network Comparison Method," Workshop on Animal Social Networks, NIMBioS, TN

2013

"Evolutionary pressures, Infectious Diseases, and Self-Organizing Social Systems," Evolutionary Studies Seminar, Co-Sponsored by the Collective Dynamics of Complex Systems Research Group, the Undergraduate Math Club, Upsilon Pi Epsilon, and Pi Mu Epsilon, SUNY Binghamton, NY.

"BioInspired Anomaly Detection," DHS CyberSecurity PI Meeting, Arlington, VA.

"Mathematics, Evolutionary Biology, Epidemiology, and National Security", Saint Ann's School, Brooklyn, NY.

"Evolution of Reproductive Timing and Social Organization in Honey Bees," Scientific Learning Forum at FMC, Ewing, NJ.

"Crowd Sourcing WoW: A Case Study in Improving Pandemic Preparedness," Annual George M. Sideris Biology Conference, LIU, Brooklyn, NY.

2012

Public Lecture: "Math, Complexity, and Social Groups: Using math to understand the nature of society," Campus Life Enrichment Committee (CLEC) Lecture, Georgia Southern Univ., GA.

"How and Why Static Approximations Can Fail to Give Adequate Insight into Processes on Dynamic Networks," Math Dept. Colloquium, Georgia Southern Univ., GA.

"Theoretical Worlds: An Exploration of Models and Model Systems," Tufts Univ, Dept. of Civil and Environmental Engineering Seminar Series, Medford, MA.

"Help, my avatar is sick!" Panel Talk, SXSW, Austin, TX.

"WISE – Women, Ignore Silly Expectations!" 2012 WISE Conference, Texas A&M, TX.

2011

"The Evolution of Social Complexity," CUNY Initiative for the Theoretical Sciences Workshop on A Unified Theory of Evolution, CUNY, NY.

"Balancing Workforce Productivity Against Disease Risks for Environmental and Infectious Epidemics," Math Dept. Seminar, Univ. of Ghana, Legon, Ghana.

"Selective Pressures from Disease on Social Behavior in Hosts," DIMACS/MBI US - African BioMathematics Initiative: Workshop on Genetics and Disease Control, Elmina, Ghana.

Plenary Address: "The Future of Technology and Knowledge," Next-Generation Communications Interoperability Workshop, Chicago, IL.

"Virtual Worlds and Real Epidemics - Insights from WoW's Corrupted Blood Plague," E-Virtuoses International Conference on Serious Games, Valenciennes, France.

Plenary Address: "Disease Robustness and Evolutionary Selective Pressures on Social Organization in Eusocial Insects," Mathematical Biosciences Institute Workshop on Insect Self-Organization and Swarming, Ohio State Univ., OH.

"Hakkar's Corrupted Blood Plague: How an Outbreak in WoW is Helping Epidemiologists Create Better Disease Models," Game Developer's Conference 2011, San Francisco, CA

"Exploring the Role of Behavior in Infectious Disease Dynamics: Mathematical Insights from World of Warcraft and other Virtual Worlds," DIMACS/CCICADA Student Workshop on Where the Mathematical and Computational Sciences Meet Society, Rutgers University, NJ

"Multi-Dimensional Data and the Influence of Human Behavior in Biosurveillance for Infectious Disease Outbreaks," Global Biosurveillance Conference: Enabling Science and Technology – 2nd Meeting in the Biological Threat Non-Proliferation Conference Series, Santa Fe, NM

2010

"Distributed Algorithms for Collective Visualization of Data," Visualanalytics Workshop 2010, Imperial College London, UK

"The Importance of Behavioral Dynamics on Disease Burden," Southern African Wildlife College, South Africa

"The Impact of Stress on Populations," DIMACS Advanced Study Institute on Conservation Biology, Limpopo, South Africa

"Social Behavior in Virtual Worlds," Panel Discussant – InPlay 2010, Toronto, Canada

"Self-Organizing Networks, Social Complexity, and Disease Dynamics," Rensselaer Polytechnic Institute, NY

"Playing with Plague: Exploring Disease Dynamics from Within," 2010 AAAS Annual Meeting, San Diego, CA

"Epidemiological Pressures on the Evolution of Social Complexity," Mathematical Methods in Systems Biology, Tel Aviv, Israel

2009

"Information Theoretic Tool for Biosurveillance," CCICADA Kickoff Meeting, Rutgers Univ., NJ

"Perspectives, Challenges, and Creativity in Understanding Behavioral Epidemiology," Workshop on Behavioral Epidemiology, Rutgers Univ., NJ

"Evolutionary Implications of Epidemics on Social Behavior," Evolutionary Genetics and Genomics at Rutgers, Rutgers Univ., NJ

Panel participant and Speaker on Popular Culture and Science, Sheffield Documentary Film Festival '09, Sheffield, United Kingdom

Keynote Address: "Epidemiological Insights from Virtual Worlds," Life Science Dialogue Heidelberg, - Inaugural Conference, Germany

"Social Stability and Success: A new concept in self-organizing systems and preferential attachment," Office of Naval Research Workshop on Complex Systems, Institute for Pure and Applied Mathematics, Los Angeles, CA

"The Impact of Household Capital Models on Targeted Epidemiological Control Strategies for Diseases with Age-Based Etiologies," Makerere Univ., Kampala, Uganda

Keynote Address: "Hakkar's Corrupted Blood Plague: How an Outbreak in World of Warcraft is Helping Epidemiologists Create Better Disease Models," Games for Health – Virtual Worlds, Boston, MA

"Network Representations and the Evolution of Social Complexity," Frontiers in Applied and Computational Mathematics, New Jersey Institute of Technology, NJ

"Mathematical Optimization, Evolutionary Sociobiology, and Eusocial Insects," Conference on The Power of Analysis, Princeton Univ., NJ

"Mathematical Insights into Behavioral Epidemiology," Univ. of Texas Health Science Center, Houston, TX

"Basics of Mathematical Modeling," Mosquito Modeling Made Easy Day, Center for Vector Biology, Rutgers Univ., NJ

"Mathematical and Computational Methods in Epidemiology and BioSurveillance," Jackson State University, MS

"Mathematics, Optimization, and the Evolution and Behavior of Social Insects," UNC, Chapel Hill, Applied Math, NC

"Network models in Epidemiology and Sociobiology: Introduction, Overview, and Recent Advances," Mathematical Sciences, RPI, NY

2008

"Social Behavior and the Dynamics of Corrupted Blood," Rice University/Games for Health, Houston, TX

"Possible Selective Mechanisms for the Evolution of Disease-defensive Social Organizations," Ecology and Evolution Seminar, Boston Univ., MA

"Behavioral Epidemiology in Virtual Worlds: Exploiting the virtual experience," Advanced Technology Applications for Combat Casualty Care 08; Telemedicine and Advanced Technologies Research Center Medical Simulation & Training Technology

"Recent Advances in the What, How and When of Network Models in Infectious Disease Epidemiology," SIAM 2008, CA

"World of Warcraft Corrupted Blood Disease: Epidemiological Observations and Findings," Games for Health, Baltimore, MD

"Computational Ecology: The Evolution of Sociality," Frontiers in Applied and Computational Mathematics, New Jersey Institute of Technology, NJ

Plenary Talk: "Self-organizing social behavior and disease-defensive organizational strategies in social species," Complexity 2008, Univ. Illinois Urbana, IL

"From the Individual to the Population: Modeling the many levels of evolutionary fitness in social species," Dept. of Ecology and Evolution and Natural Resources, Rutgers Univ., NJ

"Individual Decisions, Group Efficiency," ExxonMobil, Clinton, N.J.

2007

Public Lecture: "Virtual Games, Real Epidemics: Can We Learn Real-Life Lessons in BioDefense from Online Games?" Biosecurity, Biotechnology and Global Health Seminar Series, Program on Science and Global Security, Princeton Univ., NJ

"Disease on Networks: Can Static Representations Capture the Full Complexity of a Dynamic Process?" NDSSL Seminar Series, Virginia Bioinformatics Institute, Virginia Tech, VA

Public Lecture: "Real People, Virtual Worlds: Watching a Plague Unfold," Institute for Mathematical Sciences, National Univ. of Singapore

"The Continued Mystery of Regular, Old, Annual Flu," Workshop on Mathematical models for the Study of the Infection Dynamics of Emergent and Re-emergent Diseases in Humans, Institute for Mathematical Sciences, National Univ. of Singapore

"Epidemics and the Evolution of Social Complexity," Program in Ecology and Evolution Seminar Series, Rutgers Univ., NJ

"Playing Games at School: Parents, Public Schools, and Children's Health," DIMACS Workshop on Game Theory in Epidemiology and Ecology, Rutgers Univ., NJ

"Analyzing Entropy in Biosurveillance," U.S. Dept. of Homeland Security research briefing, Washington D.C.

"Fantastic Problems in Mathematical Ecology," DIMACS Bio-Math Connection Field Testers Workshop, Rutgers Univ., NJ

"Does Securing Infrastructure Against Workforce-Depletion Depend on Whether the Risk is Environmental or Infectious?" DIMACS Workshop on Mathematical Modeling of Infectious Diseases in Africa, Univ. of Stellenbosch, South Africa

"Social interaction and disease dynamics," Workshop on Analysis of Time Series Data in Epidemiology, Tufts Univ. School of Medicine, Boston, MA

"The Behaviors of Individuals and Populations," Working Group on Spatio-Temporal and Network Modeling of Diseases, ICMS, Edinburgh, Scotland

"The Evolution of Complexity in Already Social Groups," Dept. of Ecology and Evolutionary Biology, Princeton Univ., NJ

"Disease as a Selective Pressure and the Evolution of Social Complexity," Applied Biomathematics, Stony Brook, NY

"Vital Rate Sensitivity Analysis: A new method for population viability analysis - Two examples of its use," Applied Biomathematics, Stony Brook, NY

"Disease as a Selective Pressure and the Evolution of Social Complexity," Morin Lab, Dept. of Ecology, Evolution and Natural Resources, Rutgers Univ., NJ

2006

"The Role of Individual Choice in the Evolution of Social Complexity and its Implications Towards the Emergence of Zoonotic Infections," DIMACS Computational and Mathematical Epidemiology Seminar, Rutgers Univ., NJ

"Preparing Societal Infrastructure Against Disease-Related Workforce Depletion," DIMACS Workshop on Facing the Challenge of Infectious Diseases in Africa, University of the Witswatersrand, South Africa

"Fantastic Problems in Mathematical Ecology," DIMACS Bio-Math Connect Institute for High School Teachers, Denver, CO

"Societal Bio-defense - How Can we Accomplish Safety, Stability and Efficiency?" SIAM Annual Meeting, Boston, MA

"When females should stop supporting lazy males: mathematics and honey bees?" DIMACS REU Seminar Series, Rutgers Univ., NJ

"Selected Problems in Epidemiology." DIMACS Tutorial on Data Mining and Epidemiology, NJ

"How Would Termites Prepare for Pandemic Bird Flu and What Should We Learn From Them?" Joint Dept. of Entomology and Center for Infectious Disease Dynamics Seminar, Penn State Univ., PA

"Different Scales of BioDefense - Can societies be both safe and efficient?" DIMACS Computational and Mathematical Epidemiology Seminar, Rutgers Univ., NJ

2005

"Termites in the Nation′s Service," DIMACS Computational and Mathematical Epidemiology Seminar, Rutgers Univ., NJ

"Applications of Self-Organizing Systems to Epidemiology." DIMACS Mixer Series, Rutgers Univ., NJ

"Disease Signatures: A New Combinatorial Method for Epidemiology," DIMACS Computational and Mathematical Epidemiology Seminar, Rutgers Univ., NJ

"Fantastic Problems in Mathematical Ecology," DIMACS Bio-Math Connect Institute for High School Teachers, Rutgers Univ., NJ

"How Complex Systems Can Simplify a Complex Problem: What Epidemiologists Can Learn From Insects," Institute for Advanced Study, Center for Systems Biology Seminar Series, NJ

2004

"Incorporating Behavior and Social Structure into Pathogen Defense Strategies. Conference on Innate Immunity for Biodefense," National Defense University's Center for Technology and National Security Policy (CTNSP) & the Department of Defense, Washington D.C.

Keynote Address: "Social Insects, Immunocompetence and Epidemiology: A Model System for Systems Modelers," Vanderbilt Medical School, Dept. of Microbiology and Immunology Annual Retreat, TN

"Disease and Immunocompetence in Group-Living Animals: Implications for Human Epidemiology," DARPA/DSO Workshop on Endogenous Defense, VA

Contributed Presentations

2008. "An Interdisciplinary Framework for Defining and Distinguishing Security Desiderata for Personally Sensitive Information," DIMACS/DyDAn Workshop on Internet Privacy: Facilitating Seamless Data Movement with Appropriate Controls

2006. "A Vital Rate Sensitivity Analysis (VRSA) for Non-stable Age Distributions and Short-term Planning," North American Ornithological Conference

2004. "A Mathematical Analysis of Reproductive Fission," North American Section of the International Union for the Study of Social Insects (with published abstract)

2004. "Two-stage Wavelet Analysis Assessment of Dependencies in Time Series of Disease Incidence," The 2004 Conference of the International Environmetrics Society (with published abstract)

2004. "Mathematical Modeling of Behavior and Ecology in Social Insects: Social mechanisms of pathogen control in termite colonies," Departmental Research Seminar, Tufts Univ.

2003. "Modeling Waterborne Infectious Outbreaks: When, where and how bad will they be?" The 2003 Conference of the International Environmetrics Society (with published abstract)

2003. "Modeling Disease Resistance through Social Interactions in Termites," The 2nd Conference on the Mathematics and Algorithms of Social Insects (with published abstract)

Service (external to Home Institution)

Ongoing Referee of papers for *American Naturalist, Annales Zoologici Fennici, Behavioral Ecology and Sociobiology, Biological Conservation, BMC Evolutionary Biology, Bulletin for Mathematical Biology, Canadian Biosystems Engineering, Conservation Letters, IMA Journal of Applied Mathematics, Journal of Biological Dynamics,*

	Journal of Infectious Diseases, Journal of Insect Science, Journal of Nonlinear Dynamics, Mathematical Biosciences, Journal of Medical Internet Research, Journal of the Royal Society Interface, Malaria Journal, Nature, Nature Scientific Reports, Parasites and Vecotrs, PeerJ, Phyiscal Reviews X, PLoS Computational Biology, PLoSOne, PloS Medicine, PNAS, Vaccine, Vector-Borne and Zoonotic Diseases
2020-cont.	Reviewer/Fact Checker for Health Feedback (a not-for-profit organization verifying the credibility of influential claims and media coverage that claims to be scientific, most often on topics of climate and health)
2020-cont.	Deputy Editor *PLOS Computational Biology*
2019-2021	Director of Development, Enhancing Diversity in Graduate Education (EDGE) Foundation
2019	Guest Editor *PLOS Computational Biology*
2019	Co-Organizer SIAM Network Science Annual Meeting (NS 19)
2018	NSF ad hoc proposal reviewer
2018	Burroughs Wellcome Fund grant proposal reviewer
2018	Co-Organizer IEEE Symposium on Security and Privacy, entitled: 3rd Workshop on Bio-inspired Security, Trust, Assurance and Resilience (BioSTAR 2018)
2017-cont.	Member of the Leadership Team of the National Institute for Mathematical and Biological Synthesis
2017	Co-Organizer NIMBioS Workshop on Applying Optimization Techniques to Agricultural Problems
2017	ARO grant proposal reviewer
2016	Co-Organizer MBI (the Mathematical Biosciences Institute at Ohio State) Workshop on Generalized Network Structures and Dynamics
2016	Co-Organizer MBI (the Mathematical Biosciences Institute at Ohio State) Emphasis Semester on Dynamics of Biologically Inspired Networks
2014	ARO grant proposal reviewer
2013- 2016	Member of Scientific Advisory Board for MBI (the Mathematical Biosciences Institute at Ohio State)
2013	NIH grant proposal reviewer
2013-2016	Co-Organizer NIMBioS Working Group on Climate Change and Vector-borne Diseases
2013-2019	Invited Participant Joint NIMBioS-SESYNC Working Group on Human Risk Perception and Climate Change
2012	Invited Grant Proposal Reviewer for the United States – Israel Binational Science Foundation
2012	US Environmental Protection Agency FIFRA Scientific Advisory Panel (SAP) on Pollinator Risk Assessment Framework
2011	Invited Participant - External Expert Review Panel for Bioscience Research and Development at Los Alamos National Laboratory
2011	Program Committee Member, The Third International UKVAC Workshop on Visual Analytics (VAW 2011)
2011	NSF grant proposal reviewer
2011	Co-Organizer DIMACS/MBI US - African BioMathematics Initiative: Advanced Study Institute and Workshop on Genetics and Disease Control
2010	Organizer of the DIMACS Mini-Workshop on 'Emergent Properties of Dynamic Biological Networks'
2010	Lecturer at DIMACS/MBI US - African BioMathematics Initiative: Workshop and Advanced Study Institute on Conservation Biology

2010	Organizer of the DIMACS Mini-Workshop on 'Game-theoretic Approaches to Medical Prognosis'
2010	NSF grant reviewer/panel participant
2010	Invited International Reviewer for Centre of Excellence Grants for the Australian Research Council
2010	Co-Organizer of the DIMACS Workshop on Modeling and Mitigation of the Impacts of Extreme Weather Events to Human Health Risks
2009	Co-Organizer DIMACS Workshop on Economic Epidemiology, Makerere Univ., Kampala, Uganda
2009	NSF grant reviewer/panel participant
2009	Co-Organizer/ Program Co-Chair Workshop on Economic Epidemiology, Makerere Univ., Kampala, Uganda
2009	Co-Organizer Mosquito Modeling Made Easy Day at the N.J. Center for Vector Biology
2008-2010	Member Chief Editorial Committee for the DIMACS Book Series
2008-2010	Member Editorial Board of DIMACS Educational Modules Series
2008	Invited organizer SIAM mini-symposium on Network Models of Infectious Disease
2008	Ran the Reconnect Program on Biosurveillance at DIMACS – a week long short course for teaching faculty at liberal arts institutions on an advanced topic to expand their own and their students research opportunities
2007	Mentor to two teams of researchers for Department of Homeland Security funded Research Experience for those at Minority Serving Institutions
2006-2016	Advisory/Editorial Board Member for the journal *Annales Zoologici Fennici*
2004	Subject Matter Expert on Innate Immunity and Biodefense, National Defense University
2004	Research Consultant, DARPA (via Strategic Analysis, INC.)
2003	Developed algorithm for Managing Endangered Species Habitat in Hawaii - MESHH software package (Reed, J.M., N.H. Fefferman, C.S. Elphick, and M. Silbernagle. 2004)
2000-2002	Technical Editor (Cryptography) to MacMillan Press
1999	Invited Reviewer of AES submission to the National Institute of Standards and Technology, later published as The Twofish Encryption Algorithm, Schneier, et al, 1999, John Wiley & Sons Inc.

Service (internal to Home Institution)

2020	Advisor to the COVID-19 Re-Imagining Fall Task Force
2019-cont.	Head of Graduate Admissions, Program in Ecology and Evolutionary Biology
2019	Research Mentor for the NIMBioS Summer Research Experiences (SRE) for Undergraduates
2019	Co-Organizer Tutorial on Networks at NIMBioS
2018	Serve on departmental Promotion and Tenure Committee for Prof. O'Meara
2018-cont.	Serve on Faculty Mentoring Committee for Prof. Kivlin
2017-cont.	Served as Departmental Coordinator for University Future Faculty Program
2017	Research Mentor for the NIMBioS Summer Research Experiences (SRE) for Undergraduates
2017	Lecturer for Joint 2017 MBI-NIMBioS-CAMBAM Summer Graduate Program
2016-2017	University of Tennessee, Knoxville Department of Ecology and Evolutionary Biology Search Committee Member and Diversity Advocate (Ecosystem Ecology Search)
2016-2017	University of Tennessee, Knoxville Department of Mathematics Search Committee Member (Mathematical Biology Search)

2016-cont.	University of Tennessee, Knoxville Program in Ecology and Evolutionary Biology Graduate Affairs Committee Member
2015-2016	Rutgers University Biological Sciences Area Committee Member
2014	Rutgers University EENR Department Wildlife Biology Faculty Search Committee Member
2010	Co-Mentor to a team of researchers for Department of Homeland Security funded Research Experience for those at Minority Serving Institutions
2009-2010	Organizer of the EENR seminar series
2009	Organizer of the DIMACS Workshop on Behavioral Epidemiology
2009-2010	Member E&E Executive Committee
2008-2012	Member of EENR Curriculum Committee
2008-2010	Member Chief Editorial Committee for the DIMACS Book Series
2008-2010	Member Editorial Board of DIMACS Educational Modules Series
2007-2009	Member of the Rutgers University Advisory Board to the Office for the Promotion of Women in Science, Engineering and Mathematics
2006-2015	Research Advisor for Rutgers Univ. DIMACS REU
2005-2007	Co-organizer DIMACS seminar series Mathematical and Computational Epidemiology

EXHIBIT B

Declaration of
Fred Rottnek, M.D., M.A.H.C.M.

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

RHONDA JONES *et al.*, Plaintiffs, v. VICTOR HILL *et al.*, Defendants.	CIVIL ACTION NO. 1:20-CV-2791-ELR-CCB

EXPERT DECLARATION OF FRED ROTTNEK, M.D., M.A.H.C.M.

I, Fred Rottnek, being competent to make this declaration and having personal knowledge of the matters stated herein, declare under penalty of perjury that the following is true and correct:

1. I am over 21 years of age. The statements contained in this declaration are based on my personal knowledge, or on information that physicians would reasonably rely on in forming an opinion and are true and correct to the best of my knowledge.

I. Expert Qualifications

2. I am a Professor of Medicine at the Saint Louis University School of Medicine; Professor in the Physician Assistant Program at the Doisy College of Health Sciences; and Professor in the Center for Health Law Studies in the School of Law. I am the Director of Community Medicine in the Department of Family and Community Medicine and the Program Director of the Addiction Medicine Fellowship. I am board-certified in Family Medicine and Addiction Medicine, and I am a Certified Correctional Health Care Physician through the National Commission on Correctional Health Care ("NCCHC").[1]

3. My curriculum vitae is attached to this declaration as Attachment A.

4. I was the lead physician and medical director of the Saint Louis County Jail, a large urban jail, from June 2001 through September 2016. In this role, contracted through the Saint Louis County Department of Health, I saw incarcerated patients three days per week; "took call," or advised on-site nurses on medical issues in the facility about 16 days per month; and participated in the

[1] A NCCHC credentialed physician is one who has "demonstrated understanding of the medical needs of the inmate population and possesses knowledge of the unique challenges, legal context and policies and procedures specific to physicians practicing in a correctional environment." *See* National Commission on Correctional Health Care, CCHP-P Certification, https://www.ncchc.org/cchp-p (last visited July 14, 2020).

leadership teams that were responsible for the health and well-being of detainees, correctional medicine staff, correctional staff, and visitors to the jail, as well as Juvenile Detention in the Family Courts of Saint Louis County.

5. During my years in this role, I was responsible for directing the medical care and supporting the correctional medicine staff in the care of a daily census of incarcerated people that varied from 900 to 1,400, as well as annual intake screenings of 30,000 to 34,000 arrestees. The Saint Louis County Jail was (and is) the only jail in the State of Missouri that meets the American Correctional Association's accreditation standards. Juvenile Detention is accredited by the National Commission on Correctional Health Care.

6. In addition to making policies regarding patient care and custody of medically vulnerable detainees, I developed policies regarding institutional safety. Examples of the latter include standard operating procedures on how to manage care for complex patients in the medical and psychiatry infirmary, hygiene and cleaning protocols during the initial outbreak of methicillin-resistant staphylococcus aureus ("MRSA") in the early 2000's. MRSA was an antibiotic-resistant strain of bacteria that was spread by contact and through unhygienic intravenous drug injection. It was particularly difficult to treat due to its resistance to antibiotics, and, much like COVID-19, it can live on surfaces for days and

remain undetected in hosts, which greatly increases the likelihood that it will spread. The congregate setting of the Jail substantially increased the likelihood that MRSA would spread within the facility, and thus, in order to contain and prevent infection, proper personal hygiene and disinfectant of high-touch surfaces and common areas was critically important to preventing an outbreak within the facility. To successfully prevent the spread of MRSA within the facility, my team (including Jail staff) developed an educational video shown daily to all the housing pods explaining transmission, prevention, and proper handwashing to mitigate spread of the bacteria. This video was shared with and disseminated throughout the country by the National Institute of Corrections. In addition to this tool, we created protocols for institutional cleaning, including cleaning schedules, instructed detainees to effectively sanitize their own cells with disinfecting wipes, and employed workers to mop floors and properly sanitize high-touch surfaces and shared spaces. We also developed medical protocols to standardize the prescription of antibiotics based on Bureau of Prisons recommendations. Within two months, we had MRSA infections down to one eighth of the rate of infection at its peak.

7. I also helped develop safety and emergency protocols related to the institutional lockdown following Michael Brown's shooting death in Ferguson, MO, in August 2015.

8. While I have continued to practice family medicine and addiction medicine since 2016, I recently returned to practice correctional health care on July 1, 2020. I am now the Medical Director of Family Courts and Juvenile Detention for the 22nd Judicial Court of St. Louis. In this role, I am building an interprofessional clinical team to modernize and enhance existing services in Juvenile Detention—similar to my work with the Saint Louis County Jail and Juvenile Detention from 2001-2016. I am maintaining my existing position at St. Louis University.

9. I have provided this declaration on a pro bono basis. If I am asked to provide testimony to the court, I will be providing testimony on a pro bono basis.

II. Assignment, Documents Reviewed, and Summary of Opinion.

10. I was asked by Plaintiffs' counsel to offer my opinion, based on my knowledge, professional medical experience, and expertise in correctional medicine, regarding whether the measures taken by the Clayton County Jail in response to the novel coronavirus ("COVID-19") outbreak have been minimally adequate to mitigate the spread of COVID-19 within the Clayton County Jail. I

have also been asked to recommend any additional steps that the Clayton County Jail should take to ensure that it is following basic, well-accepted public health standards for the mitigation of COVID-19 in jails.

11. I have reviewed and rely on the following documents for this declaration:

a. Declarations of the following individuals: Rhonda Jones, Randolph Mitchell, Michael Singleton, Barry Watkins, M.B., C.C., J.H., F.S., W.L.M., D.H., and A.W. All are either currently incarcerated in Clayton County Jail or have been recently incarcerated in the jail.

b. Documents regarding the nature and scope of the Clayton County Jail outbreak from the Georgia Department of Public Health.

c. The Monthly Jail Report for the month of June, published by the Georgia Department of Community Affairs, showing the Clayton County Jail's stated capacity and population.

12. I have also relied on guidance from the Centers for Disease Control and Prevention ("CDC"), the National Commission on Correctional Health Care ("NCCHC"), and the National Institute of Corrections ("NIC") on COVID-19, my

experience working in primary care and public health in both jail and juvenile detention settings, and my review of the relevant medical literature.

13. In my opinion, the Clayton County Jail has taken little meaningful action to prevent the spread of COVID-19 and to protect the health and safety of medically vulnerable individuals. Among other shortcomings, jailers have not made medical attention adequately available to medically vulnerable detainees; have not implemented adequate social distancing guidelines; have not implemented adequate plans to ensure that commonly touched surfaces are sanitized; have failed for months to provide detainees with protective facemasks; have housed infected persons in the same cells with uninfected persons; and do not have a sufficient testing and tracing protocol.

14. As a consequence of the Defendants' failures to act, there is a significant outbreak of COVID-19 at the jail, with 72 confirmed positive cases as of July 9, 2020. Everyone working at or living in the Clayton County Jail is now at risk of serious illness, or even death for those who are most medically vulnerable. The Clayton County Sheriff's Office should take corrective action immediately in order to decrease the substantial risk of serious harm to detainees, staff, and the community at large. As laid out in more detail in Section VII, I recommend that Clayton County Jail release as many medically vulnerable detainees as possible;

reduce the remaining population to best allow for adequate social distancing; and enforce CDC guidelines to reduce the risk of infection and sequelae through strict adherence to use of personal protective equipment (PPE), cleaning, and hygiene practices.

III. Public Health Recommendations for Containing the Spread of COVID-19 in Correctional Facilities.

15. Jails, much like cruise ships, were early incubators for the coronavirus because they are sites where large groups of people live, work, sleep and otherwise congregate in close quarters.

16. The spread of COVID-19 within jails in turn creates greater risk for spread throughout the community outside the jail walls. Staff members enter and exit jails for their shifts on a daily basis and could become vectors for introducing the virus to the broader community. The inverse is true too: spread outside the jail will lead to greater spread inside the jail.

17. Despite these inherent risks, if Jail staff strictly follow the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19, they

can mitigate the risk of infection and serious illness to detainees, staff, and the public.[2]

18. The CDC recommends, among many other measures:

a. Posting signage throughout the facility to communicate to detainees and staff: symptoms of COVID-19; hand hygiene instructions; the importance of reporting one's symptoms to medical providers; and, for staff, instructions on stay-at-home protocol;

b. Providing a sufficient stock of hygiene, cleaning, PPE and medical supplies, and developing a contingency plan for the replacement of such supplies in the event of an outbreak;

c. Cleaning and disinfecting frequently touched surfaces, especially in common areas several times per day, even if COVID-19 cases have not yet been identified in the facility or community, and even if those surfaces are not ordinarily cleaned daily;

[2] *See* Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, CDC, https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html (last updated July 14, 2020) (hereinafter CDC Interim Guidance).

d. Providing detainees and staff no-cost access to sufficient amounts of hygiene supplies such as soap, running water, and tissues;

e. Implementing screening protocols for new individuals entering the jail and medically isolating individuals with known or suspected cases;[3]

f. Disinfecting thoroughly all areas where people with known or confirmed COVID-19 infections spent time;

g. Quarantining close contacts of confirmed or suspected COVID-19 cases; and

h. Ensuring that detainees receive medical evaluation and treatment at the first signs of COVID-19 symptoms.

19. The measures listed above are designed to manage and mitigate—not completely eliminate—the increased risk to jail populations. The most effective management strategy for slowing the spread of infection, for people inside the jail

[3] The CDC recently promulgated additional guidance for jails to consider testing even asymptomatic individuals without known exposure to COVID-19 in areas with known community spread. *See* Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities, CDC, https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html (last updated July 7, 2020).

and outside in the community, is limiting the number of people confined in a congregate environment like the jail.

20. As the pandemic continues, Jail staff should implement the following strategies to reduce the risk of serious illness or death among jail populations, including detainees, staff, and visitors:

a. Release or relocate medically vulnerable detainees as quickly as possible so that they can maintain social distance;

b. Reduce the remaining population to best approximate social distancing for those within the jail; and

c. Enforce CDC guidelines to reduce the risk of infection and sequelae to all in the jail environment, including detainees, correctional staff, medical staff, vendors, and other visitors.

IV. The Spread of COVID-19 at the Clayton County Jail

21. As noted above, I have reviewed the sworn declarations of numerous current or recently released detainees, including: Rhonda Jones, Randolph Mitchell, Michael Singleton, Barry Watkins, M.B., C.C., J.H., F.S., W.L.M., D.H., and A.W. Multiple detainees reported that they tested positive for COVID-19 while in jail. Others reported experiencing symptoms consistent with COVID-19 but stated that they had not been tested.

22. I have also reviewed data regarding the nature and scope of the Clayton County Jail outbreak from the Georgia Department of Public Health. Based on the documents listed above, it is my opinion that the Clayton County Jail is experiencing a significant COVID-19 outbreak. Numbers have consistently increased in these first months, and the facility has continued to operate at 96% capacity as of June 2020.[4] These two factors ensure an exponential spread of the virus to detainees and staff. The documents provided by the Department of Public Health show that COVID-19 cases in the jail have continued to increase since the first confirmed positive test was returned in April 2020: They show that as of June 11, 2020, there were 45 confirmed positive tests; 13 of these were jail staff, and 32 were detainees.[5] As of July 9, 2020, there were 72 confirmed positive cases among detainees.[6]

23. Without increased protective measures, these numbers will continue to increase, and it is likely that people will suffer lasting harm or die.

---

[4] *See* Georgia Department of Community Affairs Office of Research, County Jail Inmate Population Report, 8 (June 4, 2020), https://www.dca.ga.gov/sites/default/files/jail_report_jun20.pdf.
[5] *See* Email from O. Adewale, Dr.P.H., M.P.H., June 11, 2020; Excel Spreadsheet from O. Adewale, Dr.P.H., M.P.H., June 11, 2020.
[6] Email from O. Adewale, Dr.P.H., M.P.H., July 9, 2020.

V. The Clayton County Jail's Failure to Implement Basic Measures to Control the Spread of COVID-19

24. Based on the declarations and other documents I have reviewed, I find that the jail has not taken adequate steps to protect medically vulnerable individuals and has not even minimally complied with CDC guidelines for managing COVID-19 within correctional facilities.

A. The Jail Has Not Taken Adequate Steps to Protect Medically Vulnerable Individuals.

25. Jails and prisons typically house detainees with chronic conditions, particularly in men, that were not well-controlled prior to incarceration. According to the CDC, many of these chronic conditions make people susceptible to the risk of serious illness or death from COVID-19. Specifically, the CDC has put forth the following list of diagnoses, just updated on July 17, 2020, that would describe a detainee as being medically vulnerable to the effects of COVID-19:[7]

a. People of any age with the following conditions are at increased risk of severe illness from COVID-19:

i. Cancer;
ii. Chronic kidney disease;
iii. Chronic obstructive pulmonary disease ("COPD");

[7] *See* People with Certain Medical Conditions, CDC, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html (last updated July 17, 2020).

iv. Immunocompromised state (weakened immune system) from solid organ transplant;
v. Obesity (body mass index ["BMI"] of 30 or higher);
vi. Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies;
vii. Sickle cell disease; or
viii. Type 2 diabetes mellitus.

b. Based on what we know at this time, people with the following conditions might be at an increased risk for severe illness from COVID-19:

i. Asthma (moderate-to-severe);
ii. Cerebrovascular disease (affects blood vessels and blood supply to the brain);
iii. Cystic fibrosis;
iv. Hypertension or high blood pressure;
v. Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;
vi. Neurologic conditions, such as dementia;
vii. Liver disease;
viii. Pregnancy;
ix. Pulmonary fibrosis (having damaged or scarred lung tissues);
x. Smoking;
xi. Thalassemia (a type of blood disorder); or
xii. Type 1 diabetes mellitus.

26. Additionally, individuals aged 55 or older, even if they are not diagnosed or receiving treatment for one of the aforementioned conditions, are at

an increased risk of serious illness or death from COVID-19 and are properly classified as medically vulnerable.

27. To properly respond to a COVID-19 outbreak in a jail setting, administrators must identify all the people held in their custody who are medically vulnerable to infection. The development of such a list or registry is encouraged by the CDC as well as correctional healthcare accrediting bodies. This task is critical for several reasons, and the daily updating of the list and locations of high-risk detainees is critical to basic outbreak management. Creating a real-time list of high-risk detainees allows for:

a. Identification of high-risk detainees who are eligible for release from detention;
b. Development and implementation of re-entry plans of care and support with community partners for high-risk detainees;
c. Provision of adequate and well-informed medical care by clinicians who understand who their high-risk patients are;
d. Implementation of enhanced protective measures for high-risk detainees who are not ill, through active surveillance, special housing arrangements, and other protective measures;

e. Implementation of enhanced surveillance and protective measures for high-risk detainees who are in a quarantine setting, or who develop symptoms of COVID-19; and

f. Awareness and comprehension by individual detainees as to their level of risk, allowing them to make informed decisions about illness prevention.[8]

28. The Clayton County Jail has created and perpetuated conditions that do not allow for the protection of medically vulnerable detainees from COVID-19. Showers, telephones, and kiosks are communal and infrequently cleaned. Sinks and toilets are communal in the open dorms. In the individually celled housing units, toilets and sinks are shared by the three people that live in any given cell. Toilets leak, and over-capacity conditions require people to sleep on the floor, a few feet away from the shared toilet.

29. The declarations of detainees with known preexisting health conditions show that the jail has not taken adequate steps to protect them from contracting COVID-19. Examples of preexisting conditions suffered by the declarants include breast cancer, thyroid disease, type 1 diabetes mellitus, chronic obstructive pulmonary disease (COPD), hepatitis C, hypertension, hand fracture

[8] *See* People with Certain Medical Conditions, *supra* note 7.

due to a car accident prior to incarceration, and chronic pain due to a car accident requiring surgery and metal placement. Medically vulnerable people detained at or recently released from the Clayton County Jail include the following individuals:

a. Declarant M.B. is a 52-year-old woman with a history of breast cancer.[9] She reports receiving chemotherapy at Southern Regional Medical Center from 2013-2016.[10] Cancer, even when in remission, can weaken one's immune system. She also has thyroid disease, which could negatively impact her immune system.[11] At the time of her declaration, she reported symptoms of COVID-19, but she had not received any medical evaluation or treatment for those symptoms. She was restricted from use of the kiosk—the means to access medical care. When refused a mask by an officer, she had to makeshift one out of her underwear.[12] She reported no social distancing in the facility or instructions to do so.[13]

[9] Declaration of M.B., ECF No. 6-2 Ex. B-1, at ¶¶ 2, 12 ("M.B. Declaration").
[10] *Id.* at ¶ 12.
[11] *Id.*
[12] *Id.* at ¶ 13.
[13] *Id.* at ¶ 6.

b. Plaintiff Watkins is a 60-year-old man with type 1 diabetes mellitus.[14] He reports—as do others—that he receives meals twice daily. Breakfast is served around 04:00 and lunch is served sometime between 9:30 and 11:00. (At the latter meal, detainees are provided a bagged sandwich to eat later for dinner.) He reports having his blood sugar checked and administered twice daily—at 03:00 and again at 14:00.[15] When a patient requires insulin, blood sugar checks are most useful prior to meals or snacks. In the practice described, the 14:00 blood sugar check is not very useful. And poorly controlled diabetes can compromise the immune system, particularly if blood glucose is not well-controlled. Moreover, when the patients with diabetes are lined up in the medical wing for these checks and administration, there may be up to 75 people in line depending on how many dorms are let out, just a foot or two apart, without social distancing.[16] Watkins states that he was denied testing for COVID-19 when his cellmate developed

[14] Declaration of Barry Watkins, ECF No. 6-1 Ex. A-4, at ¶¶ 2-3 ("Watkins Declaration").
[15] *Id.* at ¶ 26.
[16] *Id.* at ¶ 27.

signs of the disease.[17] He did not receive a blue surgical mask until the end of May.[18]

c. Plaintiff Jones is a 58-year-old woman with COPD, hepatitis C, and two hospitalizations within the last year for pneumonia.[19] She reported not receiving a surgical mask until June; she advocated for other women in her unit to receive masks.[20] A person like this who has recently been hospitalized for pneumonia—in addition to her underlying COPD and hepatitis C—is likely to have a weakened immune system and would face an increased risk of serious illness if she were to contract COVID-19.

d. Declarant C.C. is a 57-year-old man and has insulin-requiring diabetes mellitus, which places him at an elevated risk for COVID-19 complications.[21] He reports that his medical care for his diabetes has been erratic and inconsistent, as well as variable based

[17] *Id.* at ¶ 41.
[18] *Id.* at ¶ 36.
[19] Declaration of Rhonda Jones, ECF No. 6-1 Ex. A-1 at ¶¶ 2–3 ("Jones Declaration").
[20] *Id.* at ¶ 14.
[21] Declaration of C.C., ECF No. 6-2 Ex. B-2, at ¶¶ 2–3 ("C.C. Declaration").

on his housing in the facility.[22] He was also denied a mask in mid-May.[23]

e. Plaintiff Singleton is a 59-year-old man with hypertension. Uncontrolled hypertension places Mr. Singleton at heightened risk for COVID-19 complications. He reports that, as of June 24, he still did not have a mask. Mr. Singleton also reports requesting a COVID-19 test after experiencing symptoms related to COVID-19 during the third week of May; however, he was not tested.

f. Declarant J.H. is a 51-year-old man with hypertension.[24] J.H. also reports that he did not receive a COVID-19 test despite experiencing symptoms consistent with the virus and requesting a test. J.H. reports "filthy" common areas and infrequent cleaning of common surfaces, like phones, kiosks, and showers.[25] He reports receiving no information about COVID-19 during his time at the jail. J.H. reports that the jail staff fails to facilitate any kind of social distancing during pill call and mealtimes.[26] J.H. also reports

[22] *Id.* at ¶ 7.
[23] *Id.* at ¶ 23.
[24] Declaration of J.H., ECF No. 6-2 Ex. B-3, at ¶ 6 ("J.H. Declaration").
[25] *Id.* at ¶ 18.
[26] *Id.* at ¶ 15.

a total absence of social distancing during his video court session prior to his release; he was actively symptomatic during that time, potentially endangering more than twenty other detainees and staff.[27]

g. Declarant W.L.M. is 57 years old.[28] W.L.M. reports placement in a cell with an actively symptomatic individual on the very same day that his new cellmate was tested for COVID-19, but before the cellmate had his test results.[29] W.L.M. reports that he was later tested for COVID-19 and tested positive, as did his cellmate. W.L.M. reports experiencing symptoms including difficulty breathing and significant weight loss.[30] He reports that the jail staff failed to provide evaluation and treatment during his two weeks of severe symptoms.[31] W.L.M. also reports a total absence of social distancing.[32] His report is consistent with that of Plaintiff Watkins, who resides in a different housing unit, and women in

[27] *Id.* at ¶ 31.
[28] Declaration of W.L.M., at ¶ 2. I understand that Plaintiffs will file the W.L.M. declaration contemporaneously with this declaration.
[29] *Id.* at ¶ 18.
[30] *Id.* at ¶¶ 28–29.
[31] *Id.* at ¶¶ 30–33.
[32] *See, e.g.*, *id.* at ¶ 10.

Housing Unit 3, indicating widespread failures to maintain social distancing across the jail.

B. The Clayton County Jail Has Not Complied with CDC Guidance for Managing Coronavirus Within Correctional Facilities.

30. The Clayton County Jail has not even minimally complied with CDC guidance for managing the spread of coronavirus within correctional facilities. These inadequacies—even more critical when there is a known COVID-19 outbreak—place detainees, staff, and any visitors at risk for COVID-19 infection.

i. Absence of Social Distancing

31. The Clayton County Jail is currently organized with congregate environments for sleeping, showering, toileting, and using the telephone. These environments are overcrowded such that detainees are often unable to maintain the required 6 feet of separation between each other and jail staff.

a. Declarants report that detainees are typically housed three to a two-person cell. Given the sizes of the cells described by the declarations, double bunking would not allow for appropriate social distancing. Moreover, three detainees to a cell, under any bed arrangement, elevates the chance of transmission due to fomite, large-droplet, and small-droplet transmission.

b. In situations where detainees could approximate 6 feet among them, the jail officers are not enforcing appropriate behavior. The jail's practice of compelling detainees to line up a foot or two apart for meals and pill call exposes them to a high risk of contagion that can easily be avoided by acceptable distancing. Examples of congregate activity in which social distancing is not permitted include: the "pill line," in which detainees are made to line up to receive medicine, the line for food trays, and the line to walk to the medical wing or video court. Moreover, detainees cannot use phones or other common area activities during free time while maintaining appropriate social distance.

32. Clayton County Jail also has inadequate secondary mitigation strategies, or strategies beyond that of social distancing, for COVID-19. As described herein, these include poor mask distribution, a failure to ensure frequently touched surfaces are sanitized, and the lack of distribution of educational materials about the coronavirus to detainees.

ii. Lack of Personal Protective Equipment

33. The jail failed to give most of the declarants any protective equipment until the end of May. Multiple detainees stated that they were told to create their

own mask out of their own clothing or limited linens. Such face coverings are considered "homemade masks" by the CDC and are not considered PPE. They should only be used as a crisis capacity strategy.[33]

iii. Grossly Inadequate Sanitation and Cleaning

34. Declarants uniformly report rare and inadequate cleaning. They report they do not receive adequate cleaning supplies. They report they receive one broom and one mop bucket for every nearly 300-person housing unit. Detainees scramble for use of the mop bucket, which contains water that quickly becomes brown and dirty. Declarants reported the following in terms of supplies and cleaning behaviors:

a. They are given a mop bucket infrequently with no apparent bleach or other chemicals. Declarant F.S. reports that mop buckets are supplied once a week, on Mondays.[34]

b. Shared spaces and high-touch areas are not wiped down regularly.[35]

---

[33] *See* Strategies for Optimizing the Supply of Facemasks, CDC, https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html?referringSource=articleShare (last updated June 28, 2020).
[34] Declaration of F.S., ECF 6-2 Ex. B-4, at ¶ 13 ("F.S. Declaration"); J.H. Declaration at ¶ 9.
[35] Jones Declaration at ¶ 10.

c. Declarants state that they are not consistently given any materials to wipe down their cells. Some report that they are occasionally given paper towels, but other times they have to use their own toilet paper.[36] They are not given disinfectant spray or wipes to wipe down their cells, and, as a result, they often have to use their towel and/or their clothes to clean their surroundings.

35. There are numerous sanitation issues regarding the toilets.

a. Declarants share toilets in the housing units and have complained of a lack of toilet paper as well as cleaning supplies.[37]

b. Multiple declarants report that toilets are broken and/or leaking. They report puddles on the floors. They routinely ask officers for blankets in the morning to soak up water.[38]

c. These sanitation problems present an additional COVID-19 risk because current research on coronavirus indicates that it can be aerosolized. Viruses that are aerosolized can travel and remain

[36] M.B. Declaration at ¶ 10; Watkins Declaration at ¶ 24.
[37] J.H. Declaration at ¶ 19.
[38] Declaration of A.W., ECF No. 6-2 at Ex. B-5, at ¶ 11; Declaration of Michael Singleton, ECF No. 6-1 Ex. A-3, at ¶ 3 ("Singleton Declaration").

suspended in the air and remain infective over several hours and over long distances. The aerosolized coronavirus can then be spread by inhalation of the virus or fecal-oral contact.[39] Open toilets, compounded by the practice of housing three people in two-person cells by having a third person on the floor, increase risk of aerosolized transmission. It is my medical opinion that the Clayton County Jail's configuration creates a serious risk of contracting COVID-19, both in the context of the congregate restrooms and the shared toilets in each cell.

iv. Inability to Maintain Personal Hygiene

36. Detainees are supplied inadequate personal hygiene supplies.

a. Detainees consistently report that during the weekly hygiene distribution, they receive one or two rolls of toilet paper, a four-ounce bottle of liquid soap, and a small tube of toothpaste. Some weeks there has been no hygiene distribution.[40]

[39] *See, e.g.*, Chen Y, Chen L, Deng Q, et al. The presence of SARS-CoV-2 RNA in the feces of COVID-19 patients, 92 J. Med. Virol. 833, 837 (2020), doi:10.1002/jmv.25825.
[40] F.S. Declaration at ¶ 14.

b. Declarant F.S. reports that despite persistent requests, it took her three days to receive a menstrual pad. And that pad was a spare pad provided by another roommate.[41]

37. There are consistent reports of inadequate laundry services.

a. Declarants report going weeks with no sheets and sleeping directly on mattresses for weeks at a time and not having their underwear or towels laundered for weeks or months at a time.[42]

b. Declarant Jones reports that she had no undergarments—only her jumpsuit—for the first 6 weeks of her incarceration. Women had to buy underwear and bras by commissary.[43]

v. Failure to Educate or Inform Detainees

38. Detainees at the Clayton County Jail are not receiving education about coronavirus, COVID-19, or information about cleaning frequency and reentry planning. The CDC states that it is imperative that people understand if they are at increased risk for the virus.[44]

---

[41] *Id.* at ¶¶ 15–17.
[42] Singleton Declaration at ¶ 6; J.H. Declaration at ¶ 20; Watkins Declaration at ¶¶ 17–18.
[43] Jones Declaration at ¶ 13.
[44] *See* People with Certain Medical Conditions, *supra* note 7 ("The list of underlying conditions is meant to inform clinicians to help them provide the best

a. Declarants consistently report lack of information from jail officers.

b. Declarants consistently report lack of information in written form.

c. Declarants consistently report that the only information they receive about the virus is from their families and from whatever limited access they have to television.

vi. Failure to Adequately Test, Isolate, or Provide Medical Care to Detainees

39. Many detainees at the Clayton County Jail are not receiving testing or treatment despite experiencing illnesses consistent with COVID-19. The declarations I reviewed are remarkably consistent on several points of inadequate care and housing.

a. Detainees consistently report poor medical care, waiting days to be evaluated by medical staff, and an inability to get tested despite typical symptoms of coronavirus. One detainee,

---

care possible for patients, *and to inform individuals as to what their level of risk may be so they can make individual decisions about illness prevention*.") (emphasis added).

W.L.M., was known to have COVID-19 symptoms.[45] One night he experienced excruciating pain in his bowels and lungs.[46] He banged on his cell door because the emergency call button didn't work. After getting the attention of a trustee, he was told that the officers would require him to wait over six hours to seek any medical care.[47] Even after doing so, he was again denied medical attention for his symptoms by a jail officer and nurse at pill call.[48] W.L.M. was never seen by medical staff.

b. Healthy non-symptomatic detainees report living in the same cells as symptomatic detainees, and a lack of coordinated housing for detainees with known or suspected COVID-19 status.

c. One declaration reinforces many of my concerns about the jail staff's failure to provide timely and adequate medical care to sick detainees, or to implement appropriate isolation of known

[45] W.L.M. Declaration at ¶ 23.
[46] *Id.* at ¶ 29.
[47] *Id.* at ¶ 30.
[48] *Id.* at ¶ 33.

or suspected cases. In April, D.H., a trustee responsible for cleaning and distributing food trays in another housing unit, was ordered to continue working despite advising both officers and medical staff that he was experiencing multiple symptoms consistent with COVID-19.[49] He describes not being tested or quarantined for weeks as he continued to shed virus around the jail, receiving no medical care despite his repeated requests, and watching as the jail failed to implement a quarantine that could help contain the virus.

40. Declarants report that the Clayton County Jail's kiosk-based, medical request system is an ineffective way to seek medical attention or care. When a detainee is experiencing a medical problem, jail officers tell the detainee to submit a medical request through the electronic kiosk. But multiple detainees report filing medical requests when they begin feeling unwell with potential symptoms of COVID-19, only to receive extremely delayed responses. For example, Randolph Mitchell submitted one medical request when he felt the onset of potential COVID-19 symptoms and a second request about four days later when he still had

[49] Declaration of D.H., at ¶¶ 4, 23–24. I understand that Plaintiffs' counsel will file D.H.'s declaration contemporaneously with this Declaration.

not been seen. He was not called to the medical unit until eight days after his first request, and even then, he was not tested for COVID-19 before being sent back to his cell.[50] Michael Singleton and other declarants report similar problems.[51]

41. In other circumstances, the medical request system is simply unavailable. One medically vulnerable declarant reported that the jail staff took away her ability to use the kiosk for an alleged disciplinary infraction and, weeks later, still had not yet given it back.[52] Since the kiosk is the only way for a detainee to submit a medical request, the woman was in the unfortunate position of being unable to bring any COVID-19 symptoms or other medical issues to the attention of the jail's medical staff.[53]

42. These reported deficiencies in the medical request system are concerning because they inhibit timely and accurate communication between detainees and jail staff about issues that impact detainee and jail health.

[50] Declaration of Randolph Mitchell, ECF 6-1 Ex. A-2, at ¶¶ 13–16 ("Mitchell Declaration").
[51] Singleton Declaration at ¶¶ 7, 10.
[52] M.B. Declaration at ¶ 19.
[53] Jones Declaration at ¶¶ 16–21.

VI. Medically Vulnerable Detainees in Particular Face Severe Health Risks if Protective Measures Are Not Taken.

43. If medically vulnerable detainees are not released as soon as possible, in a matter of days, rather than weeks, they are at risk of infection, sequelae such as long-lasting and permanent organ damage, and even death. Survival from COVID-19 does not guarantee a life free from damage from the virus. Long-term effects of COVID-19 infection include the following:

a. Lung scarring and decreased lung capacity;

b. Stroke, embolism, and blood clotting disorders, which may result in permanent disabilities and amputations;

c. Heart damage, including cardiomyopathy and enlarged, ineffectively pumping hearts;

d. Neurological deficits, psychological deficits, and mental illness;[54]

44. Many of the detainees in the Clayton County Jail already have these deficits; infection with coronavirus could cause additional permanent damage and impairment.

[54] *See, e.g.*, Lois Parshley, The Emerging Long-Term Complications of Covid-19, Explained, Vox (June 12, 2020), https://www.vox.com/2020/5/8/21251899/coronavirus-long-term-effects-symptoms.

VII. Summary and Recommendations

A. Summary of Findings

45. In my review of the declarations, there are few indicators that the Clayton County Jail is taking action to protect detainees, staff, or visitors from infection from coronavirus. Without such actions, this infection can progress to permanent physical damage and illness and even death.

46. There is one area of recent partial compliance with CDC guidelines:

a. The declarations indicate an apparent start of distribution of face masks to detainees. However, they do not indicate whether this distribution has been universal or how often masks are cleaned or changed. Face masks should be clean and worn by all detainees.[55] Face masks should also be replaced on an as-needed basis whenever they show signs of soiling or wear. The World Health Organization provides additional guidance on when and how to change a mask.[56]

[55] *See* Interim Guidance, *supra* note 2 ("Because many individuals with COVID-19 do not have symptoms, it is important for everyone to wear cloth face coverings in order to protect each other.").
[56] How to Wear a Non-Medical Fabric Mask Safely, World Health Organization, https://www.who.int/images/default-source/health-topics/coronavirus/clothing-masks-infographic---(web)-logo-who.png?sfvrsn=b15e3742_16 (instructing

47. There are several areas of noncompliance with CDC Guidelines:

a. **Lack of social distancing, which is the essential primary mitigation strategy.** Declarant housing units are too populated to support social distancing. Detainees are not routinely instructed to maintain a safe distance, and in many cases are ordered to line up closely to one another to receive basic necessities like food or medication.

b. **Lack of provision of any protective equipment until late May/early June.** For months, Jail administration and staff acted particularly callously by telling detainees to wear a facial covering but requiring them to create their own. According to the declarations I have reviewed, it was not until late May or early June before masks of any sort were provided, and then some detainees report they were only reluctantly replaced when damaged or ineffective.

c. **Shortfalls in secondary mitigation, particularly the facility's sanitary conditions**. Detainees report that cells and housing

individuals not to wear face masks that are wet, dirty or damaged) (last visited July 14, 2020).

units are filthy and have plumbing leaks that promote a baseline of unsanitary conditions. These conditions are unsafe under any circumstances but are particularly dangerous in light of the COVID-19 pandemic. There are inadequate cleaning supplies.

d. **Poor compliance with personal hygiene standards.** As referenced throughout this document, the CDC has clear guidelines for routine hygiene and laundry practices—including how to launder institutional items and what protective equipment to wear while doing so.[57] This implies that laundering is done on a regular basis. However, the declarations indicate that this is not being done in Clayton County. Detainees state that towels, linens, and jumpsuits are dirty, and detainees go weeks to months at a time without them being laundered. Moreover, many report having to use their towels for personal hygiene, as face coverings, and for cell cleaning. The CDC recommends a "sufficient supply of soap for each individual," but the detainees consistently report a lack

[57] *See* CDC Interim Guidance, *supra* note 2.

of soap.[58] Detainees also report that they often have to use their body soap to clean their cells and wash their clothes. However, the CDC recommends that soap used for personal hygiene be separate from soap used for other purposes.

e. **Inadequate and inconsistent education and information regarding the virus provided to detainees**. Trustees do not report readily available instructions for cleaning, and only report a few very recent signs asking trustees to wear masks and socially distance (which is not possible in their dorms). Other detainees report a lack of posted signs or other information materials about how to reduce exposure to the coronavirus, and instead report relying on friends and family for information.

f. **Inadequate testing for diagnostic purposes.** Medical staff and correctional staff cannot rely only on temperatures to identify people who are infectious and may be shedding the virus to others. Symptomatic detainees are not promptly tested. When detainees test positive for coronavirus, the institution should partner with public health authorities to perform contact

[58] *Id.*

tracing. Contract tracing identifies those detainees and staff who have been in close contact in recent days with the infected person. This provides information for prompt quarantining and monitoring of asymptomatic individuals who may already be infected and are unknowingly spreading the virus. Broader testing and robust contact tracing will allow the jail to identify breakouts in housing units and allow minimization of the spread of the virus.

g. **No consistent approach to housing detainees based on their known COVID-19 status.** Detainees are not consistently housed or moved based on signs, symptoms, or testing. Detainees report infections, and what are likely reinfections, based on lack of cohorting, lack of effective isolation/quarantine, and lack of prompt medical intervention.[59]

[59] However, detention facilities should also avoid complete isolation of detainees whenever possible without concomitant safety procedures. If part of a COVID-19 containment or response strategy involves isolation of detainees, as in Clayton County, the detention facility must acknowledge this requires increased monitoring of detainees' safety, detainees' mental health, and suicidality wellness checks, and should thus increase staffing accordingly. When a jail fails to take such measures, as Clayton County jail has, administrators place detainees' physical and mental health at serious risk.

48. The Clayton County Jail remains an incubator for the coronavirus and current practices ensure that people within the facility are not only a risk to themselves, but that they are also a profound risk to the surrounding county and its scarce healthcare resources.

B. Recommendations

49. In my opinion, Clayton County Jail needs to move as quickly as possible, in a timeline of days, rather than weeks to:

a. **Release as many medically vulnerable detainees from Clayton County Jail as soon as possible.** There is no effective way to eliminate risk for medically vulnerable detainees in the jail. The best chance for medically vulnerable detainees to survive the pandemic is to release them from the jail so they can practice social distancing. Delays will result in more infections among detainees and staff, more advanced disease, more disease brought back to the community, and preventable disease and death.

b. **Reduce the remaining population to best approximate social distancing.** Enough detainees should be released so that the

remaining detainees in the Jail can more closely approximate social distancing as defined by the CDC.

c. **Enforce other CDC guidelines** to reduce the risk of infection and sequelae through strict adherence to use of PPE, cleaning, and hygiene practices by all in the jail environment, including detainees, correctional staff, medical staff, vendors, and other visitors. This includes, but is not limited to:

   i. Posting clear signage in multiple languages around the jail to educate individuals on symptoms of COVID-19, procedure for reporting any such symptoms, and preventative measures to slow or stop the spread of COVID-19;

   ii. Providing adequate face masks to all staff and detainees, mandating their use, and cleaning or replacing them regularly;

   iii. Supplying detainees with adequate materials for intensified cleaning and disinfection practices;

   iv. Ensuring that all frequently touched surfaces are sanitized between uses or, at minimum, multiple times per day;

   v. Performing COVID-19 diagnostic tests for all newly admitted individuals at the Clayton County Jail so long as there is at least moderately sustained community transmission;

vi. Ensuring all detainees receive medical evaluation, testing, and treatment at the first signs of COVID-19 symptoms; and

vii. Implementing proper medical isolation and prompt testing of confirmed and suspected cases and adequate quarantine of any close contacts thereof.

I swear under penalty of perjury that the information given herein is true and correct, and I understand that a false answer to any item may result in a charge of false swearing.

DocuSigned by:
Fred Rottnek, MD
B75DBE9BBE98401...

July 23, 2020

Fred Rottnek, MD, MAHCM
Professor and Director of Community Medicine, Department of Family and Community Medicine
Saint Louis University
Board-certified in Family Medicine and Addiction Medicine
Professor and Medical Director, Doisy College of Health Sciences, Physician Assistant Education Program
Professor, School of Law, Center for Health Law Studies

ATTACHMENT A

Curriculum Vitae

Fred W. Rottnek, MD, MAHCM, FAAFP, FASAM

Contact Information

Saint Louis University School of Medicine
Department of Family & Community Medicine
1402 South Grand
Saint Louis, MO 63104
Office: (314) 977-8489
Cell [redacted]
Fax: (314) 977-5268
Email: [redacted]@health.slu.edu

Home:
[redacted]
Creve Coeur, MO 63141
Cell: [redacted]

Current Position

• **Professor, Family & Community Medicine, Saint Louis University School of Medicine**	2016 - Present
• Joint Appointment, Professor, Physician Assistant Program, Doisy College of Health Sciences	2018 - Present
• Secondary Appointment, Professor, Center for Health Law Studies, School of Law	2019 -Present
• Program Director, Saint Louis University Addiction Medicine Fellowship	2018 - Present
• Medical Director, Juvenile Detention, 22nd Judicial Court of Missouri	2020 - Present
• Medical Director, Assisted Recovery Centers of America,	2018 – Present
• Medical Director, Saint Louis University Physician Assistant Program	2017 – Present
• Consultant, Missouri Department of Mental Health, Opioid State-Targeted Response/State-Opioid Response, Opioid Crisis Management Team (21st Century CURES Act)	2017- Present
• Director of Community Medicine	2014 - Present
• Consultant, Health Services, Concordance Academy of Leadership	2016 - 2018
• **Associate Professor, Family & Community Medicine, Saint Louis University School of Medicine**	2008 - 2016
• Medical Director, Saint Louis University Program Office of the Area Health Education Center	2008 – 2013
• Medical Director (contracted), Saint Louis County Department of Health: Corrections Medicine	2001 – 2016
• Lead Physician (contracted), Saint Louis County Department of Health: Corrections Medicine (Buzz Westfall Justice Center and Juvenile Detention at Family Court)	2001 - 2016

Education

Postgraduate training:

- Certified Correctional Health Professional-Physician Recognition, National Commission on Correctional Health Care — 2015 -Present
- Certified Correctional Health Professional, National Commission on Correctional Health Care — 2013 -Present
- Behavioral Health and Justice Leadership Academy — 2016 - 2018
- Master of Arts in Health Care Mission, Aquinas Institute of Theology — 2001 - 2004
- Fellowship, University of North Carolina at Chapel Hill — 1998 - 1999
- Residency, Family Medicine of Saint Louis (Deaconess Hospital) — 1995 - 1998
- Graduate Studies in Secondary Education/Teaching Certification, University of Missouri, Saint Louis — 1987 - 1988

Medical education

MD, Saint Louis University — 1991-1995

Undergraduate education

BS, Furman University — 1982-1986

Previous Professional Experience

Adjunct Assistant Professor, Saint Louis University, School of Medicine — 2008 - 2010

Volunteer Clinical Assistant Professor, Saint Louis University, School of Medicine — 2000 - 2008

Hospital and Clinical Staff Appointments

Saint Louis University Hospital—Associate/Courtesy Staff
Saint Louis, Missouri — 2010 – Present

Director of Community Medicine, Institute for Family Medicine,
Saint Louis, Missouri — 2000 - 2009

Vice President and Chief of Medical Operations, Institute for Family Medicine, Saint Louis, Missouri — 2006 - 2007

Faculty Physician, Family Medicine of Saint Louis, Forest Park Hospital,
Saint Louis, Missouri — 1998 - 2005

Intern and Resident, Family Medicine of Saint Louis, Deaconess (Forest Park) Hospital, Saint Louis Missouri — 1995 - 1998

Board Certification and Licensure

Fellow, American Academy of Addiction Medicine — 2019 – Present

Addiction Medicine — 2018 – Present

Family Medicine — 1998 - Present

Fellow, American Academy of Family Physicians — 2005 - Present

Professional Society Memberships

International

Association of Medical Education and Research in Substance Abuse — 2017- Present

Physicians for Human Rights — 2006 - Present

Amnesty International — 2002 - Present

Society of Teachers of Family Medicine — 1998 - 20018

National

American Society of Addiction Medicine	2016 - Present
Academy of Correctional Health Professionals	2013 - 2018
Society of Correctional Physicians	2012 - Present
Health Care for the Homeless Clinicians Network	1997 - Present
American Academy of Family Physicians	1991 - Present

Honorary Societies, Honors and Awards

NCADA (National Council on Alcohol and Drug Abuse) St. Louis, Pioneer Award	2020
Academy of Medical Educators, Saint Louis University School of Medicine	2019
Leonard Tow Humanism in Medicine Award presented by the Arnold P. Gold Foundation	2018
Michael J. Garanzini Award in Recognition of Outstanding Community Service	2017
Distinguished Teacher Award 2017 Saint Louis University School of Medicine MD Degree Program: Humanism, Saint Louis University	2017
Health Protection and Education Physician Educator Award	2016
Saint Louis University Student Development Collaborative Partner Award	2015
Saint Louis Metropolitan Medical Society Arthur Gale, MD Writer's Award	2015
Honorary Induction into the Pre-Medical Honor Society, AED Missouri Beta Chapter: Saint Louis University	2014
SLU Star, Saint Louis University	2013
2012 Clelia Merloni Award, Apostles of the Sacred Heart of Jesus	2012
Physician of the Month: Family Medicine Interest Group, American Academy of Family Physicians	2012
Distinguished Teacher Award 2011 Saint Louis University School of Medicine MD Degree Program: Humanism, Saint Louis University	2011
2011 Greater Saint Louis Community Health Award, Saint Louis Academy of Family Physicians	2011
Covenant House Missouri Volunteer of the Year Award 2008, Covenant House Missouri	2008
James F. Hornback Ethical Humanist of the Year Award, 2006, The Ethical Society of Saint Louis	2006
Pacesetter Award, University City School District	2000
Salvation Army Volunteer of the Year 2000, Central Territory, Salvation Army	2000
Salvation Army Volunteer of the Year 2000, Midland Territories, Salvation Army	2000
Salvation Army Volunteer of the Year 2000, Missouri-Illinois Region, Salvation Army	2000
Pacesetter Award, University City School District	1998
Resident Teacher Award, The Society of Teachers of Family Medicine	1998
Salvation Army Beacon Award, Salvation Army	1997
Mead-Johnson Award for Excellence in Graduate Education, Mead-Johnson and the American Academy of Family Physicians	1997
Family Health Foundation of Missouri Scholarship Award, Family Health Foundation of Missouri	1995
Summa cum laude, Furman University	1986

George Sampey Award in Chemistry, Furman University	1986
Phi beta kappa, Furman University	1985
Phi eta sigma, Furman University	1983

Professional Service

University

Mission Liaison, Office of Mission and Identity	2016 - 2018
Committee Member, Sexually Transmitted Infections Regional Response Coalition	2015 - 2017
Chair, Higher Education Learning Collaborative, Working Group on Alive and Well STL	2015 - 2016
Higher Learning Commission Mid-Cycle Accreditation Review Committee on Mission	2014 - 2016
Faculty Representative, Saint Louis University Trustee Committee on Mission and Ministry	2013 -2016
On-Call Physician Services, Xavier Winter Inn, Social Ministry, St. Francis Xavier (College) Church	2010 - 2016
Task Force Member, Saint Louis County Department of Health Sub-Specialty Care Contract Bid	2013
Strategic Planning Working Group for SLU as Social Justice Entrepreneur	2014-2015
Higher Education Collaborative (Representing SLU on Health Care)	2014-2015
Conference-Related, Exploring Pedagogy of Interprofessional Education to Improve Teamwork and Patient Outcomes: Planning Committee	2012

Medical School

Co-Director, Urban Community Health Track	2018 - Present
SLUCare Provider Opioid Advisory Working Group	2018 – Present
Strategic Planning Committee	2017 – Present
• Education Subcommittee (Co-chair)	2017 – Present
• Overarching Goals Subcommittee	2017 – Present
Committee Member, Curriculum Committee	2013 – Present
Committee Member, Pre-Clinical Curriculum Sub-Committee	2017 – Present
Admissions Committee	2009 - 2015

Department

Chair, Faculty Promotion and Tenure Committee	2014 - Present
Member, Faculty Promotion and Tenure	2013 - Present
Committee Member, Saint Louis University, Family and Community Medicine Leadership Committee	2012 - Present
Faculty Mentor, Physicians for Human Rights: SLU Chapter	2010 - Present
Program Director, Coe Distinction in Community Service	2010 - Present
Faculty Mentor, HIV Prevention Task Force	2008 – Present
Faculty Mentor, SLU Chapter of Physicians for Human Rights	2008 - Present
Medical Director, Area Health Education Program Office	2008 - 2013
Faculty Advisor, Child Abuse Prevention Task Force	2008 - 2013

Editorial and Journal Review Boards

Committee Member, Catholic Health Association, Editorial Committee of Health Progress	2015- Present

Ad Hoc Reviewer, Family Medicine	2014 – Present
Ad Hoc Reviewer, Journal of Interprofessional Practice	2014 - Present
Ad Hoc Reviewer, on-line cases for Family Medicine student education, fmCASES, Society of Teachers of Family Medicine	2010

Community

National

Opioid Response Network—Technical Assistance Center, Clinical Consultant and Training	2020 - Present
The ARCHway Institute	2019 - Present
Provider Clinical Support Services Trainer for Buprenorphine Waiver	2019 - Present
Advisory Board, Campaign for Trauma Informed Policy and Practice (CTIPP)	2018 - Present

Regional

Subcommittee Chair, Opioids and Chronic Pain, SSM Opioid Stewardship Project	2018 - Present

State

Committee Member (Invited) Missouri Department of Health and Senior Services' Opioid Policy Advisory Council	2017 – Present
Board of Directors and Treasurer, Alive and Well Communities	2017 – Present

Local

Search Committee for CEO, St. Louis Regional Health Commission	2019
Committee Member, Saint Louis Integrated Health Network, IHN Service Line Advisory Committee	2015 - 2016
Board of Directors, Criminal Justice Ministry of Saint Louis	2013 - 2019
Commissioner, Saint Louis Regional Health Commission	2013 - Present
Committee Member, Saint Louis Integrated Health Network, IHN Clinical Team for Network-Academic Partnerships	2013 - Present
Speaker and Facilitator, Community Night, Vincentian Mission Corps	2012 - Present
Committee Member, Sexually Transmitted Infections Regional Response Coalition	2015 - 2017
Committee Member, Saint Louis Regional Health Commission Specialty Care and Transportation Short-Term Crisis Planning Team	2013 - 2014
Task Force Member, Saint Louis Regional Health Commission, Health Status Reporting Task Force	2011 -2013
Board of Advisors, Criminal Justice Ministry, Society of Saint Vincent de Paul	2011 - 2013
Speaker and Facilitator, Community Night, Gateway Vincentian Volunteer	2005 - 2011
Sunday Presenter, Patriotism and Public Health Policy, The Ethical Society of Saint Louis	2007
Board of Directors of a Company, Gateway Vincentian Volunteers	2003 - 2006
Sunday Presenter, The Vocabulary of Morality and the Common Good, The Ethical Society of Saint Louis	2006
Site Supervisor for Volunteer, Gateway Vincentian Volunteers	2001 - 2003

Washington University

Lecturer for Medical Student Orientation, Washington University School of Medicine	2004 – 2017
Lecturer for Criminalization of Poverty Course in the Brown School (Linda Raclin) focus on Correctional Health Care	2015 - 2017
Lecturer and Site Coordinator for Criminal Justice Course in the Brown School (Carrie Pettus-Davis) focus on Juvenile Certification and Sentencing (Product of Fall 2014 semester: Amicus brief addressing need to re-adjudicate cases of certified juveniles given a life-without-parole sentence filed in the Missouri Supreme Court on December 1, 2014)	2013 – 2015
Thesis Committee Member, Masters of Science in Clinical Investigation, Washington University, Thesis Committee, Philip Wenger, PharmD	2013
Lecturer and Tour Guide for Mental Health and Public Policy Course in the Brown School (Bethany Johnson-Javois)	2013-2016
Expert Panel Member for Grant, Innovative Reentry Model for Adult Males with Substance Abuse and Trauma History (Carrie Pettus-Davis)	2013
Mental Health Awareness Week Speaker, Washington University School of Medicine Mental Health Outreach Program	2013
Speaker and Tour Guide at Buzz Westfall Justice Center, Washington University School of Medicine	2013-2015

Other

Reviewed medical records and testified for Prosecuting Attorney, Medical Consultation to Saint Louis County Prosecuting Attorney	2010 - 2016
Reviewed medical records and testified for County Counsel, Medical Consultation to Saint Louis County Counsel	2001 - 2016

Current and Past Teaching Responsibilities

Courses and Lectures or Topics:

Law and the Opioid Epidemic (School of Law)	Spring 2020
SOM Curricular Thread in Pain Substance Use, and Addictions	2017 - Present
Clinical Interviewing (Course Director, Lecturer, and Small Group Leader)	2017- Present
Integrative Interprofessional Practicum Experience	2009 -2018
EPI-100 Epidemiology and Biostatistics	2008 - 2017
FCM-430 Interprofessional Team Seminars (Course Director and Small Group Leader)	2008 - Present
FCM-431 Integrative Interprofessional Practicum	2008 - 2018
SALC-104 Vulnerable Populations	2008 - 2018
SALC-117 Corrections Med / Juvenile Detention	2008 - 2018
Introduction to Interprofessional Health Care (Grand Rounds Panelist)	2008 – Present
ACS1-100 Applied Clinical Skills 1	2008 - 2016
FCM-301 Family Medicine Clerkship	2008 - 2012

Clinical Teaching Responsibilities:

Community Medicine Rotation, Saint Louis University Family Medicine Residency	2010 - 2016

Protégé:

Medical Students Advised/Mentored (include students in the Rodney M. Coe Distinction in Community Service Program, academic advisees, and students in the Service and Advocacy Learning Community Electives)

2009-2020 - 25
2018-2019 - 25
2017-2018 - 25
2016-2017 - 25
2015-2016 - 25
2014-2015 - 25
2013-2014 - 25
2012-2013 - 25
2011-2012 - 50
2010-2011 - 50
2009-2010 - 50
2008-2009 - 50

Faculty Advisor for Family Medicine Residents

Daniel Stevens, DO	July 2017 – June 2020
Ritesh Ghandi, MD	July 2016 – June 2019
Joseph Moleski, DO	July 2015 – June 2018
Matthew Witthaus, MD	July 2013 – June 2018
Imani Anwisye, MD	July 2012 – June 2015

Faculty Mentor

Jennifer Bello-Kottenstette, MD	July 2016 - Present
Emily Doucette, MD	July 2015 – June 2016

Contracts, Grants and Sponsored Research:

Medical Services at the 22nd Court Juvenile Division--Detention Program, Funded by City of St. Louis (July 1, 2020 - June 30, 2021), awarded July 1, 2020 ($40,040.00), Funded - In Progress, Summer 2020, PI Fred Rottnek MD, MAHCM with Kelsey Fouch, PA-C

Rottnek, Fred W. (Principal), " Peer to Peer (P2P) Recovery Community Services Program, Sponsored by NCADA - Saint Louis, $133,861.00. 0.3 FTE, April 30,2020—April 29, 2024 (Under review)

Rottnek, Fred W. (Principal Investigator), Saint Louis University Addiction Medicine Fellowship, sponsored by Missouri Foundation for Health, $880,000. 0.02 FTE, January 1, 2020 to December 31, 2022

Rottnek, Fred W. (Principal Investigator), Opioid Workforce Expansion Grant, Health Resources and Services Administration, $1,050,000. 0.02 FTE, October 1, 2019 to September 30, 2022

Rottnek, Fred W. (Principal), Consultant, Medical Director, Assisted Recovery Centers of America, 0.3 FTE, March 1, 2018 to present.

Rottnek, Fred W. (Principal), "State Targeted Response to the Opioid Crisis Grants (Opioid STR)," Sponsored by University Of Missouri - Saint Louis, $133,861.00. 0.3 FTE, May 1, 2017 - April 30, 2019, extended through September 30, 2020 to include funding of the Addiction Medicine fellow for AY 2019-2020

Rottnek, Fred W. (Principal), Consultant, Health Services, Concordance Academy of Leadership, April 1, 2016 to present.

Sweetman, Leah M., Rottnek, Fred W., McCarthy, Patrick G., Chawszczewski, Susanne A., Everard, Kelly M. (Principal), Bishop, Jeffrey P., "Medical School Faculty Reconnecting to Mission of SLU," Sponsored by Lilly Fellows Program, $3000.00, 2017-2018.

Pole, D. C. (Key Personnel), Schneider, F. D. (Principal), Pole, D. C. (Key Personnel), Rottnek, F. W. (Key Personnel), Everard, K. M. (Key Personnel), Wiethop, N. A. (Other), 15985, Proposal, "Area Health Education Centers Point of Service Maintenance and Enhancement Awards", Health Resources & Services Administration, Federal Government, $193,097.00, Funded.

Rottnek, F. W. (Key Personnel) provided initial and on-going administrative support to support the successful bid for the SLUCare-Saint Louis County Department of Health Specialty and Subspecialty Contract. (August 2013 to September 2016)

Rottnek, F. W. (Key Personnel) and Schneider, F. D. (Principal) Family and Community Medicine contract with the Saint Louis County Department of Health to provide 0.6 FTE of family physician services (as well as administrative and medical director services) to Corrections Medicine and the South County Health Center (January 2010 – September 2016 for former site; March 2013 – March 2014 for latter)

Bibliography

Journal Articles.

Rottnek, F., & Scherrer, J. F. (2019). Buprenorphine in primary care: perspectives on clinical and research priorities. *FAMILY PRACTICE*, *36*(6), 677–679.

Rottnek, F.W. (2019) What's Next When "Just Say No" Just Doesn't' Work? The Role of Harm Reduction in Preventing and Treating Addictions. *Catholic Health Association of America*, July-August 2019.

Davis, D., Bello-Kottenstette, J, & Rottnek, F. (2018). Care of Inmates, *American Family Physician*. Nov 15;98(10):577-583.

Rottnek, F. W. (2018) Informed hope: chaplains' powerful tool in the opioid epidemic. *Vision, the journal of the National Association of Catholic Chaplains*, June 2018. https://www.nacc.org/vision/may-june-2018/informed-hope-chaplains-powerful-tool-in-the-opioid-epidemic/

Rottnek, F. W. (2018). Opioids—One More Epidemic for Catholic Health Care. *Catholic Health Association of the United States,* March-April, 2018.

van den Berk-Clark, C., Doucette, E., Rottnek, F., Hughes, R., Manard, W., Lawrence, T., Prada, M., & Schneider, F.D. (2017). Do patient-centered medical homes improve health behaviors, outcomes and experiences of low income patients? A systematic review and metanalysis. *Health Services Research*. DOI:10.1111/1475-6773.12737. PMID: 28670708

Pole, D. C., Rottnek, F. W. (2017). Teaching the Art of Collaborative Practice. *Catholic Health Association of the United States,* September 2017.

Rottnek, F.W. (2016) How Can Our Communities Move Ahead after Ferguson? *Health Progress*, Catholic *Health Association of the United States* , July-August, 2016.

Rottnek, F. W. (2015). Creating Correctional Health Care: Academic Partnerships. *CorrDocs, American College of Correctional Physicians, 18*(4), 12-13.

Wenger, P. J., Rottnek, F. W., Parker, T. T., Crippin, J. S. (2014). Assessment of Hepatitis C Risk Factors and Infection Prevalence in a Jail Population. *American Journal of Public Health, 104*(9), 1722-1725.

Everard, K. M., Crandall, S. J., Blue, A. V., Rottnek, F. W., Pole, D. C., Mainous, A. G. (2014). Exploring interprofessional education in the family medicine clerkship: a CERA study. *Family Medicine. 46*(6), 419-422.

Rottnek, F. W., Pole, D. C., Everard, K. M. (2014). The Interprofessional Team Seminar: A Curriculum Designed for Medical Students. *Journal of the National AHEC Organization*. *30*(Spring), 16-22.

Rottnek, F. W. Correctional Health Care: A Forgotten Ministry of the Church. *Health Progress*, May-June 2014.

Rottnek, F. W., Yanofchick, B. (2012). *Physicians and Catholic Health Care: Educating Doctors for Mission Fit*. Health Progress

Rottnek, F. W. (2011). *Medical Release Summary, State of Missouri Department of Corrections*.

Rottnek, F. W. (2010). *I Don't Love Medicine; I Love What I Can Do With It*. Missouri Family Physician.

Searight, H. R., Abby, S. L., Rottnek, F. W. (2001). Conduct Disorder: Diagnosis and Treatment in Primary Care. *American Family Physician* (2001), 1579-1590.

Searight, H. R., Burke, J. M., Rottnek, F. W. (2000). Adult Attention Deficit Disorder (AD/HD): Evaluation and Treatment in Family Medicine. *American Family Physician* (2000), 2077-2085.

Rottnek, F. W. (1999). Medication for Adult Attention Deficit/Hyperactivity Disorder. In Jones, C. B. (Ed.), *Parent Articles About ADHD*. Psychological Corporation.

Publications in the Society of Teachers of Family Medicine Digital Resource Library

Rottnek, F. W. (2011). *Every Medical Student Should Go To Jail*. Society of Teachers of Family Medicine.

Rottnek, F. W., Pole, D. C., Meyer, A. (2011). *Is a Catholic Mission Statement Good for Medical Education? Reclaiming Institution Tradition for Professional Formation*.

Pole, D. C., Rottnek, F. W., Meyer, A. (2011). In Pole, D. C. (Ed.), *You Scratch My Back...Cementing a Community-University Partnership*.

Rottnek, F. W., Pole, D. C. (2010). *Folding Medical Students into the Mix*.

Magazine Articles

Rottnek, F.W (2018) Dead People Don't Recover. A Matter of Spirit Summer 2018, 4-5 http://www.ipjc.org/wp-content/uploads/2018/05/AMOSSummer-2018-Web.pdf

Rottnek, F.W. (2017) Michael Brown and HIV Criminalization. St. Louis American, August 14, 2017. http://www.stlamerican.com/news/columnists/guest_columnists/michael-johnson-and-the-criminalization-of-hiv/article_6af73598-80f7-11e7-99af-c7d64bc371ca.html

Rottnek, F. W. (Ed.), Addiction Medicine in the 21st Century (Spring 2017 ed.). Saint Louis: Missourians for Single Payer Health Care

Rottnek, F. W. (2017). How 15 Years in Jail Transformed My Theology (51st ed., pp. 48-49). Conversations in Jesuit Higher Education.

Rottnek, F. W. (2016). In Sokol, B. W. (Ed.), *Is Zika a clinical--and pastoral--game changer?* (April 22, 2016 ed., pp. 6-7). Saint Louis: Saint Louis University.

Rottnek, F. W. (2015). *A Step Backward in Racial and Health Disparities: Saint Louis County Puts Correctional Health Care Out for Bid* (Fall 2015 ed., pp. 4-5). Saint Louis, Missouri: Missourians for Single Payer Health Care

Rottnek, F. W. (2015). How Trauma and Toxic Stress Impact Health. *St. Louis Metropolitan Magazine.* April/May Issue. 16-19.

Abstracts and Posters

"The Value of an Orientation Community Service Day for Incoming Medical Students", Central Group on Educational Affairs, Association of American Medical Colleges	March 2013
"Case-control evaluation of risk factors associated with hepatitis C infection in a correctional facility.", Midyear Meeting 2012, ASHP, American Society of Health-System Pharmacists	December 2012
"PA Students: Finding the Right Niche for Interprofessional Education", 20th Annual Clinical and Professional Poster Session, American Association of Physician Assistants	June 2011

Supplemental Material

National-level Presentations

"The Opioid Epidemic and Trauma: This is Your Brain on Drugs; This is Your Brain on Trauma ", 20th Annual Southern States Victim Assistance Conference, Fort Lauderdale, Florida (Invited)	August 2019
Opioids", Pediatric Update, Volume 39, Issue 6	December 2018
"This is Your Brain on Drugs. This is Your Brain on Trauma." National Center for Domestic Violence, Trauma, and Mental Health (a division of the Substance Abuse and Mental Health	October 2018

Administration) and the Campaign for Trauma-Informed Policy and Practice, jointly-sponsored national webinar (Invited) http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2018-trauma-opioids-and-domestic-violence/	
"What Can We Learn from Our Founders about the Opioid Epidemic" Catholic Health Association Webinar Ethics Webinar (Invited)	July 2018
"The Missouri Opioid State Targeted Response: What Missouri is Doing and Why" Dean's Conference of Midwest Osteopathic Medical Schools (Invited)	March 2018
"Operationalizing Mission is a Jesuit School of Medicine" Association of Jesuit Colleges and Universities' Commitment to Justice in Higher Education Conference	August 2017
2019"Updates in Medication Assisted Therapies for Substance Use Disorders", 2017 Saint Louis University Physician Assistant Continuing Education Conference, Saint Louis University Physician Assistant Program	April 2017
"Why Should You Care About Correctional Health Care", Saint Louis University Public Health Fair, Saint Louis University	April 2017
"Trauma-Informed Practice in Primary Care Panel", Academy of Violence and Abuse Regional Summit, Saint Louis University	March 2017
"FORECAST", National Child Traumatic Stress Network FORECAST, University of Missouri--St. Louis	March 2017
"Repeal and Replace: Potential Consequences of Repeal of the Affordable Care Act for the LGBTQ+ Community", 12th Annual Midwest LGBTQ Law Conference, Washington University	March 2017
"Do patient-centered medical homes improve health behaviors, outcomes and experiences for low income patients? A systematic review.", 49th Annual Spring Conference, Society of Teachers of Family Medicine	April 2016
"Developing a research question: Steps for research success from the idea to publication", 2015 Medical Student Education Conference, Society of Teachers of Family Medicine	February 2015
"Evaluation of an Interprofessional Team Seminar Course in Preparing Medical Students for Interprofessional Collaborative Practice", 2015 Medical Student Education Conference, Society of Teachers of Family Medicine	February 2015
"Maintaining Professional Focus and Mission in Correctional Health Care", National Conference, National Commission on Correctional Health Care	October 2014
"Evaluation of an Interprofessional Team Seminar Course in Preparing Medical Students for Interprofessional Collaborative Practice", Evaluation of an Interprofessional Team Seminar Course in Preparing Medical Students for Interprofessional Collaborative Practice, NAP Annual Meeting & Forum	April 2014
"Interprofessional Collaborative Practice: The Nuts and Bolts of Interprofessional Collaborative Practice in Correctional Health Care", Saint Louis University Model of Interprofessional Education, University of New England	June 2013

"Interprofessional Grand Rounds", Saint Louis University Model of Interprofessional Education, University of New England	June 2013
"The Interprofessional Team Practicum", Saint Louis University Model of Interprofessional Education, University of New England	June 2013
"Transitioning to Community Interprofessional Practice: Making it Work", Saint Louis University Model of Interprofessional Education, University of New England	June 2013
"The Saint Louis University Model of Interprofessional Education", Saint Louis University Model of Interprofessional Education, University of New England	June 2013
"Exploring Poverty Simulation in Medical Education", Primary Care Research Symposium, Saint Louis University	April 2013
"Write effective standing orders interprofessionally to increase productivity, efficiency and job satisfaction", National Commission on Correctional Health Care Spring Conference 2013, National Commission on Correctional Health Care	April 2013
"Creating Value for IPE with Medical Students: Lessons Learned from the Interprofessional Team Seminar", Exploring Pedagogy of Interprofessional Education to Improve Teamwork and Patient Outcomes, Saint Louis University Center for Interprofessional Education and Research	November 2012
"The Interprofessional Management Team Meeting: An IPCP Approach to Health System Improvement", Exploring Pedagogy of Interprofessional Education to Improve Teamwork and Patient Outcomes, Saint Louis University Center for Interprofessional Education and Research	November 2012
"Writing an Interprofessional Patient Case Study Interprofessionally", Exploring Pedagogy of Interprofessional Education to Improve Teamwork and Patient Outcomes, Saint Louis University Center for Interprofessional Education and Research	November 2012
"Academic Medicine in Family Medicine", National Conference, American Academy of Family Physicians	July 2012
"Harnessing the Energy of Medical Student Interest Groups", National Conference, American Academy of Family Physicians	July 2012
"Is a Catholic Mission Statement Good for Medical Education? Reclaiming Institutional Tradition for Professional Formation", 37th Annual Spring Conference on Medical Student Education, Society of Teachers of Family Medicine	January 2011
"You Scratch My Back...Cementing a Community/University Partnership", 37th Annual Spring Conference on Medical Student Education, Society of Teachers of Family Medicine	January 2011
"Effects of a Summer Preceptorship Program on Student Interviewing Skills", 36th Annual Spring Conference on Medical Student Education, Society of Teachers of Family Medicine	January 2010
"Folding Medical Students into the Mix: The Interprofessional Team Seminar", 36th Annual Spring Conference on Medical Student Education, Society of Teachers of Family Medicine	January 2010
"Cultivating Wholeness and Connectedness for Spiritual Health", 23rd Annual Westberg Parish Nurse Symposium, International Parish Nurse Resource Center	September 2009

Regional-level Presentations

United Way sponsored opioid presentations at Isothermal Community College in Forest City, NC—community stakeholders, class of Critical Response Course, and Child Protective Services	February 2020
Mercy John V. King Symposium Family Medicine CME, "Striking When the Iron is Hot: How, Where, and When to Initiate Medication Treatment for SUDs" (Invited)	October 2019
"The Role of Medications in the Treatment of Substance Use Disorders", Ohio State University (Marion) (Invited)	September 2019
Provider Clinical Support Services Buprenorphine Waiver Trainings, multiple, across the state	2018 – Present
"Treatment Goals with Patients with OUD": Gateway College of Clinical Pharmacy Annual Clinical Jamboree, St. Louis College of Pharmacy	July 2019
"Introduction to OUD for Pain Management Nursing", St. Louis Chapter of the American Society of Pain Management Nursing	June 2019 May 2019
Alcohol Use Disorder Treatment in Primary Care, ECHO Presentation, University of Missouri-Columbia	March 2019
"Why I Had to Invest in a Trauma Informed Lens for My Work and My Life", Healing and Resilience: The Journey Forward, Behavioral Health System Baltimore (Invited)	October 2018
"The Opioid Epidemic is a Patient Safety Issue", SSM Regional 2018 Patient Safety, Quality, and Regulatory Conference, *Building the Plane While Flying It: The Evolving Role of PSQ at SSM Health* (Invited)	October 2018
"How Do We Achieve Health and Wellness in Recovery?", Dimensions of Recovery, Washington University (Invited)	October 2018
"Medications for Opioid Use Disorder: Improving Individual and Community Health with Client-Centered Treatment", Bi-State Infectious Disease Conference (Invited)	October 2018
"Myths and Facts about Drug Infectivity", Bureau of HIV, STD, and Hepatitis, Missouri Department of Health, Disease Intervention Specialists (Invited)	October 2016
"Shutting Down the Prison to Emergency Department Pipeline: How Can We More Effectively Work with Community Resources for Successful Reentry", SMART (Southeast Missouri Area Reentry Conference) Plenary Address (Invited)	May 2016
"How 15 Years in Jail Transformed My Theology", SLU First Friday Mass and Lecture, Saint Louis University Mission and Identity (Invited)	
"HIV Criminalization", Saint Louis University School of Medicine Noon Conference, Saint Louis University Chapter of Physicians for Human Rights	January 2016
"Lessons Learned during the Year Saint Louis County Put Correctional Health Care Services Out for Bid", Missourians for	January 2016

Single Payer Monthly Meeting, Missourians for Single Payer and the Ethical Society of Saint Louis	
"Correctional Health Care in Saint Louis County Missouri", Council of Nephrology Social Workers Monthly In-Service, Council of Nephrology Social Workers	January 2016
"HIV Should not be a crime: Separating Fact from Fiction", Annual Conference, Empower Missouri	October 2015
"Violence and Reentry", Violence and Reentry, Saint Louis Alliance for Reentry (Invited)	October 2015
"The Interprofessional Team Seminar", School of Medicine Alumni CME Conference, Saint Louis University	October 2014
"Maintaining Professional Focus and Mission in Correctional Health Care", National Conference, National Commission on Correctional Health Care	October 2014
"Evaluation of an Interprofessional Team Seminar Course in Preparing Medical Students for Interprofessional Collaborative Practice", Evaluation of an Interprofessional Team Seminar Course in Preparing Medical Students for Interprofessional Collaborative Practice, NAP Annual Meeting & Forum	April 2014
"Show Me No Criminalization", Show Me No Criminalization, The SERO Project	April 2014
"HIV/AIDS and the Prisoner Population Panel," Missouri Department of Corrections, ARCHS, Missouri Department Of Social Services, Osage Beach, MO. *Invited presentation*	November 2013
"Professional Burn-Out, What's Next?" Missouri Department of Corrections, ARCHS, Missouri Department Of Social Services, Osage Beach, MO. *Invited presentation*	November 2013
"Reentry In Action or Reentry Inaction," Missouri Department of Corrections, ARCHS, Missouri Department of Social Services, Osage Beach, MO. *Invited keynote presentation*	November 2013
"Mental Health Provider Round Table Discussion," Saint Louis Alliance for Re-Entry, Saint Louis, Missouri. *Invited presentation*	November 2013
"HIV/AIDS and the Prisoner Population Panel", Missouri Reentry Conference 2013, Missouri Department of Corrections, ARCHS, Missouri Department of Social Services	November 2013
"HIV/AIDS and the Prisoner Population Panel", Missouri Reentry Conference 2013, Missouri Department of Corrections, ARCHS, Missouri Department of Social Services	November 2013
"Professional Burn-Out, What's Next?", Missouri Reentry Conference 2013, Missouri Department of Corrections, ARCHS, Missouri Department of Social Services	November 2013
"Reentry In Action or Reentry Inaction", Missouri Reentry Conference 2013, Missouri Department of Corrections, ARCHS, Missouri Department of Social Services	November 2013
"Mental Health Provider Round Table Discussion", STAR Points: The Mental Health Connection, Saint Louis Alliance for Re-Entry	September 2013
"Setting the Stage for Mental Health Intervention", STAR Points: The Mental Health Connection, Saint Louis Alliance for Re-Entry	June 2013

Local Presentations

St. Louis City Prosecutor's Class on OUD, Partnering with Missouri SOR Team — 10/2018 – Present

Gateway to Better Health Substance Use Disorder Benefit, FQHC's and County Department of Public Health, Provider Trainings — January and February 2019

Missouri Opioid State Target Response, Mercy Family Medicine Grand Rounds — April 2018

Missouri Opioid State Target Response — April 2018

Chemistry and Communication, Invited Speaker

ONE Series, Saint Louis Integrated Health Network, Saint Louis University — September 2015

"Show Me No Criminalization," The SERO Project, Saint Louis Public Library: Schlafly Branch. — April 2014

"Health Care in the Changing Environment," Chaminade College Preparatory, Creve Coeur, Missouri. *Invited presentation* — March 2014

"How to Create a Scholarship Timeline", Faculty Development Presentation, Saint Louis University School of Medicine — September 2013

"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University — April 2013

"The role of correctional health care in the US health care safety net", Health for All, Saint Louis University's Chapter of AED — April 2013

"The urban flight of health care systems in Saint Louis", Health for All, Saint Louis University's Chapter of AED — April 2013

"The mental health continuum from jail to community", Saint Louis Alliance for Re-Entry Summit 2013, Saint Louis Alliance for Re-Entry — March 2013

"I am Adam Lanza's doctor", Saint Louis University Political Roundtable, Saint Louis University — February 2013

"Promotions", Brown Bag Series, SLU SOM Office of Faculty Affairs and Professional Development — August 2012

"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University — April 2012

"Communicating Unexpected Outcomes and Errors with Patients and Their Families", Open Disclosure Training, Saint Louis University — October 2011

"Making the Most Out of a Bad Situation: Comprehensive STI Testing in the Buzz Westfall Justice Center", Professional Presentation in Corrections Medicine, Saint Louis HIV/AIDS Planning Council — April 2011

"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University — April 2011

"Family Medicine and Corrections Medicine: Every Jail Needs a Family Physician", Family Medicine Interest Group, Saint Louis University Chapter, Saint Louis University — January 2011

"Health Care Disparities in Saint Louis", Saint Louis Chapter of Alpha Epsilon Delta (AED), Saint Louis University — January 2011

"Family Physicians and Community Practice", Family Medicine Interest Group, Washington University Chapter, Washington University School of Medicine	January 2011
"Racial Tension and the Impact on Health Care in Saint Louis: Follow the Money", Physicians for Human Rights, Saint Louis University Chapter, Saint Louis University	August 2010
"The Criminalization of Mental Illness", Physicians for Human Rights, Saint Louis University Chapter, Saint Louis University	August 2010
"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University	March 2010
"The Interprofessional Team Seminar: A Learning Activity for Advancing Professional Communication Skills", 23rd Annual Midwest Dean's Occupational Therapy Research Conference	January 2010
"Primary Care: A Practice Path Where You Can Practice Your Values", Family Medicine Interest Group, Saint Louis University Chapter, Saint Louis University	October 2009
"Missouri AHEC: A Comprehensive Workforce Pipeline", Health Care Workforce Development: Cultivating Missouri's Resources, Missouri Foundation for Health	June 2009
"Corrections Medicine and HIV/AIDS Care", Saint Louis Association of Nurses in AIDS Care, Midwest AIDS Training and Education Center	June 2008
"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University	March 2008
"The Nuts and Bolts of Mental Health Care for the Primary Care Provider", Annual Physician Assistant CME Conference, Saint Louis University	October 2007
"Justice and Health Care", Primary Care Week, Saint Louis University	October 2007
"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University	February 2007
"The Nuts and Bolts of Mental Health Care for the Primary Care Provider", Annual Physician Assistant CME Conference, Saint Louis University	October 2005
"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University	March 2005
"Corrections Medicine: Creative Methods for caring for the Underserved", Second Annual CME Conference: Innovative Approaches in Caring for the Underserved, East Central Missouri AHEC	September 2004
"Corrections Medicine as a Metaphor for Health Care Access", Institute for Family Medicine Community Forum, Institute for Family Medicine	February 2004

Community Activities

Member, Amnesty International	1998 -Present
Member, Humane Society of Missouri	1998 - Present
Member, National Public Radio	1998 - Present
Member, Focus St. Louis	2013 -Present

Consulting

Saint Louis Effort for AIDS (Pro bono; Standing orders for outreach van testing, treatment and education)	2010 - 2017
Academic, University of New England Center for Excellence in Interprofessional Education	2013
Consultant, Missouri Department of Mental Health, Opioid State-Targeted Response/State Opioid Response, Opioid Crisis Management Team (21st Century CURES Act)	2017- Present
Consultant, Health Services, Concordance Academy of Leadership	2016-2018

EXHIBIT C

Declaration of
Emmitt L. Sparkman

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

RHONDA JONES *et al.*, Plaintiffs, v. VICTOR HILL *et al.*, Defendants.	CIVIL ACTION NO. 1:20-CV-2791-ELR-CCB

EXPERT DECLARATION OF
EMMITT L. SPARKMAN

I, Emmitt L. Sparkman, being competent to make this declaration and having personal knowledge of the matters stated herein, declare under penalty of perjury that the following is true and correct:

1. I am over 21 years of age. The statements contained in this declaration are based on my personal knowledge, or on information that experts in the field of corrections would reasonably rely on in forming an opinion and are true and correct to the best of my knowledge.

I. Expert Qualifications

A. Correctional Experience

1. I am a corrections consultant and subject matter expert with over forty-four years of experience working in adult and juvenile institutional and community corrections. My curriculum vitae is attached as Appendix A.

2. I have extensive experience in the operation of correctional facilities, in the development of offender classification policies and procedures, and in the oversight of agency offender classification systems.

3. My experience in prison and corrections administrative positions includes responsibility for managing the custody, control, and treatment of incarcerated people housed in long-term segregation and on death row.

4. I have held line and supervisory positions at correctional facilities in the states of Texas, Kentucky, and Mississippi. These positions include: correctional officer, probation officer, education consultant, correctional captain, correctional major, intake-detention superintendent, director of education, director of security, warden, superintendent, and deputy commissioner.

5. My experience includes working in both the public and private corrections sectors. I served as a warden of two private pre-release centers in

Texas (1990s), a 936-bed state medium-security prison in Kentucky (1992-1996), and a 1,000-bed private medium-security prison in Mississippi (1996-2001).

6. In June 2001, I was named the Superintendent of the Mississippi State Penitentiary, a prison complex with 18 prisons that included a 1,000-bed supermax prison (Unit 32), housing death row and the highest risk prisoners in the custody of the Mississippi Department of Corrections. I served in that position from June 2001 until December 2002.

7. I was appointed the Deputy Commissioner of Institutions for the Mississippi Department of Corrections in November 2002 and served in that position until May 2013. As Deputy Commissioner for Institutions, I was responsible for three state prison complexes, five private prisons, and fifteen regional prisons. I also had responsibility for the classification, records, employee training, treatment, facilities/engineering, and agriculture departments of the Agency.

8. Protecting prisoners from infectious diseases was one of my job responsibilities at every correctional facility at which I worked. As a correctional supervisor and administrator, I had to be prepared to respond to various communicable diseases and conditions, including avian influenza, scabies, head lice, Methicillin-resistant Staphylococcus aureus (MRSA), and many others. To

give just a few examples, as Deputy Commissioner for the Mississippi Department of Corrections, I received technical assistance from the National Institute of Corrections to implement policies and procedures (including quarantine/isolation policies) relating to preparedness for avian influenza. Additionally, I have experience in the development and implementation of policies, training, and educational efforts to address outbreaks of MRSA within a state prison system.

B. Expert Experience

9. I have been a consultant to the states of Illinois, Maryland, Colorado, Oklahoma, New Mexico, and South Carolina, assisting them to develop strategies to reduce the use of long-term segregation and improve conditions of confinement in segregation units. I participated in an evaluation of the use of administrative segregation by the Federal Bureau of Prisons in 2014.

10. I serve as an implementation panel member responsible for monitoring the settlement agreement between the South Carolina Department of Corrections and the plaintiffs in *T.R., et al. v. South Carolina Department of Corrections, et al.*, C/A No. 2005-CP-40-2925, in the Court of Common Pleas for the Fifth Judicial Circuit, regarding conditions of confinement for mentally ill prisoners.

11. I serve as a subject matter expert for the Court Monitors in *Nunez v. City of New York, et al.*, 11 Civ. 5845 (LTS) (JCF) and *United States of America v. Territory of the Virgin Islands et al.*, Civil No. 86-cv-265.

12. I have been a certified American Correctional Association auditor since 1995. I have conducted numerous accreditation audits for the Federal Bureau of Prisons and state correction systems and have served both as an audit team member and as an audit chairperson.

13. Appendix A includes a list of all my publications in the last ten years, all the cases in which I have testified in the last four years, and my fee schedule.

II. Assignment

14. I have been asked by Plaintiffs' counsel to offer my opinion on whether the measures the Clayton County Jail is taking to mitigate the spread of COVID-19 are minimally adequate and in line with the standards on which reasonable correctional administrators would rely in addressing the pandemic. I conclude that they are not. I was retained in this matter on June 5, 2020.

III. Documents Reviewed

15. I have reviewed and relied upon the following documents in forming the opinions set forth in this declaration.

a. Report by the Georgia Department of Community Affairs listing Clayton County Jail capacity and population (dated June 2020);
b. Document titled "Current Inmate Statistics" (dated April 30, 2020);
c. Documents from the Georgia Department of Public Health regarding the nature and scope of the COVID-19 outbreak at the Clayton County Jail (dated June 11, 2020 and July 9, 2020);
d. Clayton County Sheriff's Office Daily Rosters for all shifts (dated from April 10, 2020 to April 16, 2020);
e. Document from Sheriff's Office titled "New Free Time Schedule" (dated April 1, 2020);
f. Document from Sheriff's Office titled "Steps Taken to Prevent and If a Mass Outbreak Occurs" (undated);
g. Documents provided by the Clayton County Sheriff's Office in response to Plaintiffs' requests for:
    i. Copies of all policies, guidance, and information provided to Clayton County Jail detainees and/or staff members on or after March 1, 2020, concerning the coronavirus, COVID-19, and/or infectious diseases.

ii. Copies of all policies, procedures, memoranda, bulletins, emails, and/or similar records, dated on or after March 1, 2020, reflecting steps that the Clayton County Sheriff's Office is taking to prevent and/or address the spread of the coronavirus, COVID-19, and/or infectious diseases in the Clayton County Jail.

iii. Copies of all policies, procedures, plans, and similar documents concerning steps that the Clayton County Sheriff's Office will take in the event of a mass outbreak of the coronavirus, COVID-19, and/or other infectious diseases at the Clayton County Jail.

h. Declarations by current and former Clayton County Jail detainees, including the following:[1]

[1] I reviewed eleven (11) detainee declarations to assist in the preparation of my declaration. These detainees were currently or had previously been incarcerated in the Clayton County Jail, and their ages ranged from 27 years of age to 72 years of age. There were three (3) female and eight (8) male detainee declarations. Several detainees reported having significant medical problems. Older adults and people with certain medical conditions (e.g. lung disease, chronic obstructive pulmonary disease (COPD), heart disease, hypertension, diabetes, cancer, or a weakened immune system) are at higher risk of serious illness or death from the coronavirus. (Centers For Disease Control and Prevention, People with Certain Medical Conditions,(July 17, 2020): https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-

i. Declaration of Barry Watkins (dated June 21, 2020);

ii. Declaration of Randolph Mitchell (dated June 21, 2020);

iii. Declaration of Rhonda Jones (dated June 21, 2020);

iv. Declaration of Michael Singleton (dated June 24, 2020);

v. Declaration of C.C. (dated June 25, 2020);

vi. Declaration of J.H. (dated June 25, 2020);

vii. Declaration of M.B. (dated June 3, 2020);

viii. Declaration of F.S. (dated June 18, 2020);

ix. Declaration of A.W. (dated June 21, 2020);

x. Declaration of W.L.M. (dated July 7, 2020);

xi. Declaration of D.H. (dated July 14, 2020).

i. Detainees' grievances related to COVID-19 (provided by Sheriff's Office to Plaintiffs' counsel on June 25, 2020);

j. Other Documents

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

ii. Centers for Disease Control and Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (updated July 14, 2020),

---

conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html). In this declaration, I refer to named plaintiffs by their full names and to other detainees by use of their initials.

https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

iii. Centers for Disease Control and Prevention, *Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities*, (July 7, 2020), https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html.

iv. American Correctional Association. Performance-Based Standards for Adult Local Detention Facilities. Fourth Edition.

IV. Factual Background Regarding the Clayton County Jail

16. The Clayton County Jail is a 100,355 square foot facility. It has a maximum capacity of 1,920 detainees. (Georgia Department of Community Affairs, "County Jail Inmate Information Report," June 2020.) As of June 2020, it had an inmate population of 1,847. (*Id*. at 8.)

17. The Clayton County Sheriff is responsible for the jail operation. The Jail Operation Division consists of two (2) sections: Jail Administrative Operations and Jail Security Operations. Jail Administrative Operations consists of several administrative units that provide the background administrative work that occurs in the jail, including supervision of contractors who perform services inside the jail. Outside services include medical, maintenance, property, commissary, and food service. Jail Administrative Operations staff perform the non-security functions

for the jail. Jail Security Operations consists of three (3) teams and the Special Response Team (SRT).

18. Jail Security teams are broken down into three (3) groups of correctional officers, each working an eight-hour shift. The security teams are responsible for dealing with the detainees on a one-to-one basis, ensuring that they comply with rules, receive meals, and are in good health. Booking and release of detainees, as well as court and medical appearances, are also the responsibility of the security teams. [2]

V. The Clayton County Jail's Failure to Take Steps to Mitigate the Spread of COVID-19

19. It is generally accepted in the corrections field that prison and jail administrators must take any infectious disease extremely seriously. People in jail live in close proximity to one another and share showers, sinks, toilets, and other fixtures, so once a single detainee becomes infected with a communicable condition, others are likely to become infected too. A virus can spread very quickly in a jail.

20. In determining a plan to respond to the potential spread of an infectious disease, prison and jail administrators frequently look to both the

[2] Website of the Clayton County Sheriff's Office, http://www.claytonsheriff.com/JOD.html (last accessed July 22, 2020).

National Institute of Corrections and the Centers for Disease Control and Prevention (CDC) for guidance. Both entities are authoritative sources on which correctional administrators commonly rely. Correctional administrators also look to the standards promulgated by the American Correctional Association (ACA) in making the policies and developing procedures that govern their facilities.

21. Adherence to public health guidelines governing mitigation of COVID-19 in jails is critical because of the substantial health risks involved and because some infected people do not show symptoms of having the virus. The unmitigated spread of coronavirus inside a jail puts detainees, staff members, and the community at risk.

22. Over the last several months, we have seen COVID-19 spread rapidly in jails in Chicago, New York City, and elsewhere. These outbreak events show the urgent need for all jails to adopt preventative strategies to slow the spread of the virus. Specifically, jail administrators should follow the CDC's *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.* The CDC issued an initial guidance document in March 2020, and it updated its guidance in July 2020.

23. In both versions of the *Interim Guidance* document, the CDC lists a number of reasonable measures that jails should take in order to minimize the

spread of COVID-19. While some of these measures are directed at a jail's medical provider, many other recommended measures (such as those dealing with sanitation, the stocking of supplies, daily schedules, inmate and staff education efforts, and others), come within the purview of a jail's administrative and security staff.

24. From my review of the documents listed above, it is my opinion that the Clayton County Sheriff has failed to implement measures that any reasonable correctional administrator would know to implement in the context of the COVID-19 pandemic and the particular outbreak at his facility. Further, the Clayton County Jail has not followed CDC recommendations in several key respects. These failures fall into several categories, including:

a. Absence of a written policy regarding COVID-19;
b. Impossibility of "social distancing" in overcrowded cells;
c. Failure to encourage social distancing in common areas;
d. Inadequate cleaning and sanitation;
e. Inadequate quantities of soap and lack of hand sanitizer;
f. Failure to provide clean laundry;
g. Failure to provide face coverings to detainees;
h. Failure to educate detainees about COVID-19;
i. Barriers to submitting medical requests and grievances;
j. Failure to identify, isolate, and care for people with COVID-19;
k. Improper quarantine/isolation practices; and

l. Failure to suspend work release and "Weekender" program.

25. These categories are discussed in turn below.

A. Absence of a Written Policy Regarding COVID-19

26. At this point in the course of the COVID-19 pandemic, all correctional facilities (let alone one housing almost 2,000 people) should have written policies describing the measures that staff members and detainees are expected to take to prevent the spread of COVID-19.

27. The Clayton County Jail does not appear to have any COVID-19-specific policy. I have examined the materials provided by the Sheriff's Office in response to Plaintiffs' counsel's request for COVID-19-related standard operating procedures, bulletins, or other policy documents. The documents provided by the Sheriff's Office consist of various emails, a link to a COVID-19-related webinar, and a perfunctory document titled "Steps Taken to Prevent and If a Mass Outbreak Occurs." This last document appears to be an aspirational list of measures to address COVID-19 in the jail, many of which have not been actually implemented according to numerous, consistent detainee declarations.

28. None of these documents, in any event, is a standard operating procedure in any sense of that term with which I am familiar. None sets forth steps that staff and detainees are expected to follow to reduce virus transmission.

Neither have I seen evidence that the Jail has a more general emergency plan to address novel and unexpected diseases such as COVID-19. Every jail should have such a plan, and the ACA ALDF standards requires it.[3] The Clayton County Jail should adopt written policies and procedures that conform to CDC guidelines to address the risks posed by COVID-19.

B. Impossibility of "Social Distancing" in Overcrowded Cells

29. In my corrections experience, contagious diseases and bacteria can spread rapidly under normal jail conditions. MRSA, for example, could quickly spread through an entire housing unit if left unchecked. In responding to a serious communicable disease like COVID-19, any jail administrator would understand that it is imperative to change the practices in the facility to promote social distancing and minimize detainees' physical contact with each other and with staff.

[3] The ACA requires correctional facilities to have a "communicable disease and infection control program," which should include "a written plan that addresses the management of infectious and communicable diseases." (ACA Standards, "Communicable Disease and Infection Control Program, 4-ALDF-4C-14", Performance Based Standards for Adult Local Detention Facilities (4th ed.).) The plan should incorporate "procedures for prevention, education, identification, surveillance, immunization (when applicable) treatment, follow-up, isolation (when indicated) and reporting requirements to applicable local, state, and federal agencies." (*Id*.)

30. In their declarations, numerous Clayton County Jail detainees stated that they were housed three-to-a-cell in cells designed for only two people. For example, Plaintiff Barry Watkins is one of three people housed in a two-man cell. (Watkins Decl. ¶ 8.) Plaintiff Rhonda Jones sleeps on the floor of a two-person cell with three people in it. (Jones Decl. ¶ 6.) Detainee F.S. slept on the floor during her entire incarceration in a cell designed for two people, but housing three people. (F.S. Decl. ¶ 9.) W.L.M stated: "Most if not all of the cells in my dorm have three people in each two-person cell. One person sleeps on the floor in each of these cells." (W.L.M. Decl. ¶ 12.)

31. Despite the COVID-19 pandemic, the jail remains at 96% capacity, which is a root cause of so many people sleeping on the floors of overcrowded cells. It is not possible for detainees to practice social distancing while confined to small cells with two other people in them. It is particularly worrying that older people and medically vulnerable people are housed in overcrowded cells in a facility where so many people have tested positive for COVID-19.[4]

[4] Plaintiff Rhonda Jones indicated in her declaration she is a 58-year-old female with significant health problems, including chronic obstructive pulmonary disease (COPD) and hepatitis C. (Jones Decl. ¶¶ 2-3.) She has been hospitalized for pneumonia two times in the last eight months. (*Id*.) Yet she is one of three people in a cell designed for two people (*id*. ¶ 6) in a jail with surging cases of COVID-19.

32. Detainees are required to remain in their cells for most of the day and are only allowed out for one to two hours per day, sometimes less often. (Watkins Decl. ¶ 9 (stating that he is permitted out of his cell for about 60-90 minutes each day).)[5]

33. Even in the absence of a global pandemic, the Jail's policy of housing detainees three to a two-man cell (requiring one person to sleep on a thin mat on the floor) is a threat to public health and to security. ACA ALDF standards require mattresses to be 12 inches off the floor for obvious reasons, preventing the individual from having contact with unhealthy floor conditions.[6] Housing three persons to a cell creates very unhealthy and dehumanizing conditions for the individuals to perform basic hygiene and toilet functions. Placing three persons in a cell rated for two persons frequently results in disagreements/altercations

[5] Detainees report that they are infrequently, if ever, allowed outside for fresh air. M.B. described only being allowed outside one time in the last year for fresh air. (M.B. Decl. ¶ 9.) Many detainees reported no time in the yard at all for the duration of their incarceration. (Watkins Decl. ¶ 12 ("In 21 months at the jail, I have never been allowed out into the 'yard.'").)

[6] ACA ALDF standards require that each person confined in a cell is provided "a sleeping surface and mattress that allows the inmate to be at least 12 inches off the floor." (ACA, "Cell/Room Furnishings, Standard 4-ALDF-1A-11," Performance Based Standards for Adult Local Detention Facilities (4th ed.).)

between detainees. These conflicts can jeopardize safety and security of the incarcerated persons and staff.

34. Recognized national jail standards have established the recommended minimum encumbered and unencumbered square footage to be provided to each detainee in a cell.[7] From the descriptions in detainees' declarations, the cells do not meet these minimum square footage standards for each detainee.

C. Failure to Encourage Social Distancing in Common Areas During "Free Time," Meal Distribution, Medication Distribution, and Transport within the Facility

35. Reasonable correctional officials know that in an infectious disease scenario, steps must be taken to reduce close contact between people who are infected or possibly infected. In the age of COVID-19, correctional administrators should encourage social distancing wherever possible, in particular for older detainees and people with certain health conditions. The CDC's most recent *Interim Guidance* document states:

> Although social distancing is challenging to practice in correctional and detention environments, it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19. People who have been infected with SARS-CoV-2 but do not have symptoms can still spread the infection, making social distancing even more important. (CDC *Interim Guidance*, p. 4 (Mar. 23, 2020).)

[7] (American Correctional Association. Performance-Based Standards for Adult Local Detention Facilities (4th ed.).)

36. The first thing jail administrators can do to help achieve social distancing is to review who is in a jail and take steps to release people, consistent with public safety, where possible. It does not appear that such efforts have been made at the Clayton County Jail, which is even now at about 96% capacity. As just one example, at the time this case was filed, Plaintiff Mitchell, age 72, had served about 10 months of a 12-month sentence for a misdemeanor. (Mitchell Decl. ¶¶ 2-3, 21.) This was so even though the Sheriff had the authority to release him under Georgia's "good time" statute.

37. Given that the jail is at capacity and experiencing a COVID-19 outbreak, jail administrators should review the jail roster to determine who can be released. They should involve their medical and classification staff in the process. The medical staff should be asked to make a list of people most vulnerable to serious illness or death from COVID-19. The classification staff should look at the roster to recommend who can be released consistent with law and public safety. Jail administrators should examine those findings and release people accordingly where possible.

38. To protect those who remain incarcerated, jail administrators are encouraged by the CDC to "[i]mplement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all

individuals, regardless of symptoms), and to minimize mixing of individuals from different housing units." (CDC *Interim Guidance* (July 7, 2020).) Jails should further "[m]ake a list of possible social distancing strategies that could be implemented as needed at different stages of transmission intensity." (*Id*. at 5.)

39. Here too, only minimal efforts to achieve social distancing have been made in detainee housing areas in the Clayton County Jail. While the jail changed its "free-time" schedule to permit smaller groups out of their cells at a time, social distancing is not required or even encouraged when "free time" is allowed, according to the declarations I reviewed. Since out-of-cell time is limited, detainees must hurriedly take showers and use communal telephones and kiosks before being returned to their cells. (Singleton Decl. ¶ 4.) As noted below, detainees reported no education about social distancing, so people crowd together during the limited "free time" hours. (*Id*. ("Officers do not impose social distancing during these times, nor do they provide us with masks."); Watkins Decl. ¶ 11 ("People do not keep six feet of distance between them, particularly when using the showers, phones, or the kiosk.").)

40. At other times of day, jail staff do not encourage or require social distancing at all. "Pill call" line operates as it did before the pandemic, with crowds of detainees lining up close to each other to await their medication.

(Mitchell Decl. ¶ 7; Watkins Decl. ¶ 14; W.L.M. Decl. ¶ 10.) People with diabetes line up to receive insulin and/or blood glucose level monitoring in lines of 20-30 people (or 50-75 people if several dorms are released at once). (Watkins Decl. ¶ 27; *see also* W.L.M. Decl. ¶ 9 (stating that during "diabetic call" he would stand near about 30 other people in a closely packed group or single file line.).)

41. During movement for afternoon meals, detainees line up in crowds, with no efforts by officers to impose social distancing. (Mitchell Decl. ¶ 7; Singleton Decl. ¶ 4; Watkins Decl. ¶ 13.) While waiting for medical appointments, detainees wait in a crowded waiting area. (Mitchell Decl. ¶ 15.)

42. Another risky practice is the manner in which people are moved through the jail for video court appearances. (Singleton Decl. ¶ 11.) People are held together in large, crowded holding cells, and in many instances the detainees crowded together lack masks. (*Id*. (stating that he waited for court in a holding cell with about 25 other detainees, only 6 or 7 of whom were wearing masks).)

43. Clayton County Jail procedures should be revised to require six feet between all persons during movement whenever possible. Out-of-cell activities, including meal service, medication distribution, and other activities, should be staggered to ensure detainees and staff can remain six feet apart. As noted below, staff and detainees should receive education to emphasize the importance of social

distancing. Management and supervisory staff should be vigilant in monitoring and enforcing social distancing where possible.

D. Inadequate Cleaning and Sanitation Regimen

44. In my experience, regular cleaning and sanitation efforts are critical to maintaining a safe environment for inmates. Jails should, under normal circumstances, have a regular housekeeping plan to address sanitation matters. This is important in part because unclean living areas promote the spread of infectious diseases, viruses, and bacteria. One of the important duties of prison and jail administrators is to develop a cleaning plan, stock adequate supplies of chemicals and cleaning materials, train inmates and staff in how to use cleaning supplies, and supervise the cleaning of all areas of the facility. Given the seriousness and prevalence of COVID-19, any jail administrator would understand the need for intensive sanitation measures during this time.

45. Not surprisingly, the CDC has provided detailed recommendations regarding the need for "intensified cleaning and disinfecting procedures" in light of COVID-19. (CDC *Interim Guidance* (July 7, 2020).) In pertinent part, the guidelines state:

> Even if COVID-19 has not yet been identified inside the facility or in the surrounding community, implement intensified cleaning and disinfecting procedures according to the recommendations below.

> These measures can help prevent spread of SARS-CoV-2 if introduced, and if already present through asymptomatic infections. (*Id*.)
>
> Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response. Monitor these recommendations for updates. (*Id*. at 9.)
>
> Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (*e.g.*, doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, and computer equipment). (*Id*.)
>
> Use household cleaners and EPA-registered disinfectants effective against SARS-CoV-2, the virus that causes COVID-19 as appropriate for the surface. . . . Clean according to label instructions, to ensure safe and effective use, appropriate product dilution and contact time. (*Id*.)
>
> Ensure adequate supplies to support intensified cleaning and disinfection practices and have a plan in place to restock rapidly if needed. (*Id*.)

46. Detainee declarations and grievances consistently report that the intensified cleaning regimen recommended by the CDC is not occurring in the Clayton County Jail.

47. Housing unit areas and fixture surfaces such as tables, restroom areas, walls, phones, and kiosks are not cleaned before and after use. (Singleton Decl. ¶ 4 (stating that "[c]ommon areas, kiosks, and phones are not cleaned or wiped down in between uses."); F.S. Decl. ¶ 12 (stating that common areas were cleaned infrequently, and that phones and kiosks were not cleaned between uses); W.L.M. Decl. ¶ 13 (same).)

48. Cleaning supplies, such as sponges and clean rags, are in short supply. (Mitchell Decl. ¶ 10.) Plaintiff Mitchell stated that he had to use toilet paper to wipe his sink basin and other fixture surfaces due to the clean rags or sanitary disinfectant wipes not being available. (*Id.* ¶ 9.) Barry Watkins similarly stated: "The only thing we can use to clean our cells is our towel or spare bits of toilet paper." (Watkins Decl. ¶ 24.)

49. Cleaning fluids are also in short supply. (Mitchell Decl. ¶ 9 (stating that a mop bucket is brought around infrequently and reporting that on a recent morning, an orderly brought him a bucket of dirty water with no mop); F.S. Decl. ¶ 13 (stating that a mop was brought around once per week and that there was a "race to use the mop before the water became dirty and unusable, which happened quickly.").)

50. The failure to provide cleaning supplies is also problematic because plumbing problems at the jail lead to toilet water flooding certain cells or pooling in the housing unit common rooms. (C.C. Decl. ¶ 17-18.) One detainee described being placed in a cell with "an overpowering smell of feces from an overflowing toilet." (W.L.M. Decl. ¶ 11.) Another detainee described having to urinate in the sink for weeks because of a broken toilet. (C.C. Decl. ¶ 17.) Plaintiff Rhonda Jones stated that toilet water with a "putrid odor" leaks out of the base of her toilet,

that she sleeps on a thin mattress on the floor, and that she put blankets on the cell floor to sop up the toilet water. (Jones Decl. ¶¶ 6, 12.)

51. In short, the "intensified cleaning" recommended by the CDC does not appear to be happening at the Clayton County Jail. On the contrary, the declarations I have reviewed describe poorly performed cleaning and sanitizing on an infrequent basis.

52. Staff and detainees must be provided an adequate amount of cleaning chemicals and supplies to ensure staff and detainees can frequently clean all areas and surfaces before and after each use.

53. Improved cleaning is especially needed for areas where people with COVID-19 have been housed. (CDC *Interim Guidance* (July 7, 2020) (stating that jails should "[t]horoughly and frequently clean and disinfect all areas where individuals with confirmed or suspected COVID-19 spend time.").)

E. Inadequate Quantities of Soap and Lack of Hand Sanitizer

54. Permitting detainees to have access to sufficient quantities of soap and other personal hygiene items is critical to personal health inside a jail. That is true at any time but is particularly true during a pandemic. Under pre-pandemic circumstances, correctional administrators may ration or limit certain supplies, such as soap or toothpaste, to a certain amount for a period of time. At a jail where

many people are testing positive for COVID-19, however, any reasonable correctional administrator would know to modify the procedures, especially procedures pertaining to the rationing of soap.

55. The CDC guidance recognizes the importance of ensuring an adequate supply of soap. The CDC recommends that correctional facilities should provide no-cost, liquid or foam soap to incarcerated persons. (CDC Interim Guidelines, p. 9.) Jails must "[e]nsure a sufficient supply of soap for each individual." (*Id*. at 7.)

56. Detainees at the Clayton County Jail report that they do not have anywhere near enough soap. Specifically, detainees report that they are issued four ounces of liquid soap per week, an amount that detainees use for showering, in-cell cleaning, and laundering. (Singleton Decl. ¶ 6 (stating that he uses his soap to shower, clean his towel, and clean his cell floor); Watkins Decl. ¶ 15 (stating that he must use his soap for handwashing, showering, washing clothes, and cleaning his cell, and that the four ounces provided "does not last any of us for the whole week."); C.C. Decl. ¶ 12 (stating that he is not given chemicals or disinfectant to clean his cell, and that "I do my best to clean with my personal issued soap"); F.S. Decl. ¶ 14 (stating that the small amount of liquid soap provided was the only material with which to clean cells, wash hands, and use in the shower).)

57. On occasion, no soap is provided at all. (C.C. Decl. ¶ 13 (stating that on May 21, 2020, no one in his dorm received soap at weekly "hygiene call," meaning that most people in the dorm went without soap for the week).)

58. The amount of soap provided at the Clayton County Jail is woefully inadequate to ensure the kind of frequent hand washing needed to stop the spread of a contagious illness. If a person runs out of soap, more should be provided, and it should be provided immediately. This is not a time to maintain strict adherence to existing procedures about soap quantity. Soap, paper towels, and other hygiene items should be readily available upon request for detainees.

59. Further, detainees at the Clayton County Jail are not provided access to hand sanitizer. The CDC urges correctional facilities to "[c]onsider relaxing restrictions on allowing alcohol-based hand sanitizer . . . where security concerns allow."

60. In my professional opinion, under the exigent circumstances of this pandemic, hand sanitizer should be allowed and is critical to controlling spread of the coronavirus inside correctional facilities. In the free world, people typically have access to soap and a sink, and they can wash hands as needed. A jail is a different environment. Detainees may not have control over handwashing practices. People may not have access to a sink and soap as they move around the

jail to places like the medical unit or video court. Crowding around a common sink for handwashing is itself to be avoided. For these reasons, as recommended by the CDC, detainees should be provided an unlimited supply of alcohol-based sanitizer.

61. I understand that correctional facilities sometimes avoid the provision of alcohol-based sanitizer because of the risk that a person could consume it. But the coronavirus threat substantially outweighs the security risk, especially at a jail where 72 people have tested positive for COVID-19. Hand sanitizer can be stationed in areas where correctional officers have a direct line of sight. Multiple correctional agencies have suspended the prohibition on detainees having access to hand sanitizer during the coronavirus pandemic, and for good reason.

F. **Failure to Provide Clean Laundry**

62. In a large correctional facility, it is imperative to have procedures in place to provide for routine laundering of clothing, towels, linens, and other items. The provision of clean laundry is crucial to avoiding the spread of virus, bacteria, and parasites, and also helps to preserve people's sense of wellbeing and dignity. For these reasons, ACA ALDF standards contain detailed guidance on the

provision of clothing and bedding, and the intervals at which those items should be laundered (weekly, for example, for sheets and towels).[8]

63. As with cleaning, under the present circumstances, laundering procedures should be intensified. Not surprisingly, the CDC recommends special precautions for handling laundry of those with COVID-19. (CDC *Interim Guidance* (July 7, 2020).) The CDC also recommends that face coverings should be "routinely" laundered. (*Id.* at 9.)

64. Routine laundry service of jumpsuits, sheets, towels, and like items appears to be a problem at the Clayton County Jail. Declarant M.B. described having to wear a dirty jumpsuit for a month, and female detainees without monetary funds did not have access to clean undergarments. (M.B. Decl. ¶ 11.) Plaintiff Barry Watkins described having to wear unclean jumpsuits and underwear. (Watkins Decl. ¶ 17-19 (stating that his underclothes had not been taken to be laundered in over a month, that sheets are "rarely cleaned," and that his

[8] ACA standards require that inmates are issued suitable, clean bedding and linens, including 2 sheets, pillow and pillowcase, one mattress not to exclude a mattress with an integrated pillow, and sufficient blankets to provide comfort under existing temperature controls. (ACA, "Bedding Issue, Standard 4-ALDF-4B-02," Performance Based Standards for Adult Local Detention Facilities (4th ed.).) This ACA standard further requires "[a] provision for linen exchange, including towels, at least weekly." (*Id.*)

towel had not been laundered in 21 months).) Declarant W.L.M. noted that he had never been issued a towel or washcloth, stated that he used his socks as a towel, and noted that he had gone without sheets for the last 6 weeks. (W.L.M. Decl. ¶ 15-16.) Requiring detainees to wear dirty jumpsuits, to shower with dirty towels, and to wear dirty face coverings will undermine the goal of promoting good hygiene practices. The Jail should comply with CDC guidelines and ACA ALDF standards relating to laundering, especially laundering of facemasks and other items belonging to infected persons.

G. Failure to Provide Cloth Face Coverings to Detainees

65. In my opinion, following the CDC's guidance and issuing face coverings would be a high priority for any jail administrator concerned with preventing the spread of COVID-19. Because of the difficulty of social distancing in jails, uniform mask use among detainees and staff would be an obvious and relatively inexpensive safeguard that any reasonable jail administrator would implement

66. The CDC guidelines state that all detainees and staff should be encouraged "to wear a cloth face covering as much as safely possible" to prevent virus transmission "through respiratory droplets." (CDC *Interim Guidance* (July 7, 2020).) The CDC also urges facilities to "ensure sufficient stocks" of hygiene

items including "cloth face coverings" and to "have a plan in place to restock as needed." (*Id*. at 7.) The CDC guidelines characterize "wearing cloth face coverings" as "critical in preventing further transmission." (*Id*. at 8.) Jails should "[p]rovide cloth face coverings at no cost to incarcerated/detained individuals and launder them routinely." (*Id*. at 9.)

67. Contrary to the CDC guidance, multiple Clayton County Jail detainees stated that they were not provided sanitary masks, and they had to improvise and make their own from dirty and/or worn clothing, towels, and rags. For example, M.B. said that she asked a jail officer to provide her a mask and was refused, so used "a scrap of old, ripped underwear around [her] face as a makeshift mask." (M.B Decl. ¶ 13.) Plaintiff Michel Singleton stated on June 24 that only newly arrived detainees had masks, and that he constructed his out of a torn sheet. (Singleton Decl. ¶ 8.) Plaintiff Randolph Mitchell stated that he asked an officer for a mask, but the officer replied that masks were "only for officers and trustees." (Mitchell Decl. ¶ 20.) Mr. Mitchell resorted to purchasing a mask (made of a torn T-shirt and the elastic from a pair of underwear) from another detainee in exchange for two packages of soup. (Mitchell Decl. ¶ 19.) Declarant C.C. stated that "[a]lmost no one has face masks to protect them from COVID-19. The only people who get real masks are those at intake." (C.C. Decl. ¶ 22.)

68. Appropriate face coverings and PPE must be provided to staff and detainees, as recommended by the CDC. Staff and detainees should be required to wear a face covering when they are in an area with another person.

69. Sufficient quantities of PPE should be available for wearing and routine issue. Staff and detainees should be educated on wearing face coverings and PPE, how to take them on and off, and how to launder and/or disinfect them.

H. Failure to Educate and Inform Detainees About COVID-19

70. Slowing the transmission of a communicable disease in a prison or jail setting requires education of staff and detainees. When I was a Deputy Commissioner in Mississippi, I saw firsthand the importance of educating and training staff and detainees to mitigate the rapid spread of MRSA. To slow transmission, staff and detainees needed to know the symptoms of MRSA, good hygiene and laundering practices, what to do if a person developed MRSA, and so on. We developed and conducted staff trainings and created informational material, based on CDC and other guidelines.

71. The same educational principles apply here, but even more urgently. First, there should be a mandatory training for all staff on preventative measures.[9]

[9] The staff training can be computer-based. The substance of the training should be in accordance with CDC guidelines.

Second, jail administrators need to make sure that detainees are educated regarding COVID-19. The CDC recommends that correctional administrators should "[p]ost signs throughout the facility" explaining COVID-19 prevention measures and should "communicate this information verbally on a regular basis." (CDC *Interim Measures*, p. 6.) According to the CDC, the signage and verbal communications should be aimed at the following:

a. ensuring that all persons in the jail know the symptoms of COVID-19 and how to respond if they develop symptoms;

b. ensuring that all persons wear face coverings, avoid sharing dishes and utensils, and wash hands regularly;

c. providing clear information to detainees about the need to increase social distancing. (*See id*.)

72. Correctional administrators should also "[e]nsure that materials can be understood by non-English speakers and those with low literacy and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or have low vision." (*Id*.) Given the scope of the Jail's outbreak (and the likelihood that some detainees cannot read posted signs), other methods of information dissemination should also be used, like regular public

announcements over the intercom system, an informational video on close circuit television, and/or the use of a designated telephone line to provide information.

73. None of the above appears to be happening at the Clayton County Jail based on the declarations and grievances I reviewed. On the contrary, detainee declarations provided consistent information that detainees were not receiving any coronavirus information or education of any kind.

74. According to the detainee declarations, no COVID-19-related signage is posted in the jail and the administration has not taken any other steps to inform detainees about how they can protect themselves from the coronavirus. (Mitchell Decl. ¶ 22 ("I have not received any information from jail staff about COVID-19 or how to protect myself. There are no signs in the dorm about protecting ourselves from COVID-19."); Singleton Decl. ¶ 11 ("I have not received any information from the jail staff about COVID-19, or how to protect myself."); Watkins Decl. ¶ 32 ("Officers in the jail have given us no information at all about COVID-19 and its symptoms."); F.S. Decl. ¶ 19 ("[T]hose of us incarcerated in the jail were not told anything about the disease's symptoms or how to slow the spread of the virus by the jail staff."); W.L.M. Decl. ¶ 17 ("I have received no information about COVID-19 from the jail.").)

75. The jail is also lacking in sound and clear procedures for detainees to report coronavirus symptoms to medical and/or non-medical staff. In short, based on the declarations I have reviewed, the CDC's recommendations regarding detainee education have not been followed.

I. Barriers to Submitting Medical Requests and Grievances

76. Detainees must have unimpeded access to submit grievances regarding conditions of confinement, particularly related to medical care. Staff should provide a substantive response to grievances in a timely manner. At this moment, it is more important than ever that detainees be able to report illness, request cleaning supplies, or otherwise communicate with jail staff about matters relating to COVID-19.

77. The Clayton County Jail requires detainees to electronically submit conditions of confinement complaints and medical requests via kiosks located in the detainee housing units. Multiple detainee declarations described an inability and/or difficulty accessing the complaint system and making medical requests using the kiosk.

78. For example, M.B. reported a history of breast cancer and thyroid problems. (M.B. Decl. ¶ 12.) She also experienced possible coronavirus symptoms, but she was not able to contact the jail's medical department to report

those symptoms. (*Id.* ¶ 18.) Her attempts to access the kiosk were unsuccessful because she was "on restriction" for a disciplinary violation (allegedly being in someone else's cell). (*Id.* ¶ 19.)

79. Similarly, Plaintiff Randolph Mitchell stated that he tried to file a grievance about the jail's failure to protect people from COVID-19, but the kiosk system would not accept his grievance. (Mitchell Decl. ¶ 24 ("The kiosk screen showed that I had 'used up' all my grievances and could not file any more.").)

80. When detainees do file grievances, they often receive no response. In the grievances I reviewed, 22 out of 29 grievances had no response from staff members. Other grievances received vague responses, such as "I will address your concerns" or "thank you for the information."

81. Detainees also stated that the Clayton County Jail did not issue them an Inmate Handbook. (Mitchell Decl. ¶ 23.) Typically, correctional facilities provide handbooks with information about the jail, particularly the procedures for accessing services such as healthcare and the process to request assistance from jail officials.

82. Denying a detainee access to the kiosk to submit grievances or complaints related to conditions of confinement because of disciplinary sanctions

is extremely problematic. Blocking detainees' access to the kiosk will make it more difficult for people to report symptoms of COVID-19.

J. Failure to Identify, Isolate, and Care for People With COVID-19

83. Any reasonable correctional administrator would know that a person infected with the coronavirus should not be housed in the same cell with an uninfected person. Any reasonable correctional administrator would also know that people experiencing active symptoms of COVID-19 should be isolated (so that they do not infect other people) and provided with medical care.

84. In accordance with these principles, the CDC states that "[f]acilities should make every possible effort to individually quarantine cases of confirmed COVID-19, and close contacts of individuals with confirmed, or suspected COVID-19." (CDC *Interim Guidance* (July 7, 2020).) The CDC further states that "[i]ncarcerated/detained persons who are close contacts of someone with confirmed or suspected COVID-19 . . . should be placed under quarantine for 14 days." (*Id.* at 18.)

85. According to the declarations I have reviewed, these measures are not being followed in the Clayton County Jail. Rather people report being left in their cells with cellmates who have active symptoms of COVID-19.

86. One detainee, W.L.M., described being placed into a cell with a man who appeared to be experiencing symptoms of COVID-19 (difficulty breathing, cold sweats, and diarrhea) and had just been tested for the virus. (W.L.M. Decl. ¶ 18.) W.L.M. began experiencing symptoms of the virus not long thereafter. (*Id.* ¶ 21.) He describes a horrific experience of becoming extremely ill, stating:

> The two weeks after my COVID-19 test, including the time we were under lockdown, were some of the darkest days of my life. I began to experience severe symptoms and excruciating pain. I had such severe bowel problems that I did not stand to urinate for approximately nine days because of my inability to hold down food and water. I went through 14 rolls of toilet paper in approximately ten days. I would have to beg an officer for more toilet paper on my way back from diabetic call each night. I lost about fifteen pounds over those two weeks. I was weak and fatigued, and I struggled to make it back and forth from medical during diabetic call. Worst of all, I had immense difficulty breathing.
>
> One night during those two weeks stands out as the most terrifying night of my life. Approximately ten days after I first began experiencing these symptoms, on or around May 23, 2020, my condition took another turn for the worse. At approximately 1:00 a.m., I began to feel severe pain in my lungs; it felt as if my lungs were going to collapse. I could not breathe. I began to bang on my cell door because the emergency call button in my cell does not work. My cellmate, E.R., told me that banging on the door would not work either: no one was coming to help. I believed I was going to die that night.
>
> Eventually, the banging on the door caught the attention of a trustee ("inmate worker"), who was cleaning in my dorm. I began to wave toilet paper in the cell door window to flag him down. Through the crack in my door, I told him that I was having difficulty breathing and asked him to get an officer. The trustee went to the officer booth. When he returned, he told me that the officer had told him that I had to wait until count to speak with

> an officer. At this point in the night, the next count was over six hours away. I did not think I was going to make it another six hours. (*Id.* ¶¶ 28-30.)

87. Another detainee, Plaintiff Barry Watkins, reported that he attempted to summon an officer after his cellmate, who had symptoms of COVID-19, started vomiting in his cell. (Watkins Decl. ¶ 39.) The officer responded that he would not come to the cell unless the cellmate was "passed out or bleeding." (*Id.*) It was two days before the cellmate was called to the medical unit. (*Id.* ¶ 40.) When Mr. Watkins himself experienced symptoms including a cough, aches, diarrhea, and extreme fatigue, a nurse took his temperature, said he had no fever, and sent him back to his cell. (*Id.* ¶ 37.)

88. Yet another detainee, F.S., described her cellmate (C.H.) experiencing coronavirus symptoms, to the point where C.H. was coughing up blood and needed help to get up to use the toilet. (F.S. Decl. ¶¶ 23-24.) Although F.S. reported the symptoms to an officer, no one removed C.H. from the cell and C.H. did not receive medical treatment. (*Id.* ¶ 24.) F.S. stated that she later began experiencing pounding headaches, sore throat, chills and vomiting. (*Id.* ¶ 25.) When she pressed the call button in her cell for staff assistance, no one responded. (*Id.*) She told an officer who was taking count about her symptoms and she was advised to submit a medical request. (*Id.*) A week after she submitted a medical request stating her symptoms and need for urgent medical care, a nurse saw her during pill

call and gave her Tylenol. (*Id*.) She was not isolated and not tested for COVID-19. (*Id*. ¶ 27)

89. In his declaration, J.H. indicated he believed he was exposed to COVID-19 in the jail, and that he experienced symptoms of COVID-19, including fever, shortness of breath, sore throat, body aches, and fatigue. (J.H. Decl. ¶ 30.) He was never tested despite making several requests, and he was not isolated. (*Id*. ¶¶ 30-31.) While symptomatic, he was taken to await video court and placed in a waiting area with about 20 other people, only 10 of whom had jail-issued masks. (*Id*. ¶¶ 30-31.)

90. Responding to a disease outbreak within a correctional facility is a multidisciplinary effort. It is imperative that jail medical staff make frequent contact with the detainee population. Jail administrators must verify that medical staff are making regular rounds. Detainees who reports symptoms of COVID-19 should be evaluated immediately. Officers should not direct symptomatic detainees to submit a medical request to be seen several days or a week later. That is an unacceptable response in a jail with a known incidence of infectious disease.

91. The Jail should ensure that detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms. If the Jail is not able to provide such evaluation and treatment, a plan should be in place to

safely transfer the individual to another facility or local hospital. The initial medical evaluation should determine whether a symptomatic individual is at higher risk for severe illness from COVID-19.

K. Improper Quarantine/Isolation Practices

92. The CDC quarantine guidelines state:

> Facilities should make every possible effort to individually quarantine cases of confirmed COVID-19, and close contacts of individuals with confirmed, or suspected COVID-19. Cohorting multiple quarantined close contacts could transmit SARS-CoV-2 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options. If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 or who test positive for SARS-Cov-2 should be placed under medical isolation immediately. (CDC *Interim Guidance,* p. 19 (Mar. 23, 2020).)

93. The CDC also recommends that if a person is an asymptomatic close contact of someone with COVID-19, the person should be monitored for symptoms at least once per day (and ideally twice per day) for fourteen days. (*Id*. at 10.) Additionally, the CDC counsels correctional administrators to "[e]nsure that medical isolation for COVID-19 is distinct from punitive solitary confinement of incarcerated/detained individuals, both in name and in practice." (*Id*. at 15.) This is important because incarcerated people may be hesitant to report COVID-19 symptoms if they are placed in the same housing unit used for disciplinary segregation.

94. The quarantine procedure described by detainee C.C. is not in accordance with CDC guidelines. (C.C. Decl. ¶¶ 4-10, 14.) C.C. described being placed on quarantine in "the hole" (a segregation or lockdown unit) because his cellmate had COVID-19 symptoms. (*Id*. ¶ 5.) He states that he was quarantined with his symptomatic cellmate and another man, in a dirty segregation cell. (*Id*.) He was locked down for 23 hours per day or more while in quarantine. (*Id*. ¶ 14.) C.C. became ill while in quarantine. (*Id*. ¶ 6.)

95. The Jail's failure to follow CDC quarantine guidelines can result in the spread of COVID-19, endangering staff, detainees, and the general public.

K. Failure to Suspend Work Release and "Weekender" Program

96. To help stop the spread of COVID-19, jail administrators need to limit the number of people coming into their facilities. To that end, the CDC encourages jails to "[c]onsider suspending work release and other programs that involve movement of incarcerated/detained individuals in and out of the facility, especially if the work release assignment is in another congregate setting . . . ." (CDC *Interim Guidance*, at p. 8 (Mar. 22, 2020.) The Clayton County Jail continues to operate its "weekender" jail program and work release program. This program increases the risk that COVID-19 will be brought into the facility. Its suspension should be a top priority.

VI. Conclusions and Recommendations

97. The outbreak at the Clayton County Jail is at a critical juncture, with 72 detainees having tested positive for the virus as of July 10, 2020. This is a dangerous situation and urgent action is required to protect detainees, staff, and the community.

98. Many of the people who wrote declarations talked about what is like to be housed at the Clayton County Jail and to be fearful about catching the virus there. Some have recounted their experiences of becoming ill in the jail under unacceptable conditions of confinement. In their grievances and declarations, detainees express their fears of dying of COVID-19 inside the jail.

99. For the reasons discussed above, I recommend that the Clayton County Jail should:

a. Provide comprehensive education to all detainees and staff with on-going updates on how to protect oneself from COVID-19 as well as the status of infections within the jails;
b. Post educational COVID-19-related signs in compliance with CDC recommendations;
c. Provide no cost access to sufficient quantities of hand soap and paper towels, and provide additional soap to detainees immediately upon request;
d. Eliminate medical co-pays for the duration of the pandemic;
e. Provide alcohol-based hand sanitizer in locations where dispensers can be regularly viewed by staff;

f. Provide for continual, around the clock cleaning of all commonly shared areas, especially the toilet areas in dormitory settings;

g. Provide CDC-approved cleaning supplies so that prisoners can clean their cells and personal dormitory areas;

h. Provide cloth face coverings for detainees and staff, and provide direction on how to use cloth face coverings, how to keep them clean and how to get another when necessary;

i. Ensure a schedule for regular laundering of cloth masks;

j. Search for opportunities to expand bed space for prisoners;

k. Seek to eliminate dangerous crowding during medication and meal distribution and at transport to video court;

l. Suspend work release and other programs that involve movement of incarcerated people in and out of the facility;

m. Survey the facility for places where prisoners historically stand in line and expand those lines so that detainees are 6 feet apart;

n. Continue to make efforts to reduce the jail population.

100. I reserve the right to clarify and revise my opinions if I am provided additional information in the case.

I swear under penalty of perjury that the information given herein is true and correct and I understand that a false answer to any item my result in a charge of false swearing.

Sworn by me this 23rd day of July, 2020.

s/ Emmitt L. Sparkman

APPENDIX A

EMMITT L. SPARKMAN
[redacted]
Olive Branch, Mississippi 38654
[redacted]
[redacted]***@gmail.com***

EXPERIENCE:

9/16 – Present **Self-Employed-Correctional Consultant**
[redacted]
Olive Branch, Mississippi 38654

Provide consulting, technical assistance and subject matter expert services in the field of corrections.

6/01 – 8/16 **Mississippi Department of Corrections**
723 North President Street
Jackson, Mississippi 39202-3097

Director of Education (5/13-8/16)
Mississippi State Penitentiary
P. O. Box 1057
Parchman, Mississippi 38738

Planned, directed and coordinated Academic and Vocational Programs for the prison complex. Selected Education Program equipment and maintains equipment inventories. Prepared and maintained the annual budget. Responsible for developing Academic and Vocational goals for students/offenders in coordination with the overall Agency Education Program. Supervised professional and clerical staff engaged in providing Academic and Vocational instruction to the offender population.

Deputy Commissioner-Institutions (11/02-5/13)
Central Office
723 North President Street
Jackson Mississippi 39202-3097

Direct the Institution Division of the Department of Corrections with a population of approximately 21,000 offenders and 2500 employees consisting of (3) state institutions, (5) private prisons, and (15) regional prisons. The Deputy Commissioner for Institutions is responsible for the programs and services for state offenders incarcerated in state institutions, private facilities, regional facilities and county jails. The Institution Division has an annual operating budget exceeding 200 million dollars.

Superintendent (2/10-5/12)
Mississippi State Penitentiary
P. O. Box 1057
Parchman, Mississippi 38738

Direct the operations of a prison complex with 6 correctional facilities and 1000 employees housing a maximum population of 3500 offenders. The prison complex consists of two areas supervised by a Warden reporting to the Superintendent. Minimum to maximum custody offenders including death row were incarcerated at the institution. The Superintendent manages an annual operating budget of approximately 70 million dollars.

Superintendent (6/01 - 11/02)
Mississippi State Penitentiary
P. O. Box 1057
Parchman, Mississippi 38738

Directed the operations of a prison complex with 18 correctional facilities and 1580 employees housing a maximum population of 5551 offenders. The prison complex consisted of five areas with each area supervised by a Warden reporting to the Superintendent. Minimum to maximum custody offenders including death row were incarcerated at the institution. The Superintendent managed an annual operating budget of approximately 70 million dollars.

9/96 - 6/01

Wackenhut Corrections Corporation
4200 Wackenhut Drive #100
Palm Beach Gardens, Florida 33410

Warden
Marshall County Correctional Facility
P.O. Box 5188
Holly Springs, MS 38634

Managed daily operations of a 1,000-bed medium security institution by contract for the Mississippi Department of Corrections. Ensure compliance with established Corporate and Department of Corrections policies and procedures. Responsible for a $10.4 million annual budget and a staff of 241 employees.

11/92 - 8/96

Kentucky Department of Corrections
Adult Correctional Institutions
P. O Box 2400
Frankfort, KY 40601

Warden
Northpoint Training Center
P.O. Box 479, Burgin, KY 40310
Managed daily operations of a 938-bed medium security institution to ensure compliance with established policies and procedures. Maintained fiscal policy and supervised staff of more than 280 employees. Was responsible for a $10.6 million annual budget.

5/90 - 10/92

Concept, Incorporated
P.O. Box 333
Louisville, Kentucky 40201

Facility Director
Pre-Parole and Intermediate Sanction Facility
Mineral Wells, Texas and Pre-Parole Facility
Bridgeport, Texas.

Served as Facility Director of a 600-bed male Pre-Parole Facility, 200-bed male Intermediate Sanction Facility in Mineral Wells, Texas and a 100 bed Female Pre-Parole Facility in Bridgeport, Texas. Responsible for overall management of the facilities with 290 employees and annual budgets exceeding ten million dollars. Initial employment was as Deputy Director of Security and promoted progressively to Facility Director over three institutions.

1985 - 1990 **Brazoria Co. Alcohol/Education Program**
P.O. Box 1300, Angleton, TX 77516-1300

Instructor
Served in this position while employed by the Brazoria County Juvenile and Adult Probation Departments. Instructed persons required by the Courts to attend Alcohol Education Classes. Developed lesson plans. Maintained class records and appropriate statistics. Evaluated participants to determine probability of future alcohol problems and made appropriate referrals.

1988 - 1989 **Brazoria County Juvenile Probation Department**
County Road 171, Angleton, TX 77515

Detention Superintendent/Intake Supervisor
Supervised three Juvenile Probation Officers, twelve detention workers and support staff. Directed daily operations. Screened new referrals and reviewed cases forwarded to the District Attorney. Implemented programs and services required by the Brazoria County Juvenile Board of Judges and Texas Juvenile Probation Commission.

1984 - 1988 **Brazoria County Adult Probation Department**
P.O. Box 1300, Angleton, TX 77516-1300
Intensive Supervision Officer
Supervised high-risk probationers. Ensured all prospective candidates for intensive supervision met the stated eligibility criteria. Developed and implemented supervision plans. Prepared pre-sentence and post-sentence investigations. Provided quarterly reassessment reports to the Texas Adult Probation Commission Case Classification System and Strategies for Case Supervision System.

Initial employment was a Probation Officer supervising 170 misdemeanor and felony adult probationers. Conducted office visits for probationers and made field contacts. Initiated revocation proceedings and prepared pre-sentence investigations.

1975 - 1984

Texas Department of Corrections
P.O. Box 99
Huntsville, Texas 77342

***Major of Correctional Officers* (1982 - 1984)**
Ramsey II Unit, Rosharon, TX 77583
Supervised 175 uniformed personnel on a unit with 1,000 high-risk inmates. Directed the operation of all departments within facility. Planned and maintained overall security.

***Captain of Correctional Officers* (1981-1982)**
Ferguson Unit, Midway, TX 77852
Essentially the same duties as that of Major. Supervised 240 employees and 2,500 first-offender inmates between ages 17-21.

***Education Consultant* (1978 - 1981)**
Eastham Unit, Lovelady, TX 75851
Scheduled college level academic/vocational classes. Supervised staff of 20-25 instructors and provided security for staff and inmates in facility of 3,000 multi-recidivist inmates. Coordinated programs through Lee College, Baytown and Windham School System, Huntsville, Texas.

***Correctional Officer II* (1976 - 1978)**
Maintained security in academic/vocational areas under direction of the Educational Consultant. Assumed duties in his absence.

***Correctional Officer I* (1975 - 1976)**
Custodial supervision of 400 inmates.

PROFESSIONAL TRAINING:

PRISON RAPE ELIMINATION ACT (PREA) STANDARDS AUDITOR TRAINING, Bureau of Justice and the PREA Resource Center, Completed June 2013.

EMERGENCY PREPAREDNESS INCIDENT COMMAND SYSTEM FOR CORRECTIONS, National Institute of Corrections, United States Department of Justice, Completed August 2008

ADVANCED MANAGEMENT STRATEGIES FOR PRISON DISTURBANCES, National Institute of Corrections, United States Department of Justice, Completed 1996.

MOTIMER-FILKINS COURT PROCEDURES FOR IDENTIFYING PROBLEM DRINKERS EVALUATOR'S COURSE, Texas Adult Probation Commission and Texas Commission of Alcoholism. Certified March 1986.

STRATEGIES FOR CASE SUPERVISION, Texas Adult Probation Commission and Texas Commission of Alcoholism, Completed December 1985.

CASE CLASSIFICATION, Texas Adult Probation Commission, Completed July 1985.

ALCOHOL RELATED TRAFFIC OFFENDER EDUCATION, Certification Administrator/Instructor Course, Sam Houston State University, Huntsville, Texas, Completed January 1985.

ADULT BASIC PROBATION OFFICERS WORKSHOP, Texas Probation Training Academy, Criminal Justice Center, Sam Houston State University, Huntsville, Texas, Completed April 1984.

EVELYN WOODS READING DYNAMICS COURSE, Huntsville, Texas, Completed April 1979.

PROFESSIONAL SERVICES:

8/95 - Present — ***Certified Auditor.*** Accreditation Program, American Correctional Association, 206 North Washington Street, Alexandria, Virginia.

8/95 – 8/96 — ***Adjunct Instructor***, Criminal Justice, Correctional Services, Eastern Kentucky University, Richmond, Kentucky.

EDUCATION:

1993 - 1999 — EASTERN KENTUCKY UNIVERSITY, Richmond, KY;
M. S. in Criminal Justice-General Studies

1981 — TEXAS A&M UNIVERSITY, Bryan/College Station, TX; 36 hours in Correctional Supervisor Training

1975 - 1978 — SAM HOUSTON STATE UNIVERSITY, Huntsville, TX; B.S. in Criminology and Corrections

1974 - 1975 — ALVIN COMMUNITY COLLEGE AND PARIS JUNIOR COLLEGE, Paris, TX

1970 - 1974 — CLARKSVILLE (Texas) HIGH SCHOOL

PROFESSIONAL ACHIEVEMENTS:

WARDEN OF THE YEAR, 2002, North American Association of Wardens and Superintendents

CRIMINAL JUSTICE PROFESSIONAL OF THE YEAR, 2001, Mississippi Association of Professionals in Corrections

WARDEN OF THE YEAR, 1997, Wackenhut Corrections Corporation.

EDUCATION CONSULTANT OF THE YEAR, 1981, Texas Department of Corrections.

PROFESSIONAL AFFILIATIONS:

American Correctional Association
North American Association of Wardens and Superintendents

PERSONAL:

Date of Birth:	[redacted]1956
Health:	Excellent
Marital Status:	Married

Publications
Terry A. Kupers et al, "Beyond Supermax Administrative Segregation: Mississippi's Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs." Criminal Justice and Behavior, Volume 36 Number 10, October 2009. Copyright 2009 International Association for Correctional and Forensic Psychology.

Emmitt L. Sparkman, Kevin I. Minor, and James B. Wells, "A Comparison of Job Satisfaction Among Private and Public Employees." Copyright 2000 by Roxbury Publishing Company.

Thesis
Job Satisfaction of Kentucky Correctional Employees: A Comparison of Private and Publicly Operated Prisons, Eastern Kentucky University, December, 1999.

Presented Publications
"A Comparison of Job Satisfaction Among Private and Public Employees," Academy of Criminal Justice Sciences Annual Meeting; New Orleans, Louisiana, March 2000.
Kevin I. Minor PhD, James B. Wells, PhD and Emmitt L. Sparkman

Conference/Training Presentations
"What Works? Best Practices in Reentry Initiatives". Panel Presenter. Reentry Symposium. Mississippi Department of Corrections. June 21, 2018.

"Reform Efforts in the United States". Panel Presenter. International and Interdisciplinary Perspectives on Prolonged Solitary Confinement". University of Pittsburg School of Law. April 15-16, 2016.

"Using Administrative Segregation to Manage Offenders". American Correctional Association, Winter Conference Workshop: January 28, 2013 Houston, Texas.

"Southern Legacies: North American Association of Wardens and Superintendents-Wardens of the Year Experiences". North American Association of Warden and Superintendents, 2009 Training Conference. April 9, 2009 Memphis, Tennessee.

"Hurricane Katrina: The Mississippi Department of Corrections Experience". 4th Annual Correctional Security Conference. October 2007 Cincinnati, Ohio.

"A Look Inside Death Row". American Correctional Association, 136th Congress of Correction Workshop: August 16, 2006 Charlotte, North Carolina.

"The Mississippi Department of Corrections Hurricane Katrina Experience".
National Institute of Corrections/Maryland Department of Public Safety and Correctional Services Conference of Regional Interstate Emergency Agreements: May 8-10, 2006 Baltimore, Maryland.

Expert Witness

Nancy Kennedy, as Special Administrator of the Estate of Jessica Joy Kennedy vs. Kenny Boone, individually and in his official capacity as Sheriff of Florence County, Florence County Sheriff's Office and Deputy Sheriff Shelia Reed. C/A No.: 2:18-cv-00043-AMQ-MGB. In the United States District Court for the District of South Carolina Florence Division. Defendant Expert Jail Operations. Case Review. (Pending)

Jason Dunn v Management Training Corporation and John and Jane Does 1-100. In the United States District Court for the Southern District of Mississippi Western Division. Plaintiff Expert Prison Operations. Case Review. (pending)

Trevell Garner v County of Orangeburg, Sheriff Leroy Ravenell in his official capacity as Sheriff of Orangeburg County, Orangeburg County Detention Center, and Southern Health Partners, Inc. State Case: 2017-CP-38-01148. Defendant Expert Jail Operations. Case Review. Case Settled.

Gary Locklear, individually and a Personal Representative of the Estate of Roy Locklear vs. Marlboro County Sheriff's Office, Marlboro County Detention Center, Dr. Charles Bush, Southern Health Partners, and South Carolina Law Enforcement Division: C/A No.: 2016-NI-34-00003. In the Court of Common Pleas, Fourth Judicial Circuit County of Marlboro: C/A No.: 2017-CP-34-00064. Defendant Expert Jail Operations. Case Review. (pending)

Ahmad Ajaj v United States of America; Federal Bureau of Prisons:
Civil Action No. 15-cv-00992-RBJ-KLM. Plaintiff Expert Prison Operations.
Case Review, Expert Report, Deposition, and Trial Testimony.

Steven Spencer vs. South Carolina Department of Corrections.
Case No.: 202015-CP-3-0229.In the Court of Common Third Judicial Circuit.
Defendant Expert Prison Operations. Case Review. Case Settled.

Rodney Parker SCDC #315646, Plaintiff, v Warden Stevenson; Major Sutton; Captain Washington; Lt. Jackson; Sgt. Esterline; Sgt. JC Williams; Ofc. Beckett; Ofc. McCoy; Ofc. Suarez; Ofc. Dooley; Nurse K. McCullough; and Nurse Jane Doe, Defendants: Civil Action No.: 5:13-cv-02795-TLW-KDW. In the United States District Court. For the South Carolina Florence Division. Defendant Expert Prison Operations. Case Review and Expert Report. Case Settled.

Maxine Massey, individually and on behalf of the Estate of Thurston Massey, Deceased, v Orangeburg County Detention Center, the County of Orangeburg, South Carolina Department of Public Safety-Highway Patrol Officer Matthew D. Ocasio, individually And/or in a representative capacity, Vernetia Dozier, individually and/or in a representative capacity, Defendants: Case Number: 9:16-cv-03478-JMC-BM In the United States District Court. For the District of South Carolina Orangeburg Division. Defendant Expert Jail Operations. Case Review and Expert Report. Case Settled.

Antonio Andres Lechuga, Plaintiff, vs. Maricopa County Sheriff Joe Arpaio; Detention Officer Kevin Holsom and Spouse Holsom, husband and wife, Defendants: Case 16-CV-01178-PHX-DJH (JZB). In the United States District Court. District of Arizona. Defendant Expert Jail Operations. Case Review. Case Settled.

Antonio Andres Lechuga v. Maricopa County, et al: Case No. 16-01724-PHX-DJH (JZB). In the United States District Court. District of Arizona. Defendant Expert Jail Operations. Case Review. Case Settled.

Christie Ellis, As Guardian of Kendrick C. Watson vs. Tim Helder, Washington County Sheriff; Randall Denzer, Chief Jail Administrator; Lauren Jones, Jailer; James Morse, Jailer; Corporal T. Cobb, Officer; Mark Cuzick, Jailer; Brandon Muggy, Jailer; and John and Jane Does 1-5: Case 5:16-cv-05056-TLB. United States District Court. Western District of Arkansas. Fayetteville Division. Plaintiff Expert Jail Operations. Case Review. Case Settled.

Miguel Angel Herrera Alderete v. Joseph M. Arpaio, in his official capacity as Sheriff of Maricopa County Arizona, et al.: Case 2:16-cv-01175-SPL-DMF. United States District Court, District of Arizona. Defendant Expert Jail Operations. Expert Report. (Pending)

Antonio Crawford vs. Chris Hunt, Sgt; E. Bittinger, DHO; Tony Smith, Captain; Tracy Sims, Contraband Officer, and David Craig III, Sgt.: C/A No.: 8:15-cv-01362-MGL-JDA. In the District Court of the United States, District of South Carolina, Anderson/Greenwood Division. Defendant Expert Prison Operations. Case Review and Expert Report. Case Settled.

Sandra Johnson, individually and as Personal Representative of the Estate of Charles Tucker, Plaintiff, vs. Warden Willie L. Eagleton, Officer Chaka Ray, Officer Rolando Raigoza, Lieutenant Ronald Brayboy, South Carolina Department of Corrections, Defendants: C/A No. 0:15-15-cv-04934-JFA-PJG. In the United States District Court, District of South Carolina, Florence Division. Defendant Expert Prison Operations. Case Review and Expert Report. Case Settled.

The Estate of Robert Vallina, et al. Plaintiffs, v. The County of Teller Sheriff's Office and its Detention Facility, et al. Case No. 15-cv-01802-RM-CBS, filed in the United States District Court, for the District of Colorado. Defendant Expert Jail Operations. Case Review and Expert Report. Case Dismissed on Summary Judgment.

Boatwright v Barnwell County Detention Center County, et. al, In the Court of Common Pleas: State Case: 2015-CP-06-00364. Defendant Expert Jail Operations. Case Review and Expert Report. Case Settled.

Justin Conrad v. Captain Donnie Stonebreaker, et. al, United States District Court, District of South, Columbia Division: Case No.: 4:15-cv-03374-RMG-TER: and Justin Conrad v. South Carolina Department of Corrections et. al, In the Court of Common Pleas: Case No.: 2014-CP-31-190. Defendant Expert Prison Operations. Case Review and Expert Report. Case Settled.

Richard Campodonico v. Captain Donnie Stonebreaker et. al, United States District Court, District of South, Columbia Division: Case No.: 4:15-cv-03373-RMG-TER and Richard Campodonico v. South Carolina Department of Corrections et. al, In the Court of Common Pleas: Case No.: 2014-CP-31-192. Defendant Expert Prison Operations. Case Review and Expert Report. Case Settled.

Angela Parker Chavis, Individually and as Personal Representative the Estate of James Parker, Plaintiff vs. Willie Bamberg, Lt. Kim Fisk, Sgt. Christopher James, Ofc. Latoya Echols, and Ofc. Harrie Mintz, Defendants. United States District Court. District of South Carolina. Orangeburg Division. C/A No.: 0:16-cv-00240-DCN-PJG. Defendant Expert Jail Operations. Case Review. (Pending)

Angela Parker Chavis, Individually and as Personal Representative the Estate of James Parker, Plaintiff vs. Orangeburg County, et al. State of South Carolina. County of Orangeburg. In the Court of Common Pleas. 2015-CP-38-00302. Defendant Expert Jail Operations. Case Review. (Pending)

Johnny Eason, Individually and as Personal Representative of the Estate of Shannon Eason, Plaintiff vs. Willie Bamberg, Capt. Leola McCutchen, Sgt. Shaletha Murphy, Lt. Carolyn Murdock, Ofc. Tahsha Jarrett, and Ofc. Toni Bradley. United States District Court. District of South Carolina. Orangeburg Division. C/A No.: 9:16-CV-748.RBH-BM. Defendant Expert Jail Operations. Case Review. Case Settled.

Johnny Eason, Individually and as Personal Representative of the Estate of Shannon Eason, Plaintiff vs. Orangeburg County, et al. State of South Carolina. County of Orangeburg. In the Court of Common Pleas. 2015-CP-38-00608. Defendant Expert Jail Operations. Case Review. Case Settled.

Lymisha Ryant, Individually and as Personal Representative of the Estate of Tony Glen Tyler, Plaintiff. v. Willie Bamberg, Sgt. Edward Rawls, Roy Brooks, Melanie Williams, Harrie Mintz, Defendants. United States District Court. District of South Carolina. Orangeburg Division. Civil Action No: 5:15-cv-02035-JMC-PJG. Defendant Expert Jail Operations. Case Review. Case Settled.

June Green, as Personal Representative of the Estate of Vernon Green, Jr. vs. South Carolina Department of Mental Health, et al. In the Court of Common Pleas for the Fifteenth Judicial District, County of Richland, the State of South Carolina. C/A No. 2015-CP-400-6222. Defendant Expert Correctional Facility Operations. Case Review. Case Settled.

Deddrick Ervin vs. South Carolina Department of Corrections. In the Court of Common Pleas for the Fourteenth Judicial District, County of Allendale, the State of South Carolina. Civil Action No.: 2014-CP-03-185. Defendant Expert Correctional Facility Operations. Case Review, Expert Report and Deposition. Case Settled.

Joseph Raymond Poole as Personal Representative for the Estate of Joseph Raymond Poole II v. South Carolina Department of Corrections, Joseph McFadden as Warden for the Lieber Correctional Institution and Lieber Correctional Institution. In the Court of Common Pleas for the Fifteenth Judicial Circuit, County of Richland, the State of South Carolina C/A No. 2014-CP-18-2021. Defendant Expert Prison Operations. Case Settled.

Andrei Lele v. Maricopa County, a political subdivision of the State of Arizona: Sheriff Joseph Arpaio, in his official capacity as the Sheriff of Maricopa County. In the Superior Court of the State of Arizona. In and for the County of Maricopa County. Complaint No.: CV2014-054268. Defendant Expert Jail Operations. Case Review and Expert Report. Case Settled.

Lymisha Ryant, Individually and Personal Representative of the Estate of Tony Glenn Tyler v. Orangeburg County, South Carolina et al. In the Court of Common Pleas. Case No.: 2014-CP-38-962. Defendant Expert Jail Operations. Case Review. Case Settled.

Jenny Hearn, Individually and as a Personal Representative of Nathaniel P. Hearn v. Orangeburg County et al. In the Court of Common Pleas. Case No.: 2014-CP-38-96. Defendant Expert Jail Operations. (Pending)

Daniel Nichols v. Sheriff Joseph Maricopa County, et al. The United States District Court In and For the District of Arizona. Case No. 2:15-CV-01609-DJH. Defendant Expert Jail Operations. Case Review. Case Settled.

Michael J. Richard v. Maricopa County et al. The United States District Court. District of Arizona. Case No: CV14-02319-PHX-SPL. Defendant Expert Jail Operations. Case Review. (Pending)

Frank Staples v. Richard W. Gerry, Warden, New Hampshire State Prison, et al. Complaint: Case Number 14-cv-473- JL. Defendant Expert Prison Operations. Expert Report. Case Dismissed.

Melissa Poore, et al. v. Avalon Corrections Services, Inc., d/b/a Turley Residential Center, LLC, et al. Complaint: Case Number CJ-2013-3747. Plaintiff Expert Failure to Protect. Expert Report. Case Settled.

Russell Walker, Individually, and on behalf of the statutory beneficiaries of Douglas Walker, deceased; and Estate of Douglas Walker, an entity established under the probate laws of the State of Arizona v. Sheriff Joseph Arpaio, et al. Complaint: Case

Number 2:15 CV-00226-SPL. Defendant Expert Classification. Case Review, Deposition, and Trial Testimony. Jury Verdict for the Plaintiff.

Mary Ellen Klatt, as the Personal Representative of the Estate of John Klatt v. Sheriff Joseph Arpaio, et al. Complaint: 2:14 CV-02711-SPL. Defendant Expert Classification. Case Review and Deposition. Jury Verdict for the Plaintiff.

Levi Bing v South Carolina Department of Corrections, et al. In the Court of Common Pleas. Third Judicial District. Case No.: 2011-CP-31-0216. Defendant Expert Prison Operations. (Pending)

Michael Furtick v Lt. Kim Fisk, Officer Terrance Williams, Officer Chico Salley, and Officer LaQuanna Shanee Aiken. In the United States District Court for the District of South Carolina, Orangeburg Division: Docket No.: 4:14-cv-2884-BHH-TER. Defendant Expert Prison Operations. Case Review. Case Settled.

Brandon Glover v Jimmie Antonio Williams, et al. In the Court of Common Pleas: Civil Action No.: 2014-CP-31-126. Defendant Expert Prison Operations. (Pending)

Anthony L. Mann v Lt. C. Failey, et al. In the United States District Court for the District of South Carolina: Civil Action No. 011-cv-02232-RMG. Defendant Expert Prison Operations. Expert Report. Trial and Partial Jury Verdict for Plaintiff.

Bryan Clyburn v South Carolina Department of Corrections et al. In the Court of Common Pleas: Civil Action No. 2014-CP-27-018. Defendant Expert Prison Operations. Case Review. Case Settled.

Jonathan Bradley Lisle v South Carolina Department of Corrections et al. In the Court of Common Pleas: Civil Action No. 2014-CP-40-6208. Defendant Expert Prison Operations. Summary Judgment for the Defendants.

Christopher Ford v South Carolina Department of Corrections et al. In the Court of Common Pleas: Civil Action No. 2013-CP-18-1238. 2014. Defendant Expert Prison Operations. Summary Judgment for Defendants Prior to Trial.

Christopher Lemear v. William Wrenn, Commissioner, et al. Merrimack County Superior Court Docket No. 217-2013-CV-00372. Defendant Expert. Prison Operations and Classification. Case Review and Expert Report. 2014. Case Dismissed.

Leaphart v. South Carolina Department of Corrections et al. Civil Action Number: 2012-CP-35-40. Case Review for Defendants. 2014. Case Settled.

Tolen v. South Carolina Department of Corrections et al. Civil Action Number: 2012-CP-35-39. Case Review for Defendants. 2014. Case Settled.

Leaphart v Warden Leroy Cartledge et al: Civil Action Number 1:13-cv-01564-DCN-SVH. Case Review for Defendants. 2014. Case Settled.

Tolen v Warden Leroy Cartledge et al: Civil Action Number 1:13-cv-01565-DCN-SVH.Case Review for Defendants. 2014. Case Settled.

Susan Piazzola, as Personal Representative of the Estate of Saverio E. Piazzola v. Lieber Correctional Institution and South Carolina Department of Corrections et al, Civil Action Number: 2012-CP-18-2151. Case Review for Defendants. 2013-2014.

John Doe Plaintiff vs. Board of County Commissioners of Payne County and Advanced Correctional Healthcare, Inc. Case No. CIV-13-108-F. Plaintiff Expert: Case Review, Expert Report and Witness for Trial (No Testimony)-Jail Classification and Operations. 2013-2014. Jury Verdict for the Defendants.

George Ruiz et al. v. Edmund G. Brown, Jr., et al. United States District Court, Northern District of California, Docket Number: 09-05796 CW. Plaintiff Expert-Corrections. 2013-2015. Case Settled.

Mack Myers v Paula Rector Jackson, et al. 0:12-cv-02526-TMC-PJG. Defendant Expert: Case Review and Expert Report-Corrections Facilities Management and Operations. 2013-2014. Dismissed with Parties Reaching a Non-Monetary Settlement.

Russell Dawson v. South Carolina Department of Corrections et al, Civil Action Number: 2010-CP-18=1922 and Russell Dawson v. McKiver Bodison, Warden et al, Civil Action Number 8:11-1781-JFA-JDA, Claim Number: 77177. Case Review for Defendants. 2013.

Odella May Smith, Personal Representative of the Estate of Eddie Hue Smith, Jr., v. Arkansas Department of Corrections, et al: Number: 12-0500-CC Arkansas State Claims Commission. Defendant Expert: Testified on Correctional Facility Security and Operations. October 10, 2012. (Reduced Monetary Award for Loss Claim)

Louis Henderson, et al, v. Kim Thomas, Commissioner, Alabama Department of Corrections, et al: Civil Action Number: 2:11cv224-MHT Middle District Alabama. Deposition for Plaintiff-Care, Custody, and Control Mississippi Department of Corrections HIV/AIDS Offenders. June 5, 2012.

Baxter Felix Vinson, Jr., v. Sharonda Sutton, et al: Civil Action Number: 0:10-847-CMC-PJG. Defendant Expert-Correctional Facilities Management and Operations.

Alice A. Walker, as Personal Representative of the Estate of Daniel Preston Walker v South Carolina Department of Corrections et al; Case Number: 2008-CP-31-0131. Defendant Expert-Correctional Facilities Management and Operations (Case Settled).

Thomas S. Marchese v Sheriff of Horry County, et al: C/A No. 4:08-cv-03706-TLW. Defendant Expert-Correctional Facilities Management and Operations (Case Settled).

Charles Thomas #180540 v. South Carolina Department of Corrections: Civil Action No. : 2008-CP-27-00441. Defendant Expert-Correctional Facilities Management and Operations (Case Settled).

Norman Bradley v. Just Care, Inc. d/b/a Columbia Care Center:
Civil Action No. : 08-CP-40-7714. Defendant Expert- Correctional Facilities Management and Operations (Case Settled).

Frederick T. McKnight as Personal Representative of the Estate of Brooks Leon Thomas vs. South Carolina Department of Corrections et al.; Civil Action No. 3:07-3311-MJP. Defendant Expert-Correctional Facilities Oversight and Management (Case Settled).

Julie E. Brabazon, as Personal Representative for the Estate of Jason Michael Gross v. South Carolina Department of Corrections: In the United States District Court for the District of South Carolina, Greenville Division: C/A No. 07-CP-43-2043, Claim Number 35018. December 2008. Defendant Expert-Correctional Facilities Oversight and Management (ongoing).

Robbie Simmons, as Personal Representative for the Estate of Gazzara D. Carson v. South Carolina Department of Corrections: C/A No. 04-CP-34-0413, Claim Number 18467. November 2008. Defendant Expert-Correctional Facilities Oversight and Management (ongoing).

Shylena Martin as Personal Representative of the Estate of Charles Martin v. South Carolina Department of Corrections et al: In the United States District Court for the District of South Carolina, Greenville Division; 6:07-CV-03409-GRA (Survival Action) and 6:07-CV-03422-GRA (Wrongful Death Action) Claim Number T38057. May 2008. Defendant Expert-Correctional Facilities Oversight and Management (ongoing).

Deborah Davis, Arthur Bowens, Eric Tate, Keisha Burgess, Earlene Howell and Barbara Beard v. The GEO Group Inc.: In the United States District Court for the Northern District of Mississippi, Western Division; Cause Number 3:06cv85-M-A.
May 2007. Defendant Expert Report-Correctional Staff Searches.
(Trial-Jury Verdict for the Defendants).

George Brown v South Carolina Department of Corrections, John Ozmint, Director, George Hagan, Head Warden and John Doe Correctional Officers. Federal Case Number 1:06-cv-01423-RBH. April 2007. Defendant Expert Report-Correctional Facility Operations.
(Case Settled).

Charles Brooks v Richard Stringer, Sheriff of Marion County et al. Civil Action No. 2:04cv120KS-RHW. October, 2006. Defendant Expert Report-Correctional Facility Operations.

Richard D. Passman v Sheriff Joel Thames and CNA Surety. No. 2:05CVB5KS-JMR. February, 2006. Defendant Expert Report-Correctional Facility Operations.

Willie L. Brooks v Edward Neal Martin, American National Bail Bonding Agency, Inc. et al. No. 3:05CV191HTW-JCS. January, 2006. Defendant Expert Report-Offender Commitment and Release Procedures.

Moore v. Fordice, et al. 4:90CV125-JAD. June, 2004. Defendant Expert-Trial, Corrections Issues.

Wanda Langford, Administrator of the Estate of Michael Langford v Union County, Mississippi et al. No. 3:00CV152-P-A (Defendant Expert, Jail Operations and Suicide) Prepared and submitted an expert witness report, attended and participated in the Federal Court Trial. November, 2003. (Case was settled during trial prior to expert testimony being given).

Russell v Robert L. Johnson et al (Mississippi Department of Corrections) No. 1:02CV261-JAD. February, 2003. Defendant Expert-Trial, Testified on Correctional Issues.

Underwood v WCC No. 3:01CV179-JAD. January, 2003. Defendant Expert-Trial, Testified on Correctional Administration, Security and Accreditation.
(Jury Verdict for the Defendants).

Consulting
Miller v Alabama Cases. Juvenile Life Without Parole Resource Project. Consult and Evaluate Mississippi Department of Corrections Prison Records for Antonio McDowell, David Moody and Dillon Seals. January 2019.

State of Mississippi v. Joshua Miller. Case No. 8542-1-2. Consulting and Court Testimony for the Defendant. July 2018.

United States Department of Homeland Security. Office of Civil Rights and Civil Liberties Division. Conditions of Confinement, Subject Matter Expert. June 2018 to Present.

Pulaski County, Little Rock, Arkansas. Consultant for JFA Institute. Retained to Participate in an Assessment of the Pulaski County, Arkansas Criminal Justice System. January 2018 to present.

Sacramento County Jail, Sacramento, California. Consultant for JFA Institute. Retained to Participate in an Assessment of the Sacramento County Jail, Total Separation (T-SEP) Units Inmate Classification and Operations Procedures. March 2017.

Georgia Department of Corrections. Consultant. Retained to provide technical assistance for the Georgia Prisoner Reentry Evidence Based Practices at the Lee State Prison, Georgia Department of Corrections. July 2016-September 2017.

Georgia Department of Corrections. Consultant for the Michigan Council on Crime and Delinquency, Inc., Center for Justice Innovation. Retained to assist with the Georgia Prisoner Reentry Evidence Based Practices at the Lee State Prison, Georgia Department of Corrections. February 2016-June 2016.

United States District Court Southern District of New York. Subject Matter Expert for the Court Appointed Monitor. Mark Nunez, et al. v. City of New York et al. 11 Civ. 5845 (LTS) JCF. October 2015. (ongoing).

South Carolina Department of Corrections. Retained Consultant. In T.R., P.R., and K.W., on behalf of themselves and other similarly situated; and Protective and Advocacy for People with Disabilities, Inc. v. South Carolina Department of Corrections et al. C/A No.: 2005-CP-40-2925. In the Court of Common Pleas Fifth Judicial Circuit. 2014-2016.

Louisiana Department of Public Safety and Corrections. Consultant for JFA Institute. Retained to Participate in an Assessment of the Louisiana Department of Public Safety and Corrections Certified Treatment and Rehabilitation Programs. June-July 2014.

Arkansas Department of Community Corrections. Consultant for JFA Institute. Retained to Participate in an Evaluation of Community Corrections Supervision and Conduct an Assessment of the Omega Technical Violator Center. December 2013.

Federal Bureau of Prisons. Consultant for JFA Institute and CNA. Retained to Participate in the Review of the Federal Bureau of Prisons Use of Administrative Segregation. 2013-2014.

Indiana Department of Corrections. Provided Technical Assistance to JFA Institute Reviewed and Made Recommendations for Indiana Department of Corrections Administrative Segregation. 2013.

Oklahoma Department of Corrections. Participated in a Review and Made Recommendations on the Oklahoma State Penitentiary-Administrative Segregation. 2012.

Colorado Department of Corrections. Provided Technical Assistance on Offender Classification and Administrative Segregation. 2011-2012.

National Institute of Corrections-Colorado Department of Corrections. Evaluated and Provided Technical Assistance on Administrative Segregation of Offenders. 2011.

Mexico Federal Penitentiary System. Evaluated and Provided Technical Assistance on the American Correctional Association Accreditation Process. May 2011.

Vera Institute of Justice: Segregation Reduction Project. Design and Implement Segregation Policy Changes for Illinois, Maryland, and New Mexico Department of Corrections. 2010 to 2013.

Georgia Department of Corrections. Evaluated Correctional Staffing at Selected Georgia Department of Corrections Prisons. July 2007.

Georgia Department of Corrections. Trained Executive Staff on Staffing Strategies and submitted Recommendations for Staffing Correctional Facilities.
November-December 2006.

Emmitt L. Sparkman
Correctional Consultant
Corrections Services, LLC
[redacted]
Olive Branch, Mississippi 38654
662.231.6872

Fee Schedule

Initial Consultation:	No Charge
Expert Services:	$195 per hour plus expenses*
Depositions &: Court Testifying	$1750 per day flat fee plus expenses*
Travel:	½ Hourly Rate plus expenses*

Billings occur monthly and are due within 30 days of the date of the invoice

*Party the service is being provided is responsible for expenses.

File: emmittsparkmanconsultantfeeschedule 5.1.19

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

RHONDA JONES *et al.*, Plaintiffs, v. VICTOR HILL *et al.*, Defendants.	CIVIL ACTION NO. 1:20-CV-2791-ELR-CCB

PROPOSED ORDER

Presently before the Court is Plaintiffs' motion for preliminary injunction. [Doc. __]. Upon consideration of the parties' submissions, the Court finds that Plaintiffs meet the four requirements for a preliminary injunction. Therefore, the Court **GRANTS** Plaintiffs' motion and **ORDERS** as follows:

I. Plan to Address Jail Conditions

1. Defendants shall create and file with the Court within seven days of the date of this Order reasonably specific and detailed written plans—developed in consultation with the Georgia Department of Public Health and/or a qualified medical or public health expert in preventing and mitigating the spread of infectious diseases—for addressing the following matters:

A. Educating detainees, staff members, contractors, and/or vendors

about COVID-19, including symptoms, the importance of social distancing and frequent hand washing, the proper use of personal protective equipment, and other appropriate measures to prevent or mitigate the spread of the virus that causes COVID-19, with this education continuing on a regular and as-needed basis as more information becomes available about the virus;

B. Screening detainees, staff members, contractors, vendors, and/or visitors to the jail for symptoms of COVID-19 upon entry to the jail;

C. Maintaining an adequate supply of COVID-19 tests and administering them to (1) all individuals who are booked into the jail; (2) a random, representative sample of all detainees and staff members at least once every 14 days; and (3) all detainees, staff members, contractors, and/or vendors suspected of being infected with the virus that causes COVID-19;

D. Responding promptly and effectively when detainees report experiencing symptoms consistent with COVID-19;

E. Detecting, monitoring, documenting, and quarantining or isolating suspected or known cases of COVID-19 among detainees or staff members, including but not limited to taking reasonable steps to identify persons within the jail who have been in contact with a person who has tested positive for or exhibited symptoms of COVID-19;

F. Ensuring that detainees known or suspected to have COVID-19 do not interact with detainees who are not known or suspected to have COVID-19;

G. Creating, posting, and implementing schedules for thorough cleaning and sanitizing of cells, common areas, and objects used by a person known or suspected to have COVID-19;

H. Facilitating at least six feet of distance between detainees and all other persons during all out-of-cell jail operations, including free time, recreation time, sick call, pill call, meal distribution, transport to video court and other group activities;

I. Reassigning detainees within the jail facility as appropriate to maximize the number of detainees assigned a standard bed to

sleep in and minimize the number of detainees required to sleep on the floor;

J. Maintaining and providing to detainees, as appropriate, adequate facilities for frequent hand washing, and adequate supplies of personal hygiene items, including soap, hand sanitizer, tissue paper, paper towels, and toothpaste;

K. Maintaining, using, and providing to detainees adequate cleaning supplies for cleaning cells, common areas, and fixtures in the jail, including chemical solutions that are effective against the virus that causes COVID-19;

L. Creating, posting, and adhering to schedules, and reminding detainees why and how to clean using issued cleaning materials;

M. Maintaining and providing to detainees adequate supplies of personal protective equipment and similar items, including clean and serviceable face coverings, N95 or equivalent masks, gloves, face shields, and/or protective outer garments effective to prevent the spread of the virus that causes COVID-19;

N. Creating, posting, and adhering to schedules to clean objects that are frequently touched, including door handles, light switches, sink handles, countertops and tabletops, toilets, toilet handles, recreation equipment, kiosks, telephones, and showers;

O. Providing adequate clothing and laundry service to detainees;

P. Maintaining and administering the seasonal influenza vaccine to all detainees and individuals booked into the jail who agree to be vaccinated;

Q. Providing adequate, additional protective measures for all detainees performing work assignments in the jail;

R. Providing adequate, additional protective measures for all detainees who are members of the Medically Vulnerable Subclasses, as defined in paragraphs 189 and 194 of Plaintiffs' complaint (Doc. 1);

S. Ensuring that detainees, including those who cannot easily access a kiosk, have ready access to means of reporting medical problems and unsafe conditions of confinement, including, but not limited to, access to grievance and sick call systems;

T. Documenting and monitoring the performance of all COVID-19 prevention and mitigation measures in the jail; and

U. Educating detainees about COVID-19 quarantining and other protective measures to take upon release to the community.

2. For purposes of this Order, the phrase "reasonably specific and detailed written plan" means a description of a course of conduct that would satisfy Rule 65(d) of the Federal Rules of Civil Procedure if adopted by the Court as an injunctive order.

3. Within three days of Defendants' filing of the written plans discussed in paragraph 1 above, Plaintiffs shall file with the Court written responses to Defendants' plans identifying any areas in which Defendants' proposed response is alleged to be insufficient to prevent irreparable harm to detainees. For any matter on which Plaintiffs disagree with the Defendants' proposed remedial plan, Plaintiff shall propose reasonably specific and detailed substitute measures.

4. The Court will consider the parties' submissions and will thereafter enter a renewed preliminary injunction that is narrowly drawn, extends no further than necessary to correct the harm the court finds requires preliminary relief, and is the least intrusive means necessary to correct that harm. *See* 18 U.S.C. § 3626(a)(2). Within 30 days of the Court's entry of the renewed preliminary

injunction, and every 30 days thereafter, Defendants shall file with the Court and serve on Plaintiffs a status report identifying the jail's detainee population, the number of active and recovered COVID-19 cases that have been identified in the jail, and Defendants' efforts to comply with each provision of the preliminary injunction. Within 7 days of each status report filed by Defendants, Plaintiffs may file a response.

II. Measures to Aid the Court's Consideration of Plaintiffs' Claims for Release and/or Enlargement

5. The Court recognizes that it has the duty to ensure that each detainee is not facing an unreasonable risk of injury or death from COVID-19 and that, if necessary, the court may order release and/or enlargement where appropriate. The Court is prepared to exercise that authority unless the Defendants devise a remedial plan within 14 days of this Order that will promptly ensure that each detainee no longer faces an unreasonable risk of injury or death from COVID-19.

6. To aid the Court's evaluation of whether release and/or enlargement is appropriate relief for Plaintiffs and class members' constitutional and irreparable injuries, Defendants shall provide to the Court and Plaintiffs' counsel within two days of the date of this Order records sufficient to show the following information, and shall provide updated versions of these documents to the Court and Plaintiffs'

counsel periodically, and no less than every seven days, for the duration of this Order:

A. The names, reasons for detention, incarceration dates, housing assignments, dates of birth, and bond amounts (if applicable) for all current Clayton County Jail detainees;

B. The names and relevant medical conditions of all detainees who are members of the Medically Vulnerable Subclasses, as defined in paragraphs 189 and 194 of Plaintiffs' complaint [Doc. 1].[1]

C. The names of all Clayton County Jail detainees who are eligible for earned-time credit, home confinement, and/or other forms of discretionary release from the jail under the Sheriff's control; and

D. For individuals held on one or more bond orders, Defendants shall identify those individuals who would be eligible immediately for release if they paid the applicable bond amounts.

[1] This information shall be provided to the Court under seal and shall be subject to a protective order to be entered by this Court, by separate order.

7. Defendants shall create and file with the Court within seven days of the date of this Order a reasonably specific and detailed written plan by which Defendants or their designees will review each detainee eligible for discretionary release by the Sheriff and determine whether to grant discretionary release to each eligible detainee.

8. To further aid the Court's evaluation of whether release and/or enlargement is appropriate relief for Plaintiffs and class members' constitutional and irreparable injuries, Defendants shall create and file under seal with the Court within seven days of the date of this Order a list of all members of the Medically Vulnerable Subclasses that Defendants deem unsuitable for release under any circumstances. The list must describe the asserted reason with reasonable specificity and identify the evidentiary basis for the asserted reason.

9. The parties shall jointly create and file under seal with the Court within 14 days of the date of this Order a list identifying (a) all members of the Medically Vulnerable Subclasses that the parties agree are suitable for release by this Court; and (b) all members of the Medically Vulnerable Subclasses for whom the parties cannot reach an agreement as to the suitability of release, along with a concise statement explaining the bases of the parties' disagreement.

10. Following receipt of the parties' submissions pursuant to paragraphs 6 through 9, the Court will issue further orders setting forth a process to determine whether the Court must release certain class members under 42 U.S.C. § 1983, 28 U.S.C. §§ 2241 and 2243; or under the Americans with Disabilities Act and Rehabilitation Act, in order to ensure those persons are not in unreasonable risk of infection from COVID-19.

11. In accordance with 18 U.S.C. 3626(a)(2), the Court finds that the relief set forth above is narrowly drawn, extends no further than necessary to correct the harm the Court finds requires preliminary relief, and is the least intrusive means necessary to correct that harm.

SO ORDERED, this _____ day of _____, 2020.

_____

Eleanor L. Ross
United States District Judge
Northern District of Georgia