Case No. S261827

IN THE SUPREME COURT OF THE STATE OF CALIFORNIA

NATIONAL ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, CALIFORNIA ATTORNEYS FOR CRIMINAL JUSTICE, and YOUTH JUSTICE COALITION,

Petitioners,

v.

GAVIN NEWSOM,
California Governor, in His Official Capacity

and XAVIER BECERRA,
California Attorney General, in His Official Capacity

Respondents.

PETITIONERS NATIONAL ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, CALIFORNIA ATTORNEYS FOR CRIMINAL JUSTICE, AND YOUTH JUSTICE COALITION'S APPENDIX OF EXHIBITS VOLUME 3 OF 4 - PAGES 470 - 648

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PROOF OF SERVICE

At the time of service, I was over 18 years of age and **not a party to this action**. I am employed in the County of Los Angeles, State of California. My business address is 350 South Grand Avenue, Fiftieth Floor, Los Angeles, CA 90071-3426.

On April 24, 2020, I served true copies of the following document(s) described as

PETITIONERS NATIONAL ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, CALIFORNIA ATTORNEYS FOR CRIMINAL JUSTICE, AND YOUTH JUSTICE COALITION'S APPENDIX OF EXHIBITS VOLUME 3 OF 4 - PAGES 470 - 648

on the interested parties in this action as follows:

SEE ATTACHED SERVICE LIST

BY ELECTRONIC SERVICE: I electronically filed the document(s) with the Clerk of the Court by using the TrueFiling system. Participants in the case who are registered TrueFiling users will be served by the TrueFiling system. Participants in the case who are not registered TrueFiling users will be served by email as listed in the service list.

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

Executed on April 24, 2020, at Los Angeles, California.

Anna Velasquez

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DECLARATION OF ALISON HARDY

PRISON LAW OFFICE

I, Alison Hardy, declare as follows:

1. If called as a witness, I would and could competently testify to the facts stated herein, all of which are within my personal knowledge.

2. I am a Senior Staff Attorney at the Prison Law Office. The Prison Law Office is a nonprofit public interest law firm based in Berkeley, California that provides free legal services to people who are incarcerated to improve their conditions of confinement. The office provides direct services to thousands of people each year, advocates for policy changes, and engages in impact litigation to ensure that correctional institutions meet standards required by the U.S. Constitution.

3. The Prison Law Office has litigated numerous successful institutional reform cases that, among other things, have improved health care services, guaranteed prisoners with disabilities reasonable accommodations and equal access to prison programs, reduced the use of excessive force, limited racial discrimination and restricted the use of solitary confinement in adult and juvenile correctional systems. The Prison Law Office also publishes and periodically updates *The California State Prisoners Handbook: A Comprehensive Guide to Prison and Parole Law*, a comprehensive overview of the laws and policies affecting people in state prisons and on parole in California.

4. I began working at the Prison Law Office in 1988, advocating for incarcerated people focusing primarily on healthcare related issues in California prisons.

5. I emailed an identical letter and related materials to approximately 46 county sheriffs in California between the dates of March 17, 2020 and March 19, 2020, omitting from my distribution list those county sheriffs who I understood were involved in current lawsuits, and omitting the San Francisco County Sheriff

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because he had posted a comprehensive COVID-19 plan on their website. I used contact information found on the California State Sheriffs' Association website, looked on county websites, and called some counties for email addresses. A true and correct copy of the letter and related materials I emailed to Yolo County Sheriff Tom Lopez is attached hereto as **Exhibit A.**

6. The purpose of emailing this letter was to ask the sheriffs to describe their plans for the prevention and management of COVID-19. My letter identified some critical issues that must be addressed in a workable plan and encouraged collaboration with the County Department of Health Services in developing a plan. Specifically, I was concerned about early release for those particularly vulnerable to COVID-19, education of inmates and staff, staffing plans, provision of hygiene supplies, testing and screening of individuals in custody, housing those affected with the virus, precautions for vulnerable populations and data collection. *See* Ex. A at 1-3.

7. To aid each county in refining its response, this email also included educational materials related to COVID-19, which described symptoms, transmission of the virus, and protective measures. It included guidelines published on March 13, 2020, from the Washington Association of Sheriffs & Police Chiefs on COVID-19 suggesting measures to jails for managing the impact of COVID-19, and a March 17, 2020 Standing Order from the Sacramento County Superior Court authorizing the accelerated release of inmates serving commitments with 30 actual days or less remaining due to COVID-19.

8. To my recollection, the email sent to Glenn County was the only email that bounced back.

9. Approximately twenty-nine counties failed to respond to my inquiry. Approximately seventeen counties responded to my email. Some of the counties declined to provide responsive documents regarding their response to the COVID-

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19 pandemic. *See, e.g.* a March 24, 2020 letter from Yolo County Deputy County Counsel, a true and correct copy of which is attached hereto as **Exhibit B.**

10. The responses I did receive included a "Jail Pre-Screening Report," provided by the Calaveras County Sheriffs' Office on March 27, 2020, which contains pre-booking screening questions. According to this document, new admissions are asked whether they have a fever and symptoms of lower respiratory illness. If they answer yes, they are then asked questions about travel and recent contact. If they answer no to all questions, they are "clear for the purposes of this screening to enter facility." A true and correct copy of the "Jail Pre-Screening Report," is attached hereto as **Exhibit C**.

11. Colusa County provided a memo dated March 26, 2020 that "recommends" temperature checks of inmates at booking along with asking them questions. According to the memo, quarantine is only required if the inmate "advises that they have had any of the above symptoms in the last 24 hours," or "advises they have been in contact with someone that has been infected with the COVID-19 virus." The cells used for quarantine also may be used to house inmates who would have to be relocated. A true and correct copy of the Colusa County COVID-19 Memo is attached hereto as **Exhibit D.**

12. Regarding inmate access to personal hygiene and disinfectants, in an email I received on March 25, 2020, Placer County indicated that "Inmates also have access to individual cleaning and sanitation supplies for their own cells *if they are of a classification that can use them safely*." See email attached hereto as **Exhibit E,** emphasis added**.** Note this email is not a confidential communication.

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13. I appreciate that these policies are subject to change. Unfortunately, given all the litigation we were involved in in the wake of the pandemic, I did not have any capacity to follow up with any of the counties.

I declare under penalty of perjury that the forgoing is true and correct. Executed this 22nd day of April 2020 at Berkeley, California.

/s/ Alison Hardy

Alison Hardy

SBN# 135966

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EXHIBIT A

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VIA EMAIL ONLY

March 19, 2020

Sheriff Tom Lopez
Yolo County

RE: Jail Plans for COVID-19 Management

Dear Sheriff:

We write on the behalf of the people who are currently incarcerated in Yolo County Jail. We ask that you provide us with your plans for the prevention and management of COVID-19 in your County jail. This is an urgent matter -- having an appropriate, evidence-based plan in place can help prevent an outbreak and minimize its impact if one does occur; and not having one may cost lives. We will be contacting you by Wednesday, March 25, 2020 to follow up.

As you are no doubt acutely aware, people in jail are highly vulnerable to outbreaks of contagious illnesses. They are housed in close quarters and are often in poor health, and thus will be at substantially higher risk of exposure and serious health consequences, including death, than if they were in the community. Reducing the jail population and taking proactive health measures in the jail are critical for protecting those who are detained as well as the broader community.

Through our work on behalf of incarcerated people in jails and prisons, we have identified some critical issues that must be addressed in a workable plan. While your plan should be developed collaboratively by you and the County Dept. of Health Services together, some of those essential issues that must be addressed are:

• **Early release:** We encourage you to assess sentenced individuals who are particularly vulnerable to COVID-19 for immediate release, unless there is clear evidence that release would present an unreasonable risk to the physical safety of the community. The CDC has classified as vulnerable those who are elderly and those with asthma, cancer, heart disease, lung disease, and diabetes. To further reduce the population, we also urge you to accelerate the release of all individuals who have 30 days or fewer of their sentence remaining pursuant to Penal Code Section 4024.1.

• **Education of the people in your custody:** People housed in the jails need to be informed about the virus and the measures they can take to minimize their risk of

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contracting or spreading the virus. They must be educated on the importance of proper handwashing, coughing into their elbows, and social distancing to the extent they can. Information about the spread of the virus, the risks associated with it, and prevention and treatment measures must be based on the best available science. Education should be reiterated upon release to best inform individuals on how to prepare for a healthy return to the public.

• **Education of the staff:** Correctional, administrative, and medical staff all must be educated about the virus to adequately protect themselves and their families, as well as the people in their custody.

• **Staffing plans:** Regardless of how many staff stay home because they are sick, the jails will have to continue maintain a staffing level to ensure adequate and humane functioning. There must be a plan for how necessary functions and services will continue if large numbers of staff are out related to the virus.

• **Staffing plans for services provided by jailers:** Many tasks in jails, such as food preparation and basic sanitation, are performed by jailers. The plans for an outbreak must also address how necessary tasks performed by jailers will continue if large numbers of jailers are ill.

• **Provision of hygiene supplies:** The most basic aspect of infection control is hygiene. There must be ready access to warm water and adequate hygiene supplies provided to inmates and to staff, both for handwashing and for cleaning, at no cost.

• **Screening and testing of the people in your custody:** The plan must include guidance, based on the best science available and advice from the County Health Department, on how and when to screen and test people in your facilities for the virus.

• **Housing of persons exposed to the virus:** The plan must describe how and where people in the jail system will be housed if they are exposed to the virus, are at high risk of serious illness if they become infected, or become sick with it. *This should not result in prolonged, widespread lockdowns.* Any lockdowns or interruptions in regular activities, such as exercise or visits and phone calls with families or attorneys, should be based solely on the best science available and should be as limited as possible in scope and duration.

• **Treatment:** Courses of treatment must be evidence-based, available immediately, and in compliance with scientifically based public health protocols.

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• **Vulnerable Populations:** The plan must provide for additional precautions for those who are at high risk of serious illness if they are infected, such as pregnant women and people with chronic illnesses, compromised immune systems, or disabilities, and people whose housing placements restrict their access to medical care and limit the staff's ability to observe them.

• **Data collection:** The collection of data regarding COVID-19 will be part of the public health response. As with any contagious disease, data collection is critical to understanding and fighting the virus. The jail system must be part of this process. The same information that is tracked in the community must be tracked in the jails.

I will be in touch soon, and look forward to reviewing your plans.

Sincerely yours,

/s/

Alison Hardy

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What is a coronavirus and what is COVID-19?

Coronaviruses are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

How did this virus get its name?

On Feb. 11, 2020, the World Health Organization announced the official name for the new coronavirus virus would be COVID-19. "CO" stands for "corona," "VI" stands for "virus," D stands for "disease" and 19 indicates the year the virus was first discovered. Before this, the virus was referred to as the "2019 novel coronavirus," which means it was a new strain not previously identified in humans.

Where did COVID-19 come from?

The World Health Organization states that coronaviruses are zoonotic, which means they are transmitted from animals to people. A specific animal source of COVID-19 has not been identified, but the virus has been linked to a large seafood and live animal market.

What are the symptoms of COVID-19?

According to the Center for Disease Control (CDC), individuals diagnosed with this coronavirus experience a mild to severe respiratory illness. Symptoms include fever, cough and shortness of breath. Individuals with severe complications from the virus often develop pneumonia in both lungs.

How does the virus spread?

The virus is spread person-to-person. According to the CDC, spread is happening mainly between people who are in close contact (within 6 feet) of each other via respiratory droplets produced when an infected person coughs or sneezes. The droplets land on the noses and mouths of other people, who then inhale them. The CDC says it may be possible for the virus to spread by touching a surface or object with the virus and then a person touching their mouth, nose or eyes, but this is not thought to be the main method of spread. As the virus was discovered just a few months ago, more research is required to learn more about the spread pattern of the virus. The incubation period ranges from 2 to 14 days after exposure (most cases occurring at approximately 5 days.) People are thought to be most contagious when they are most symptomatic (the sickest.) Some spread might be possible before people show symptoms.

Do I need to wear a protective mask?

There is no need for healthy individuals to wear surgical masks to guard against coronavirus. Individuals should only wear a mask if they are ill or if it is recommended by a health care professional. Masks must be used and disposed of properly to be effective.

Is there a cure for the virus?

There is no specific medication to treat COVID-19; supportive care is provided to treat symptoms. There is currently no vaccine to protect against COVID-19. Individuals should take care to avoid being exposed to the virus through hygiene and sanitary practices. Please seek immediate medical care to relieve symptoms if infected with the virus.

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How do I protect myself and others?
There is currently no vaccine to prevent COVID-19 or medication to directly treat COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19. The CDC recommends maintaining personal preventative actions such as:
• Avoiding close contact with those who are sick
• Not touching your eyes, mouth or nose, especially with unwashed hands
• Washing your hands often with soap and warm water for last least 20 seconds
• Clean objects and surfaces that are frequently touched
• Limit your exposure to others if you are sick
• Cover your coughs and sneezes with a tissue
• Do not share food, drinks, utensils, or toothbrushes

What should I do if I think I have COVID-19?
Avoid direct contact with other people and immediately request to be seen by health care if you feel sick with a fever, cough or difficulty breathing. Make sure to give your provider details of any symptoms and potential contact with individuals who may have recently traveled.

Will I be tested for COVID-19?
You will be tested if your provider suspects you have COVID-19.

What is CDCR/CCHCS doing to prepare for a potential outbreak?

CDCR and CCHCS are dedicated to the safety of everyone who lives, works, and visits our state prisons. We have longstanding emergency response plans in place to address communicable disease outbreaks such as influenza, measles, mumps, norovirus, as well as coronavirus. Based on guidance from the CDC, and to ensure we are as prepared as possible to respond to any exposure to COVID-19 specifically, we are building upon the robust influenza infection control guidelines already in place at each institution. These guidelines clearly define procedures for prevention of transmission, management of suspected and confirmed cases including isolation and quarantine protocols, surveillance of patients, and routine cleaning and disinfection procedures.

If there is a suspected case of COVID-19, we will follow the policies and procedures already in place for modified programming for any affected housing units and areas. We will continue to update guidelines for COVID-19 response based on CDC recommendations and will maintain cooperation with local and state health departments and the law enforcement community.

COVID-19 is new, but the most important aspect of preparedness is remaining calm. Don't panic. We understand staff, families, and those who visit state prisons as program providers or volunteers may have concerns and anxiety about COVID-19, but please be assured that there is no need for alarm. All should follow the precautions recommended by CDC, which expand upon precautions advised during cold and flu season. The spread of COVID-19 can be significantly reduced with proper infection control measures and good individual hygiene practices.

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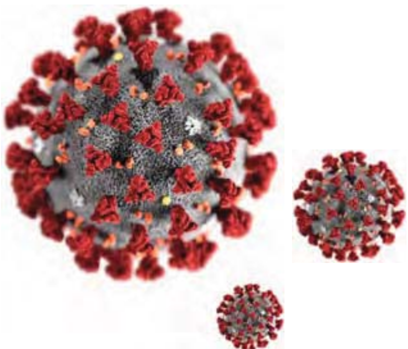

Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.

Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

Rinse hands well under clean, running water.

Dry hands using a clean towel or air dry them.

WASH YOUR HANDS FREQUENTLY

SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include

FEVER

COUGH

*Symptoms may appear 2-14 days after exposure.

SHORTNESS OF BREATH

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

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If you have symptoms of COVID-19, please complete a form 7362 and let someone know immediately.

PREVENT THE SPREAD OF ILLNESS

Good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses. Protect yourself and others from viral illnesses and help stop the spread of germs.

Avoid close contact

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

Keep your germs to yourself

As much as possible, stay in your housing area away from others when you are sick. This will help prevent spreading your illness to others.

Cover your nose and mouth

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Flu and other serious respiratory illnesse are spread by cough, sneezing, or unclean hands.

Handwashing: clean hands save lives!

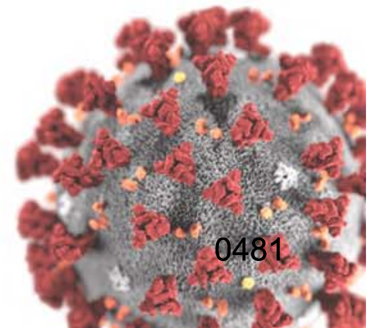
Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community. If soap and water are not available, use hand sanitizer.

Avoid touching your eyes, nose or mouth

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

Practice other good health habits

Clean frequently touched surfaces especially when you or someone you share space with is ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.



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Lo que necesita saber sobre la enfermedad del coronavirus 2019 (COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

Sí. El COVID-19 se está propagando de persona a persona en partes de los Estados Unidos. El riesgo de infección con COVID-19 es mayor en las personas que son contactos cercanos de alguien que se sepa que tiene el COVID-19, por ejemplo, trabajadores del sector de la salud o miembros del hogar. Otras personas con un riesgo mayor de infección son las que viven o han estado recientemente en un área con propagación en curso del COVID-19.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020.

¿Cómo se propaga el COVID-19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero ahora se está propagando de persona a persona. Se cree que el virus se propaga principalmente entre las personas que están en contacto cercano unas con otras (dentro de 6 pies de distancia), a través de las gotitas respiratorias que se producen cuando una persona infectada tose o estornuda. También podría ser posible que una persona contraiga el COVID-19 al tocar una superficie u objeto que tenga el virus y luego se toque la boca, la nariz o posiblemente los ojos, aunque no se cree que esta sea la principal forma en que se propaga el virus.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Algunos pacientes presentan neumonía en ambos pulmones, insuficiencia de múltiples órganos y algunos han muerto.

¿Qué puedo hacer para ayudar a protegerme?

Las personas se pueden proteger de las enfermedades respiratorias tomando medidas preventivas cotidianas.

- Evite el contacto cercano con personas enfermas.
- Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos. Use un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.

Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:

- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si he regresado recientemente de un viaje a un área con propagación en curso del COVID-19?

Si ha llegado de viaje proveniente de un área afectada, podrían indicarle que no salga de casa por hasta 2 semanas. Si presenta síntomas durante ese periodo (fiebre, tos, dificultad para respirar), consulte a un médico. Llame al consultorio de su proveedor de atención médica antes de ir y dígales sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir infecciones es tomar medidas preventivas cotidianas, como evitar el contacto cercano con personas enfermas y lavarse las manos con frecuencia.

¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.

DETENGA LA PROPAGACIÓN DE LOS MICROBIOS

Ayude a prevenir la propagación de virus respiratorios como el nuevo COVID-19.

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Washington Association of
SHERIFFS & POLICE CHIEFS

3060 Willamette Drive NE
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Gambling Commission

Steven D. Strachan
Executive Director

Washington State Jails Coronavirus Management Suggestions in 3 "Buckets"

Publication date:
March 13, 2020

Written by:
Marc F. Stern, MD, MPH
Affiliate Assistant Professor, School of Public Health, University of Washington, Seattle mfstern@uw.edu

Acknowledgments:
I would like to express my gratitude to the following professionals for their invaluable (and rapid!) input: Lara Strick, MD, MS, Chief of Infectious Diseases at the Washington State Department of Corrections; Dr. Benjamin Sanders, MD, MPH, Medical Director at the King County Jail, Seattle; Rachel Wood, MD, MPH, Health Officer for Lewis County, WA; and John McGrath, Jail Services Liaison, WASPC.

The following ideas are provided as suggestions to jails for managing the impacts of COVID-19. It is VERY important to note that they are not standards or rules and also that many of these suggestions are based on *current* CDC recommendations. Therefore, jail administrators should heed the following three cautions. First, CDC recommendations regarding COVID-19 are changing constantly as more is learned about the virus, its spread, and its management. So check the CDC website (https://www.cdc.gov/coronavirus/2019-nCoV/summary.html) on a regular basis for changes. Second, local public health departments – the WA DOH (https://www.doh.wa.gov/Emergencies/Coronavirus), but especially county, city, and tribal health departments – are excellent sources of information. They may also make recommendations that differ from, or go beyond, CDC recommendations, based on local conditions and local resources. In addition, local public health departments are vested with certain legal authorities that may help you "make things happen." So you should be in close contact with your local public health department. Third, your jail medical director has ultimate clinical responsibility for the health of inmates in your custody and may recommend different or additional steps based on your particular jail's needs.

An additional resource that has been developed specifically for corrections is a slide set produced by Dr. Anne Spaulding at Emory University under a CDC grant. The current slide set will be sent with this document. However, it is being updated on a regular basis, so it's best to check for the latest version at: https://accpmed.org/online_learning.php.

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Bucket 1: Dealing with the effects of COVID-19 in the community

1. Disaster plan

Review, update, and start working with your disaster preparedness plan.

2. Supply chain

Among other things in the disaster plan, think about what are all the materials, supplies, equipment upon which you are dependent (i.e. items that would be affected by disruptions in your supply chain), and what are alternative sources. An important – if not most important – supply is food.

3. Screening staff

Consider screening staff reporting to work. For the moment those guidelines are: check for fever over 100 degrees, cough, shortness of breath, recent travel to a high-risk country, exposure to someone who is symptomatic and under surveillance for COVID-19. If 2 out of 3 are present, send them home. (You'll want a simple form or log. You'll also need a thermometer.) However, these guidelines may change as we learn more, so check the current CDC guidelines (https://www.cdc.gov/coronavirus/2019-nCoV/summary.html), but more importantly, be sure you're getting the most recent guidelines from your local health department.

4. Screening arrestees

See the suggestions above for staff screening, with the obvious modification that someone who has a positive screen will not be sent home. Instead, first have the individual place a surgical mask on themselves and place them in isolation (a single room with a closed door in Booking, for example). Then the jail's medical authority should be contacted for further management instructions.

5. Discouraging "presenteeism"

While we worry about absenteeism among staff, another concern is the opposite: presenteeism, which is staff coming to work despite being ill. They pose a risk to other staff and inmates. Explain the risk to staff and encourage them to stay home if they are ill. Depending on your own particular staff and staffing situation, you MAY want to consider an untested approach: for staff who have no sick or vacation days left, consider allowing staff to stay home penalty-free. On the flip side, to encourage healthy employees to continue to come to work, you might also consider liberalizing restrictions on overtime.

6. Non-contact visitation.

If you don't already have non-contact visitation, consider how you might do this, using either non-contact rooms or video conferencing. Phone visitation is another option.

This following two issues apply both to Bucket #1 (preventing infection from the community) Bucket #3 (containing infection in the jail). There are many types of out-trips. I will focus on the two most common: medical and court.

6a. Contact between inmates and the community during out-trips: Medical

To the extent that medical out trips can be safely postponed, that is optimal. This should only be done after a provider documents an order in the patient's medical record justifying the clinical appropriateness of the delay. Telemedicine is an excellent alternative to out-trips. There are federal regulations governing the types of telemedicine software to be sure they are HIPAA compliant. These programs usually are not free and require contracts, software set-up, etc. There is theoretically a risk of compromising patient confidentiality using non-HIPAA-complaint software. However, in my opinion, it is low. And these are special times when risks and benefits need to be weighed. While I would never advise someone to break the law, jails may want to discuss with their legal counsels the risks and

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benefits of using readily available non-HIPAA-complaint software (e.g. FaceTime) and then make the best decision for your jail and your community's health.

6b. Contact between inmates and the community during out-trips: Court
Transporting inmates for court appearances places staff and inmates in (sometimes close) contact with the members of the community. There is a risk of bringing infection back into the facility. And if the inmate is ill, the reverse risk is true. Consider reaching out now to the courts with which you interact to have a plan for both situations. As with medical trips, video appearances are a useful tool.

7. Stay connected with the Health Department
Both we in jails, as well as public health officials, sometimes forget that county, city, and tribal jails are key parts of public health. Contact your local public health officer and ask that a jail representative be "at the table" both for planning meetings as well as when information is being shared with hospitals, nursing homes, and other parts of the public health system. Even though CDC is issuing up-to-date scientific guidance, it is the responsibility of the local health officer to interpret and implement that guidance. This officer, or delegate, is the person, for example, who would suggest/direct an at-risk staff member to self-quarantine.

8. Perform routine environmental cleaning
See the CDC website above for more detail, but in brief, continue to perform routine cleaning of all frequently touched surfaces. The normal disinfectants that you use are adequate. For infection control (and to help reduce fears among inmates), adopt a liberal approach to inmates who want to disinfect their houses.

9. Routine steps to prevent spread of respiratory infections
Aside from environmental cleaning, follow CDC and any local health department recommendations for the usual personal steps to avoid spread of respiratory droplet-borne infections, including hand washing (a good short video from CDC: https://youtu.be/eZw4Ga3jg3E), sneezing or coughing into one's elbow, not touching one's eyes, nose or mouth with unwashed hands, and discarding tissues after using and washing hands. As simple as it sounds, hand washing is the most important protection. And wearing gloves does not eliminate the need to wash your hands. Make adherence to good hygiene easy for staff and inmates. Keep supplies, such as soap and paper towel dispensers and hand sanitizer full and available. Allow staff to carry personal-sized containers of hand sanitizer. It is appropriate to wear masks in certain situations (see below), but they are not recommended for routine use (and may actually increase risk). Remove barriers to good infection control for inmates. For example, inmates should have an ample supply of soap. You will certainly reduce the transfer of inmates from one unit to another if and when there is an infection in the jail. But consider reducing unnecessary movement even now because you hope, but can't be sure, that no one has undiagnosed infection.

10. Communication
It can be helpful to be very generous with your communication with staff and inmates. In addition to briefings with each shift of staff, consider daily – if not twice daily – briefings of inmates, explaining what you're doing and why you're doing it. People are much more tolerant of adversity if they know what's going on.

Bucket 2: Dealing with the effects of COVID-19 among staff
1. Downsizing
Talk with prosecutors and judges ahead of time to develop a plan if you need to downsize.

a. Are there people you can release on their own recognizance? Do you have a priority list (who do you release if you need to downsize by 5%? 10%? etc.)? In addition to public safety

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considerations (e.g. alleged crime), prioritization of this list should also take into consideration medical factors: the elderly and people with other underlying health problems are at greatest risk from COVID-19. (There is no data yet on the risks to pregnant women, but until there is, it would not be unreasonable to add them to the prioritization list.)
b. Are there alternatives to arrest for certain crimes, or, in dire situations, are there crimes for which your patrol division will not arrest?

2. Supplemental staff
Think about where you might get supplementary staff. Retirees? Patrol?

3. Inmate activities and movement
What activities/programs can you curtail or cut?

4. Influenza
In the present environment, it's hard to imagine this, but the flu remains a greater threat to community (and jail) health today than COVID-19. As of the week ending February 22, CDC lists Washington State (and 38 other states) as having flu activity in the highest of the high category. So far this season, in our state alone, there have been 74 deaths from the flu (and 18,000 deaths nation-wide). And flu vaccination is very safe and very effective in preventing or attenuating the current strains of influenza virus going around. Staff who have not yet been vaccinated against the flu should be encouraged to do so. The better protected your staff is, the less likely you are to have absences from at least one infection, and it will help avoid confusion and panic that someone has COVID-19 infection. If it will help encourage vaccination, consider arranging with a local pharmacy to offer the vaccine on-site at no charge (actually, if employees have insurance, it may very well be covered).

Bucket 3: Dealing with infection, or possible infection, among inmates
1. Influenza
Offer and administer flu vaccine to all eligible inmates who have not been vaccinated. No, flu vaccine does NOT protect against Coronavirus. However, it still makes sense to vaccinate inmates for the same reasons that staff should be vaccinated. Also, given the high risk of influenza, vaccinating inmates will decrease the possibility of overloading your jail health care system with severe respiratory illness from a highly preventable cause.

2. Inmates who want to go to medical
When a patient requests to see a medical professional for a respiratory complaint, before bringing them to the medical unit, the deputy should have the patient put on a mask. A simple surgical mask is adequate.

3. Masks
For the moment CDC recommends simple surgical masks for symptomatic patients, and higher efficiency masks for health care workers who are working in close proximity (within 6 feet) of a patient with possible COVID-19. Because, in jails, custody staff working with persons with possible COVID-19 infection share many of the same tasks and exposures as health care workers in the community, it would make sense for custody staff to use the same personal protection as jail medical staff who are working in close proximity of patients. For the moment, this recommendation is to use N-95 masks. In case you have trouble getting N-95 masks, you can use any mask with an N, P, or R letter designation and a 95 or 100 number designation. And if none of these masks is available, use simple surgical masks. As an example of adjusting to shortages of N-95s, King County Jail is moving towards only allocating these masks to health care workers who have close contact (e.g. physical examination, obtaining

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laboratory samples) with patients with possible COVID-19 infection.

4. Other Personal Protective Equipment (PPE)
For the same reasons as described above, it would be wise for custody staff to follow the same general guidelines for PPE as jail medical staff. You should review the recommendations on the CDC website. There is more detail there than we can provide here…and it may change. The recommended PPE also depends on the patient and the task your staff is performing. For example, at one end of the extreme, if staff are going to be in a "hands-on" situation with a person who has obvious secretions, more protection will be needed, while at the other end of spectrum, if the patient is cooperative, with no secretions, and the contact will be brief and at a distance of over 6 feet, less protection will be needed. Generally, in addition to a mask with eye protection, CDC is recommending staff use Standard Precautions, including gloves.

5. Isolation
For patients who meet the CDC's current recommended criteria for isolation, CDC also currently recommends they be placed in negative pressure rooms. This will be a tall order for many jails. And even for jails equipped with negative pressure rooms, demand may exceed supply. Therefore this is one of the many topics you should be discussing with your local public health authority ahead of time, to seek their advice and their help in developing a plan in coordination with community resources (especially the hospitals). They may recommend alternative solutions, such as keeping certain patients isolated in their own cell with the door closed. You should also do what you can to not make placement in isolation feel punitive. Inmates in isolation should have ample access to comfort, entertainment, and activity-related materials allowed by their custody level. An important reason for this suggestion is that you want to do everything possible to encourage inmates to notify medical staff as early as possible if they experience symptoms of infection. Fear of being placed in an overly-restrictive cell may delay their notification, which is counterproductive.

6. Upon Release
What do you do when releasing someone back to the community? It depends on their condition. Most people do not need to be hospitalized – if they were that sick, you would already have sent them there. However, for jails with higher level infirmaries, you may have someone in the infirmary who wasn't ill enough to need a hospital, but who is not able to care for themselves at home. If hospitalization is the only option, your medical staff should call ahead to the hospital and, with their agreement, make a well-coordinated transfer. A second group of individuals are those who are either in isolation (mildly ill) or in quarantine (without symptoms). These people will likely go home (if they have a home), but your medical staff should contact your local health department prior to discharge for any special instructions and to be sure they are aware of the discharge. You can give the releasee a copy of an excellent one page handout about home care from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html). If they don't have a home to release to, again, contact your local health department for assistance; some health departments are working on plans to find special temporary housing for such individuals. A third group of individuals is all the rest: those who are healthy and not thought to have been exposed to the virus. They would release as usual. You can provide them with basic information about prevention, such as this one-page handout from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf).

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FILED/ENDORSED
MAR 17 2020
By: J. Baker
DEPUTY CLERK

SUPERIOR COURT OF CALIFORNIA

COUNTY OF SACRAMENTO

STANDING ORDER OF THE SACRAMENTO SUPERIOR COURT	**No. SSC-20- ?** **ORDER AUTHORIZING SACRAMENTO COUNTY SHERIFF'S DEPARTMENT TO GRANT ACCELERATED RELEASE TO INMATES SERVING COMMITMENTS WITH 30 ACTUAL DAYS OR LESS REMAINING**

BY ORDER OF THE COURT AND EFFECTIVE IMMEDIATELY, the Sacramento County Sheriff's Department is authorized to grant accelerated release of inmates. Releases can be no more than 30 (thirty) actual days early of an inmate's sentence. This order includes misdemeanors and felonies.

This order applies only to inmates with commitments of 30 actual days remaining and shall remain in effect until May 31, 2020.

As of June 1, 2020, this order is revoked.

DATED: March 17, 2020

THE HONORABLE RUSSELL L. HOM
Presiding Judge

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DISTRIBUTION LIST

ORDER AUTHORIZING SACRAMENTO COUNTY SHERIFF'S DEPARTMENT TO GRANT ACCELERATED RELEASE TO INMATES SERVING COMMITMENTS WITH 30 ACTUAL DAYS OR LESS REMAINING

Standing Order No. SSC-20-?

Court Standing Order File (Original)

Judge Russell L. Hom, Presiding Judge

Judge Michael G. Bowman, Assistant Presiding Judge

All other Judges of the Sacramento Superior Court

Ann Marie Schubert, Sacramento County District Attorney

Steve Garrett, Sacramento County Public Defender

Theresa Huff, Conflict Criminal Defenders

Lloyd Connelly, Court Executive Officer

Jim Lombard, Deputy Executive Officer

Kelly Sullivan, Director of Criminal Division

Public Notice – Court Website

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EXHIBIT B

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COUNTY OF YOLO

Office of the County Counsel

Ronald J. Martinez
Senior Deputy County Counsel

625 Court Street, Room 201 Woodland, CA 95695
Main (530) 666-8172
Direct (530) 666-8273
FAX (530) 666-8279

March 24, 2020

VIA ELECTRONIC MAIL ONLY

Alison Hardy
ahardy@prisonlaw.com

Re: Jail Plans for COVID-19 Management

Dear Ms. Hardy:

The County of Yolo ("County") hereby responds to your March 19, 2020 letter whereby you requested the "*plans for the prevention and management of COVID-19 in [our] County Jail*."

Please note that in light of the rapidly evolving and unprecedented emergency situation concerning the spread of the COVID-19 virus, the County has implemented the guidance issued by the California Department of Public Health and the Centers for Disease Control and Prevention to protect the health and safety of County employees and residents, and is following, and will continue to follow, all orders issued by federal, State, and local officials.

In short, for the foreseeable future all available County staff is focused on providing essential services to County residents. When time allows, our office will work with the Sheriff's Office staff to locate documents that are potentially responsive to your request, and then determine if the documents are public records, exempt from public disclosure, and/or whether exempt information can be redacted. At this time we do not know when that will be.

If you have any question in the interim, please let me know.

Very truly yours,

/s/ Ronald J. Martinez

Sr. Deputy County Counsel

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EXHIBIT C

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CALAVERAS COUNTY SHERIFF'S OFFICE
ADULT DETENTION FACILITY

Supplemental Pre-Booking/Vendor/Inmate Program Medical Screening Questionnaire

1. Do you have a fever ≥ 100.4° Fahrenheit (38°C) **AND** exhibit symptoms of lower respiratory illness (e.g. cough, sore throat, shortness of breath)?

   ☐ YES ☐ NO

2. If **YES**, within the last 14 days, have you:
   a. Traveled outside of the United States?

      ☐ YES ☐ NO

   b. Have had close contact[i] with a person who is under investigation for coronavirus while that person was ill?

      ☐ YES ☐ NO

For subjects answering "YES" to any of the above questions:

- In pre-booking, requires medical clearance prior to booking inmate in to facility.
- Visitors, vendors, inmate program facilitators, etc. will not be permitted to enter administrative or secured areas of the facility without Jail or Bureau Commander approval.

If "NO", subject is clear for the purpose of this screening to enter facility.

Completed by:

Printed Name: ______________________________ Date/Time:

[i] Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area of a prolonged period of time (e.g., healthcare personnel, household member) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment.

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EXHIBIT D

Document received by the CA Supreme Court.

Memo

To: All Correctional Staff

From: Sgt. Cooper

Date: 3/26/20

Re: COVID-19 Updated Pre Screen Questions

To All,

Wellpath has recommended that we take inmate temperatures in the prescreening process (sally port) along with asking these additional questions to our previous prescreening questions.

1.Today, or in the past 24 hours, have you had any of the following symptoms: Fever, felt feverish, or had chills? Cough? Difficulty breathing?

2.In the past 14 days, have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?

Wellpath also recommends that if the person answers yes to question #2, ask them who it is, when and how they were tested and what kind of contact they had (live together, work together, etc).

If during the prescreening process an arrestee is showing any of the above symptoms or has a temperature over 100.4 degrees, they will have to be medically cleared for incarceration.

If the arrestee advises that they have had any of the above symptoms in the last 24 hours they **SHALL** be quarantined in a single cell. If the arrestee advises they have been in contact with someone that has been infected with the COVID-19 virus, they **SHALL** be quarantined. The quarantined inmate will remain quarantined until they have been tested and results have been examined by medical staff.

As of now our designated cells that we will use as a quarantine area will be cells 18(1) and 18(2). If we do find ourselves needing any of the18 cells, all inmates in cell 18 will need to be moved to another cell. If there are any issues with moving these inmates contact me regardless of the time or day and we will coordinate this move.

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Please remember to be taking proper precautions while working in the jail and with inmates. Wash hands often, wear gloves, wear face mask, and clean our work areas often. Have Inmate workers clean and sanitize the pre booking and booking area after every arrestee has completed the booking process.

Thank you all for your hard work and dedication during these difficult times

Kristopher Cooper, Jail Sergeant #228
Colusa County Sheriff's Office
929 Bridge St
Colusa, CA 95932
530-458-0225

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EXHIBIT E

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Munson, Dan

Subject: RE: Placer County Jail Plans for COVID-19

From: Alison Hardy <ahardy@prisonlaw.com>
Sent: Monday, April 20, 2020 5:13 PM
To: Kathleen Guneratne <KGuneratne@aclunc.org>; Dylan Verner-Crist <DVernerCrist@aclunc.org>
Cc: Alayna O'Bryan <alayna@prisonlaw.com>
Subject: FW: Placer County Jail Plans for COVID-19

From: Julia Reeves [mailto:JReeves@placer.ca.gov]
Sent: Wednesday, March 25, 2020 9:14 AM
To: ahardy@prisonlaw.com
Subject: Placer County Jail Plans for COVID-19

[CONFIDENTIAL ATTORNEY/CLIENT DOCUMENT - DO NOT PLACE IN PUBLIC FILE]

Dear Ms. Hardy,

The Placer County Sheriff's Office is in receipt of your March 19, 2020 letter, which has been forwarded to me for response.

Placer County Corrections has taken early and decisive action with regard to protecting its inmates, employees and facility visitors from the Coronavirus. To that end, Corrections has put screening procedures in place with regard to incoming inmates. Staff have also received additional instruction with regard to safety protocols and have access to personal protective equipment; Corrections also has personal protective equipment for inmates should they need it. Additional sanitation protocols are in place in inmate common spaces. Inmates also have access to individual cleaning and sanitation supplies for their own cells if they are of a classification that can use them safely. All inmates are receiving information on preventative measures to keep them healthy. We have internal procedures in place through our medical provider, Wellpath, to respond to an outbreak within our current inmate population, should one occur. For example, there are negative pressure cells in each facility that can be used to quarantine inmates who are suspected to have COVID-19.

While this is an evolving situation, and procedures may change as needs dictate, at present, the attached procedures are in place.

Thank you for your attention to this issue. Should you have any questions, please contact me directly.

Very truly yours,

Julia M. Reeves
Deputy County Counsel
Office of Placer County Counsel
175 Fulweiler Avenue
Auburn, CA 95603
530-889-4044

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DECLARATION OF JESSICA A.

I, Jessica A., hereby state that the facts set forth below are true and correct to the best of my knowledge, information, and belief:

1. My name is Jessica A. I am a resident of Los Angeles, California.
2. I have been a caretaker for 18 years for the city of Los Angeles and have also been a foster parent from 2016 to the present for the state of California. I love caring for my children.
3. I am the mother of my son, B.A, who is 17 years old. My son is a good listener, he always does his chores at home, loves to help his little sister, and has goals of finishing high school and attending college. He has a loving, supporting family. We often take family outdoor trips to go camping or fishing. B.A. is a genuine and selfless young person, always putting others before himself.
4. B.A. is currently at Central Juvenile Hall, located at 1605 Eastlake Avenue, Los Angeles, CA 90033. I am very concerned about his health due to the COVID-19 health emergency.
5. In April 2020, my son had a court date. I was not allowed to attend to support him. B.A. told me that he was forced to attend in person while his attorney joined by phone. At the hearing, his case was postponed, and it is unclear when the next hearing will be rescheduled. Not knowing when he will have to go to court and whether I can go with him has me extremely worried.
6. On March 14, 2020, B.A. called me at approximately 9:00 a.m. telling me that I could not come visit him because visitation had been cancelled due to COVID-19. He did not know when or how he would be able to see me again and was worried about whether we would be able to communicate.
7. I have not been allowed to visit my son since March 11, 2020, when I last visited him. I have not been allowed to see B.A. via video calls either. The facility and probation department have done nothing to help my son connect with his family. Probation has not sent letters home to parents or regularly shared updates.
8. Probation claimed that the youth would be provided two free, ten-minute calls per week rather than the one weekend call usually provided. However, I have had to continue paying for collect calls in order to speak with B.A. more than once a week.

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9. I am worried about my son's health because he told me that Probation is not following the guidance issued by health experts. B.A. told me there are usually about 20 students to a pod and that the youth eat together and complete classes together. B.A.. told me that he has continued to eat lunch in the cafeteria with other students as recently as the week of April 6, 2020, despite the dangers of COVID-19. The facility is not following the social distancing guidelines. They continue to go by their regular schedule.

10. B.A. has anxiety and depression. He said that he has not been able to see his therapist since the lockdown in response to COVID-19 began on March 14, 2020.

11. B.A. has expressed that he feels high levels of stress and anxiety and is also deeply concerned about my health. I am similarly concerned about his health. I encourage him to eat fruit and vegetables when they are provided and to drink tea to boost his immune system where possible.

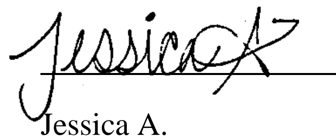
12. B.A. told me that he has not been able to continue schooling since the lockdown in response to COVID-19 began on March 14, 2020.

13. B.A. also told me that he is only receiving school packets once a week and is not receiving help on it.

14. If my son were released, he would be home safe with his family in our home where I would know he is okay and could access mental health treatment.

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

Date: April 20, 2020



Jessica A.

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DECLARATION OF SUSAN A.

I, Susan A., hereby state that the facts set forth below are true and correct to the best of my knowledge, information, and belief:

1. My name is Susan A. I am a resident of Los Angeles, California.

2. I am a Youth Navigator with New Earth, a nonprofit in Culver City, which provides previously incarcerated youth with mentor-based creative arts and educational programs, including poetry, music production, gardening and fitness. We currently serve 500 young people per week who are incarcerated in Los Angeles County detention facilities and placement homes and in the Orange County Juvenile Hall. Through this work, I regularly work with juvenile system-involved youth, parents, and families, assisting them with securing identification, preparing for and attending job interviews, and any other support they might need. I have held this position for approximately 1 year.

3. Despite the pandemic, New Earth continues to provide supportive services to youth released from juvenile facilities. For example, we continue to provide students with schoolwork packets, computers, and internet access, as well as provide meals and access to mental health services—connecting young people with teachers, social workers, and clinicians. Our work is more critical now than ever given the needs of young people during these stressful and uncertain times.

4. I am the mother of my son, P.A., who just turned 18 years old. Although I am a single parent, P.A. knows that he has the love and support of his whole family. He has two older sisters who would do anything for him and who are ready to help me work with P.A. to get him back on track. P.A. is kind-hearted and smart. Before P.A.'s involvement in the juvenile justice system, he wanted to be an engineer because he observed a STEM class while I was taking college courses.

5. P.A. is currently at Campus Kilpatrick, a juvenile probation camp located at the Challenger Memorial Youth Center in Lancaster, California. P.A. has been at Campus Kilpatrick since approximately December 30, 2019 and is due to be released on June 31, 2020. My son is very anxious and afraid for his safety and so am I.

6. P.A. has a compromised immune system. He was diagnosed with asthma in 2018 after he began

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experiencing severe chest pain, shortness of breath, and was having trouble breathing during exercise. He was prescribed an inhaler and does not have the typical lungs of an 18-year-old. This worries me now more than ever because it makes P.A. more vulnerable to COVID-19 based on the Center for Disease Control (CDC) guidelines.

7. I typically visit P.A. every other Sunday and his sisters join us when their schedule allows. However, on approximately March 14, 2020, the Saturday before I was going to visit, I received a call from a female staff member at Campus Kilpatrick notifying me that visitation for the youth had been cancelled and that I was not allowed to see my son. I asked whether I could do a virtual call so that I could make sure my son was doing okay during the pandemic. The staff responded that the equipment was not available at that time. When I asked her if staff could use their phones to allow virtual calls, she said no because authorization would be required to arrange such a call and so it could not be done at that time. I was not told when I would be able to see my son again, nor what the process would be for arranging virtual calls in the future.

8. Being unable to physically see my son in any way has been extremely distressing for me and for P.A. I am anxious and worried that he is not well taken care of, and I am unable to see that he is physically safe with my own eyes. I do not know what will happen if my son encounters someone who has this virus.

9. On approximately April 6, 2020, I called staff at Camp Kilpatrick out of continued concern for my son's safety during the pandemic and asked what they were doing to keep my son safe and whether he would be eligible for early release due to his health condition. His probation officer said that rather than look at release, the youth were being told to wash their hands every 30 minutes. She confirmed that the youth did not have access to gloves, hand sanitizer, or masks and admitted that it was difficult to keep the youth apart because of the dormitory-like structure of the facility.

10. On approximately April 9, 2020, my son's probation officer called me to follow-up on my concerns and shared that hand sanitizer stations had been set up, but that the youth still did not have gloves or masks. They continued not to follow social distancing rules.

11. I have seen the facility at Campus Kilpatrick. P.A. stays in one big dormitory where there are

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two long rows of approximately 20 beds by the walls, with a large common eating area and bathroom area attached. There is no way the youth can all be together in that kind of environment and socially distance themselves six feet apart.

12. P.A. has not been provided additional free phone calls and continues to receive only one free phone call for the entire week, despite our urgent need to keep each other updated on our health and well-being during the emergency. I have continued to pay money for P.A. to be able to call collect so that we can talk during the week. On our calls, P.A. has expressed severe anxiety and concern for me and the rest of his family. He worries that I am going to die before he gets out and he worries that he might die if gets COVID-19 because of his asthma.

13. P.A. told me that he and other youth are "going crazy" because there is little to do. P.A. stated that he was no longer receiving schoolwork packets and that there is no access to computers or internet. When I asked P.A. to write me a letter and encouraged him to write me raps and send them to me to express his feelings, he said that he could not because he did not have access to paper.

14. During my April 9, 2020 call with probation I asked if I could provide P.A. with paper and books but the officer told me I could not mail P.A. those items.

15. On April 14, 2020, P.A. shared with me that the youth finally received a mask. As of April 14, he said he has still not been given any gloves. He also said that the youth are still living in the same close quarters.

16. In early April 2020 Probation told me that the youth are no longer allowed to visit each other's dorms and that they are to remain stationed in their dorms because of COVID-19. I worry frequently about P.A.'s physical and mental health because he says he is not able to socially distance himself or keep himself busy with school or activities.

17. If P.A. were allowed to come home, he would have a stable environment where he could shelter in place. My son would have access to his loving family for support and be able to access resources and a job with New Earth. Most importantly, he would be able to do so while following the health and safety protocols issued by the state and local governments.

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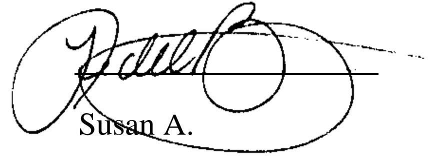
I declare under penalty of perjury under the laws of the State of California that everything I have said here is true and correct.

Date: April 18, 2020



Susan A.

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DECLARATION OF WILLIAM ALUQDAH

I, WILLIAM ALUQDAH, hereby state that the facts set forth below are true and correct to the best of my knowledge, information, and belief. Further, I understand that the statements herein are subject to the penalties of perjury under the laws of California and the United States.

1. My name is WILLIAM ALUQDAH (Booking #18135174). I was born on February, 20 1973 and am 47 years old.

2. I have been in custody at George Bailey Detention Facility on charges for Grand Theft since June, 5, 2018.

3. I am charged with three violations of Penal Code section 487 (a), grand theft, and one violation of Penal Code section 484(a) petty theft, with a bail amount of $300,000. I am unable to pay this amount since I am currently unemployed as I have been incarcerated for a long period of time.

4. I am a Type 2 Diabetic, who is insulin dependent, which requires me to get injections 2 times a day as well as other oral medications. Due to the current situation they have not been giving me my medications on a routine basis which I am told is because of issues they have been having at the jail with staffing and inmate movement. I have been feeling worse because of the lack of medication and it takes a long time to be seen by jail medical due to the pandemic and their new protocols which makes it hard for me to be seen. I have not been able to exercise and was told by jail medical staff that my symptoms are due to lack of exercise and the fact that I am not currently able to get my diabetic diet which has been ordered for me. I also suffer from high blood pressure and take blood pressure medication. I have been getting those medications, but they have not been conducting the regular blood pressure and blood sugar checks to ensure that the medications are effective.

5. Due to the pandemic everything in jail has become infrequent, and because of inmate movement due to trying to isolate potential COVID-19 patients, I

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have been moved housing units. Those movements take up to a couple of days to update in the computer system and those are times I miss my medications. I have been moved 3 times and have missed my medication for up to 4 days.

6. I am afraid for my safety and wellbeing due to the fact that there are 80 inmates in my unit and 40 of us out are allowed out to the common area at a time. I hear people coughing and we all must share the same common spaces. I fear that I may get sick and die in here without the possibility of getting the right medical care.

7. I am provided a welfare pack for sanitary items which includes 1 bar of soap a week for cleaning purposes, that lasts me 1-2 showers which is not enough to last me the entire week until the next pack. Cloth masks were given to us 1 time 3 weeks ago and have not been changed or cleaned for us. We ask for cleaning supplies to clean the common areas and our cells but cleaning supplies are not given to us, there is no hand sanitizer, and there are 80 people in my unit of which 40 people are let out at a time with no social distancing procedures. There are 2 phones in my unit which are needed to call attorneys and family members and there is no sterilization between calls. There are only 2 showers in the units which all inmates share, and these are not cleaned between showers with anything other than water.

8. I share a cell with 3 inmates that has 3-tier bunks that makes it impossible for social distancing recommendation guidelines to be followed. When we are let out to eat, we sit 4 to a table that is not more than 6 feet apart as recommended. There are 80 inmates in my current unit. A lot of people appear sick but unsure of what they have because we are not told what is wrong with other inmates.

9. I have seen some of the staff wears masks and gloves but not all of them.

10. I am worried about my health and well-being. I have been in for a long time and for a non-violent crime and feel concerned that I will not get the appropriate medications and am at high risk of complications if I get COVID-19 while in jail.

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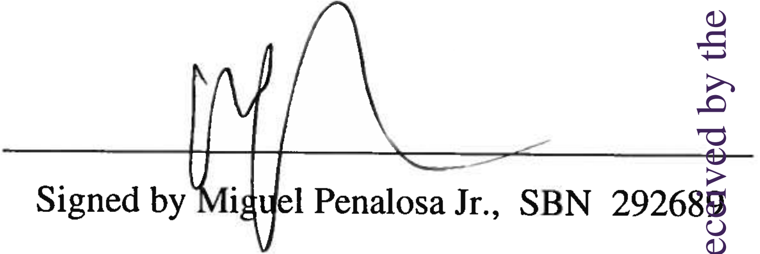
11. I have a place to live upon release with my girlfriend Keisha Barr who lives at 843 13th St. #3 San Diego 92101. I will be able to quarantine there until the pandemic has subsided and court reopens. I receive Medicare/ Medical which will assist me with my medical needs.

12. On March 25, 2020, my attorney, Miguel Penalosa Jr. requested a stipulated early release based COVID-19 and my medical condition with the San Diego District Attorney's Office via email. On March 26, 2020 that request was denied. This was the only mechanism by which my release could be obtained at that time as the court is closed for any contested hearing until at least April 30, 2020 and no motions can currently be filed with the court.

Because of the coronavirus, and my confinement, I was not able to sign this declaration in person. The declaration was read to me, over the phone, by Miguel Penalosa on April 13, 2020. I understood and verified its contents in full, and authorized Miguel Penalosa Jr. to sign the declaration on my behalf. Executed on April 14, 2020 in San Diego, California.

Date: April,15 2020



Signed by Miguel Penalosa Jr., SBN 292689

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DECLARATION OF JOSE R. ARMENDARIZ

I, Jose R. Armendariz, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I am 29 years old.

3. I was diagnosed with type 1 diabetes when I was around 11 years old. I receive insulin shots four times a day. Last year, custody staff failed to respond to my request for medical care when I felt dizzy. I ultimately fainted and hit my head on the wall. I filed a grievance about this matter.

4. I have hypertension and take lisinopril for it.

5. I have a history of pneumonia. I was hospitalized because of it when I was 15 or 16 years old.

6. I contracted valley fever while in the custody of the California Department of Corrections and Rehabilitation ("CDCR") at the age of 23. I spent about three months total in three different hospitals and lost about 40 pounds. The infection caused scarring in my lungs. I was on Fluconazole, which is an antifungal medication, for about a year.

7. After I contracted valley fever, I started having severe shortness of breath. I went to the doctor who diagnosed me with moderate asthma as a result of valley fever. Now I use an albuterol inhaler four times a day to minimize my asthma symptoms.

8. I am currently housed at the Theo Lacy Facility ("Theo Lacy"), which is part of the Orange County Jail in Orange, California.

9. I have been in Orange County Sheriff's Department ("OCSD") custody since December 2014.

10. At the age of 16, I was tried as an adult and convicted on two counts under California Penal Code 187.

11. I was sentenced to 90 years to life, a de-facto life without parole ("LWOP") sentence, around January 2011 and sent to prison in February 2011.

12. I was in CDCR custody from February 2011 to December 2014.

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13. I appealed my conviction and the Court of Appeal reversed it. The Court held that my conviction violated the Eight Amendment because it was cruel and unusual punishment to sentence me to a de-facto LWOP sentence when I was 16 years old.

14. Since my conviction was reversed, my case was remanded to juvenile court because of changes in California law. -

15. The probation officer who interviewed me around January 2020, determined that I am fit for juvenile treatment and recommended that my case remain in juvenile court.

16. I have a hearing that was scheduled for May 13 before Judge Lewis W. Clapp ("Judge Clapp"). Judge Clapp will determine whether I am deemed fit to be treated as a juvenile.

17. If Judge Clapp follows the recommendation from the probation officer, my case would remain in juvenile court and I would be released because I have already spent 13 years in custody.

18. At Theo Lacy, I am housed in a one-person cell about the size of a small parking space.

19. I share a dayroom and showers with 13 to 15 people on average who are housed in the same housing sector.

20. Although I am pulled out of my cell at the same time as two other individuals, the common space we share is used by up to a total of 16 people daily.

21. I have observed mold and mildew in the showers and know that they are cleaned only about two to three times a week, and not after every person uses them.

22. On average the dayroom is cleaned about four times a week. Dayroom duties, including wiping down telephones, stools, tables and stairwells; cleaning the showers and sweeping and mopping, are optional. We are not required to do it.

23. I do not have access to gloves. I have used sandwich bags from my sack lunch as a substitute for gloves to prevent the spread of germs because so many people, including custody staff and incarcerated people, handle the same equipment and supplies as I do.

24. The disinfectant that is provided is diluted to the point that it is mostly water. I know this because I asked a Sergeant Sterett and Correctional Services Technician J. Fernandez about it and they told me OCSD is rationing disinfectant. I submitted a grievance about this matter.

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25. I do not have access to hand sanitizer.

26. OCSD provides me and other people in custody with a single, travel-size bar of soap per week. If I use the bar of soap to shower and wash my hands regularly, as recommended, the bar runs out within a day. As a result, I have to choose between running out well before the week is over or not using the soap as much as I would like.

27. Incarcerated workers distributed torn sheets to me and other people in custody to use as bandanas/face coverings around April 6. I created my own mask using the sheets. Custody staff has recommended that we wash our bandanas/face coverings every 24 hours. But the only thing we have to clean our mask is the same tiny bar of soap which is insufficient. We have been wearing the same bandanas/face coverings for over two weeks. Custody staff has not provided us with more torn sheets and have ignored us when we ask for additional soap to wash them.

28. While medical staff wear masks at all times, not all custody staff do. I have seen several deputies not wearing masks. This worries me because it is impossible to stay 6 feet away from them. I come into close contact with them regularly including when I get medical care or when they shackle or escort me for movement within the jail.

29. Typically, people are escorted to the main medical area on the second floor to see registered nurses ("RNs"). However, RNs come to our housing module on the third floor instead of us having to go to them because we are in a medical module. These are the same RNs who deal with people from all over the jail. I believe they come to us to make it easier for people who are on wheelchairs and those who use canes.

30. Around April 20, I went to see an RN outside of my housing sector but within my housing module. When I exited the sector, a deputy escorted me from the guard station ("the bubble") to the RN line. I had physical contact with an RN who was not wearing gloves. I also noticed that the blood pressure monitor was not wiped clean after other people used it. On average there is between one to three people in line at once. I saw about 10 to 12 other people go to RN line before me on that day. While we wait to be seen by an RN, we sit on small dirty benches basically shoulder to shoulder.

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31. Around April 21, I went to diabetic check four times, once by myself and another time with up to five people from other housing sectors. I have seen groups of up to 10 people at once. We sit on small dirty benches shoulder to shoulder. We all use the same glucose monitor and handle it ourselves without wearing gloves. The monitor is not cleaned in between uses. In the past, I have seen blood on the monitor from previous use.

32. On April 9, a deputy escorted me to the visiting area for an official visit with my legal investigator. Although I was not cuffed, the deputy and I walked shoulder to shoulder from my cell door to the visiting booth. The deputy received papers from my investigator and passed them to me through a hatch to sign. I signed them and gave them back to him and he returned them to my investigator. The booth, which is within my housing module, is about 60 to 70 feet from my cell. The visiting area consists of nine visiting booths and is shared by all sectors in my housing module, which houses approximately 120 people. There are no cleaning supplies available in the visiting area, which is very dirty.

33. Around January 29, I was transferred from Theo Lacy to Central Men's Jail ("CMJ") and then to the Intake/Release Center. I was in a holding tank with a maximum capacity of 10 people with approximately 20 other people for about 24 hours. Around January 30, I was mistakenly transported to the California Institution for Men ("CIM") in Chino, California in a van with about 10 other people. I was housed at the CIM in a two-person cell with another individual. We would go to chow hall with about 50 other people. After about four days, I was transferred to the Kern Valley State Prison in Delano, California. I was housed in a cell by myself for about 12 days before being transferred back to CMJ. I was in a holding tank for about 24 hours at CMJ with approximately 10 other people in a tank with a maximum capacity of three. Around February 14, I was finally transferred back to Theo Lacy, where I also spent about 24 hours in a holding tank. This time with approximatively 10 people in a tank with a maximum capacity of 10. From around January 29 to February 14, I came into close contact with about 400 people.

34. Recently, I have observed four shifts of custody personnel per week covering the module where I am housed. Typically, morning shifts consist of three deputies and one

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1 correctional services assistant. Night shifts consist of two to three deputies and one correctional
2 services assistant. Each crew exits the jail at the end of their shift and returns the following day.
3 I am concerned that custody staff exiting the jail and returning could potentially be carriers of
4 the virus.

5 35. I have observed some custody staff and incarcerated workers handle and distribute meals
6 and mail while not wearing masks properly. Some lower their masks below their mouth when
7 they talk, which defeats the purpose.

8 36. I have observed custody staff and incarcerated workers distribute meals through the
9 same unsanitary tray slot used for clothing exchange.

10 37. I have observed custody staff and incarcerated workers using the same set of gloves to
11 hand out meals and clothing to multiple different incarcerated people. Clothing is sometimes
12 soiled and placed on the tray slot.

13 38. Custody staff give infrequent instruction about how we can protect ourselves from
14 COVID-19. Instructions are only given in English and I know there are a number of
15 incarcerated individuals in my housing sector who do not understand English.

16 39. I have been battling with a stuffy nose and dry cough for the past few weeks in addition
17 to feeling my lungs tightening which makes it hard to breathe. My cough has been getting
18 worse. Sometimes it is so bad that I feel faint and woozy and have to gasp for air.

19 40. Around April 20, I asked for an x-ray. Medical staff instructed me to drink lots of fluids
20 and gave me cough and allergy medicine and decongestion pills.

21 41. Since the pandemic was declared medical staff has been more dismissive and hostile
22 than usual. I am concerned about my health and the risks COVID-19 poses to my life.

23 42. Because of the coronavirus, and my confinement, I was not able to sign this declaration
24 in person. The declaration was read to me, over the phone, by Daisy Ramirez on April 23, 2020.
25 I understood and verified its contents in full, and authorized Daisy Ramirez to sign the
26 declaration on my behalf. I declare under penalty of perjury of the laws of the State of
27 California and the United States that the foregoing is true and correct to the best of my
28 knowledge and belief. Executed on April 23, 2020 in Orange, California.

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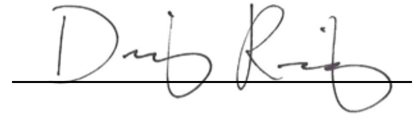

Signed by Daisy Ramirez on behalf of Jose R. Armendariz

Because of the coronavirus, I was unable to meet with Jose R. Armendariz in person to have him sign this declaration. On April 23, 2020, I read the declaration above in full to Jose R. Armendariz over the phone, and Jose R. Armendariz indicated he understood and authorized me to sign the declaration on his behalf. I declare under penalty of perjury of the laws of the State of California and the United States that the foregoing is true and correct to the best of my knowledge and belief. Executed on April 23, 2020 in Bell, California.

Signed by Daisy Ramirez

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BRENDON D. WOODS
Public Defender
Juvenile Branch Office
2500 Fairmont Dr., Ste. C3041
San Leandro, California 94578-1006
(510) 667-4496

Laurel Arroyo
Attorney at Law
California State Bar No. 238482

ATTORNEY DECLARATION

I, Laurel Arroyo, hereby declare as follows:

1. I am Laurel Arroyo, an attorney for the Alameda County Public Defender's Office.
2. I have worked for the public defender's office for almost fifteen years, and five of those years have been in the juvenile branch. I was recently transferred from the juvenile branch to the adult branch within my office.
3. In my experience working with youth in the juvenile hall, what makes them happy while incarcerated is programming, visits, and structure.
4. Young people who are incarcerated are happy when they receive "Student of the Week" awards and other accolades within the juvenile hall that are part of the usual programming.
5. Young people in juvenile hall rely on visits from their parents to keep the homesickness down.
6. When parents visit twice a week, they play board games with their kids and spend time laughing and enjoying each others' company, face-to-face, touching hands across the table.
7. Youth in the juvenile hall in Alameda County usually have access to various volunteers such as religious education, yoga, and other programs where people come into the juvenile hall to teach them.
8. Youth in the juvenile hall usually have classroom teachers who work and teach within the classroom on a Monday-Friday basis. Their school runs from roughly 9 a.m. -2 p.m. normally.
9. Because of COVID-19, in person school has been cancelled in the juvenile hall; there are only packets being done.
10. Because of COVID-19, yoga has been cancelled.
11. Because of COVID-19, religious meetings and religious one-on-one meetings have been cancelled.
12. Because of COVID-19, all other programming such as robotics, music making, drumming, and other activities have been cancelled.
13. All in-person visits with family have been cancelled.
14. The youth are experiencing additional stress and loneliness within the juvenile hall, which is causing them to feel isolated and anxious.
15. There are more behavior problems since the "shelter in place" has happened because youth have lost the normal structure of their days and it is hard for them.
16. The rehabilitative benefits that may have existed before (from programs within the juvenile hall) are no longer there.

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17. It is harder for youth to be away from their families with all the uncertainty around health issues regarding COVID-19.

18. Many of our juvenile clients are raised by grandmothers and other caregivers who are older and have health issues, and this may be causing additional stress for incarcerated youth, not being able to be with family members.

19. The juvenile hall in Alameda County was built in 2007 and it looks just like our jail, our DJJ, and our prisons. It has locked cells and a pod in the middle of the cells where the kids eat meals on bolted-down round tables.

20. The youth do better when they are happy and engaged in programming with other kids. COVID-19 has caused strain because youth either have to socially distance (become isolated from each other), or they are visiting with one another as usual in the juvenile hall, which can be dangerous for the spread of COVID-19. Both outcomes are bad—distancing and isolating kids or keeping them together in their pod.

21. Our daily count as of today, April 22, 2020 is 57 youth. This is a relatively "business-as-usual" number because the juvenile hall counts for the past year have hovered between 60-70.

22. The fact that the juvenile hall has just as many youth as usual is very concerning given the lack of programming and the health risks involved with incarceration.

I declare that the above information is true and accurate, to the best of my knowledge.

Executed this 22st day of April, 2020, at Alameda, California.

Laurel Arroyo

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DECLARATION OF MARK AVILA

I, Mark Avila, hereby declare and say:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mark Avila

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DECLARATION OF DR. ELIZABETH S. BARNERT, MD, MPH, MS

I, Elizabeth S. Barnert, declare as follows:

1. I am a pediatrician and Assistant Professor of Pediatrics at David Geffen School of Medicine at University of California, Los Angeles (UCLA), where I engage in research on the link between juvenile justice and health. I am a part of the UC Criminal Justice & Health Consortium – a collaborative effort of researchers, experts and advocates from across the University of California system working to bring evidence-based health and healthcare solutions to criminal justice reform in California and nationwide.

2. I also have served as a consultant to numerous governmental and non-governmental organizations on issues related to juvenile justice. My research examining youth justice and health, funded by the National Institutes of Health, has been published in top tier academic journals. I have advised the United States Congress, the California legislature, the California Governor's office, the Los Angeles County Board of Supervisors, and the Los Angeles Mayor's Office on juvenile justice policy. I am a member of the Juvenile Health Committee of the National Commission of Correctional Health Care. I am also a practicing pediatrician and provide clinical care in a Los Angeles County juvenile hall setting. My research, writing, and testimony have been referenced by the California Legislature and the California Governor's Office.[1]

3. COVID-19 is a serious, highly contagious disease and pandemic.[2] Under certain, extreme conditions, a single person can infect hundreds or thousands of community members.[3] Thus, time is of the essence to contain the spread of this infection. Across the world and country, COVID-19 has quickly and exponentially caused harm and death. Nearly 2.5 million people around the world have received confirmed diagnoses of COVID-19 as of April 21, 2020,[4] including over 775,000 people in the United States.[5] At least 169,006 people have died globally as a result of COVID-19 as of April 21, 2020,[6] including 41,758 in the United States.[7] These numbers have rapidly increased exponentially and are

[1] For example, see Barnert et al. Identifying best practices for "Safe Harbor" legislation to protect child sex trafficking victims: Decriminalization alone is not sufficient. *Child Abuse & Neglect, 51,* 249–262. https://doi.org/10.1016/j.chiabu.2015.10.002

[2] https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html

[3] https://graphics.reuters.com/CHINA-HEALTH-SOUTHKOREA-CLUSTERS/0100B5G33SB/index.html

[4] https://www.who.int/emergencies/diseases/novel-coronavirus-2019

[5] https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

[6] https://www.who.int/emergencies/diseases/novel-coronavirus-2019

[7] https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

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predicted by health officials to continue to increase. The CDC estimated at one point that as many as 214 million people might eventually be infected in the United States, and that as many as 21 million could require hospitalization.[8]

4. The COVID-19 Pandemic poses such a threat to public health and safety that President Trump declared a national state of emergency on March 13.[9] On March 4, 2020, Governor Gavin Newsom declared a statewide State of Emergency, and on March 19, 2020, he ordered all California residents to stay home or at their place of residence except to facilitate certain authorized necessary activities.[10] His office estimated that, in the absence of taking appropriate steps to mitigate the spread of the virus, as many as 56 percent of all Californians will contract it.[11]

5. The outbreak of COVID-19 has already reached incarcerated populations. In New York City's Rikers Island jail complex, at least 19 incarcerated people and 12 staff members had contracted COVID-19 as of March 22.[12] Just eight days later, by March 31, the jail's chief physician reported nearly 200 confirmed cases of COVID-19 and described the spread as a "public health disaster unfolding before our eyes."[13] As of April 21, 365 incarcerated people and 627 staff members had contracted COVID-19 resulting in 9 deaths and an infection rate that exceeds New York City nine-fold.[14]

6. On March 22, a Los Angeles County facility reported the first identified case of an incarcerated person testing positive for COVID-19 in California.[15] Two days later, neighboring Orange County reported its first confirmed case of an incarcerated person contracting COVID-19 in Men's Central Jail in Santa Ana.[16] On April 1, Los Angeles County reported its first positive case of COVID-19 of a

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[8] https://www.nytimes.com/2020/03/13/us/coronavirus-deaths-estimate.html

[9] https://www.cnn.com/2020/03/13/politics/donald-trump-emergency/index.html

[10] https://covid19.ca.gov/img/Executive-Order-N-33-20.pdf

[11] Office of the Governor, "Letter to President Donald Trump" (March 18, 2020), available at https://www.gov.ca.gov/wp-content/uploads/2020/03/3.18.20-Letter- USNS-Mercy-Hospital-Ship.pdf.

[12] https://thehill.com/homenews/state-watch/488855-top-official-says-new-york-city-coronavirus-jail-outbreak-is-a-crisis

[13] https://www.theguardian.com/us-news/2020/apr/01/rikers-island-jail-coronavirus- public-health-disaster

[14] https://legalaidnyc.org/covid-19-infection-tracking-in-nyc-jails/

[15] https://www.mercurynews.com/2020/03/22/coronavirus-california-state-prison- inmate-positive-for-covid-19/

[16] https://www.latimes.com/california/story/2020-03-24/orange-county-jail-inmate- tests-positive-for-the-coronavirus

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probation officer who works at Sylmar juvenile hall,[17] and the quarantine of 21 youth at that facility, and on April 6, it reported the second positive case of an officer at the same facility.[18]

7. Children and adolescents are at risk of severe disease and death. Indeed, the first fatality of a person under 18 in the U.S. with COVID-19 occurred in Los Angeles County on March 24.[19] Additionally, young people with underlying medical conditions have a higher susceptibility to COVID-19, of particular concern because youth in the juvenile justice system are known to have disproportionate medical morbidity compared to same-age peers.[20] As defined by the Centers for Disease Control and Prevention (CDC), people of any ages with underlying medical conditions are at higher risk of severe illness or death from COVID-19. Per the CDC, conditions that portend medical vulnerability to COVID-19 include: chronic lung disease or asthma, serious heart conditions, immunocompromise (for example, HIV, smoking history, or prolonged use of corticosteroids), severe obesity, diabetes, liver disease, and dialysis-dependent kidney disease.[21]

8. COVID-19 is caused by a novel virus. There is no vaccine available for COVID-19, and there is no cure for COVID-19. Except for the individuals fortunate to have survived COVID-19, no one has immunity, making the population vulnerable to ongoing outbreak. Currently, the most effective ways to control the virus are to use preventive strategies, including social distancing, and to dedicate our healthcare capacity for a manageable number of patients. Otherwise, overwhelming the supply of healthcare will certainly continue to exacerbate the pandemic.

9. Although juvenile justice facilities are a contained space, physical and logistical challenges create significant barriers to carrying out infection control processes necessary to contain the COVID-19 pandemic. In addition, arrival of new youth detainees, essential movement of residents, and the daily ingress and egress of the correctional workforce create portals for infection entry – as well as exit to the

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[17] https://www.latimes.com/california/story/2020-04-01/l-a-county-juvenile-hall- employee-tests-positive-for-coronavirus-21-juveniles-now-on-quarantine

[18] Los Angeles County Probation Officer, Electronic Public Announcement, "Second Los Angeles County Probation Employee Tests Positive for COVID-19 at Barry J. Nidorf" (April 6, 2020).

[19] https://www.latimes.com/california/story/2020-03-24/los-angeles-young-person-coronavirus-death

[20] American Academy of Pediatrics. Health Care for Youth in the Juvenile Justice System. Pediatrics. 2011;128(6):1219–1235 (March 01, 2012), Available at https://pediatrics.aappublications.org/content/128/6/1219.

[21] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html

community. Thus, penal institutions are at high risk of COVID-19 outbreaks and of creating spread to the community.[22]

10. Furthermore, juvenile facilities lack the operational capacity to address the needs of youth in custody in this magnitude of crisis. They are ill-equipped to provide youth with ready access to cleaning and sanitation supplies, or to assure that staff sanitize all surfaces during the day. Most lack the capacity to provide anything more than bare bones emergency mental or physical health care, and the demand for such services in this crisis will grow. In addition, juvenile facilities typically have very limited provisions for providing telephonic or other forms of remote visiting to youth – measures that are critically important to their health and rehabilitation if contact visiting is limited. The curtailing of education to homework packets in place of in-person or virtual instruction further compromises the ability to sustain or promote the well-being of children in confinement.

11. Moreover, juvenile detention facilities are already extremely stressful environments for children confined to them. They can be psychologically and medically harmful in their own right, leaving formerly incarcerated persons with higher rates of certain kinds of psychiatric and medical problems. Youth incarceration is associated with higher rates of morbidity (illness rates) and mortality (i.e., it lowers the age at which people die).

12. Penal settings also have limited options to implement the social distancing that is now required in response to the COVID-19 pandemic. It is very likely that many of them will resort to the use of solitary confinement. Adolescents may have difficulty complying and because of fear of being placed in solitary confinement if ill or suspected to be ill, they may under-report symptoms. Further, solitary confinement subjects adults and children alike to serious mental and physical harm,[23] such that professional mental and physical health-related, legal, human

[22] https://www.healthaffairs.org/do/10.1377/hblog20200324.784502/full/

[23] These many studies have been carefully reviewed in a number of publications. For example, see: K. Cloyes, D. Lovell, D. Allen & L. Rhodes, Assessment of psychosocial impairment in a supermaximum security unit sample, Criminal Justice and Behavior, 33, 760-781 (2006); S. Grassian, Psychiatric effects of solitary confinement. Washington University Journal of Law & Policy, 22, 325-383 (2006); C. Haney, Restricting the use of solitary confinement. Annual Review of Criminology, 1, 285-310 (2018); C. Haney & M. Lynch, Regulating prisons of the future: The psychological consequences of solitary and supermax confinement. New York Review of Law & Social Change, 23, 477-570 (1997); and P. Smith, The effects of solitary confinement on prison inmates: A brief history and review of the literature, in Michael Tonry (Ed.), Crime and Justice (pp. 441-528). Volume 34. Chicago: University of Chicago Press (2006).

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rights, and even correctional organizations have called for severe limitations on the degree to which solitary confinement is employed.[24]

13. In addition to the traumatic effects of incarceration itself for children,[25] and the added trauma produced by harsh conditions of juvenile confinement (such as solitary confinement), it is important to recognize that most incarcerated children have already experienced numerous childhood traumas, "risk factors," or what have been called "adverse childhood experiences."[26] Thus, juvenile incarceration represents a form of "retraumatization" for many of them, one that can be exacerbated by placement in solitary confinement. It is hard to imagine a more vulnerable population whose very significant needs should be treated with the utmost sensitivity in the face of this Pandemic.

14. In addition to the threats that the COVID-19 Pandemic present to the physical health of all individuals, the United States Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) report that this Pandemic likewise presents a threat to the mental health of many, including in particular children and teens.[27] To mitigate the stressors created by the COVID-19 Pandemic, both agencies recommend practices by parents and other caregivers to support the mental health of their children, all of which are currently challenged or made impossible in juvenile detention facilities.[28]

15. In summary, COVID-19 has reached crisis proportions around the globe. On an individual level, it is itself a traumatic event, especially for children trying to comprehend its magnitude and implications, and to feel safe in an otherwise suddenly unsafe-feeling world.

16. I submit this declaration to explain how the continued confinement of children during the COVID-19 outbreak poses a grave threat to their physical and mental health, as well as a threat to juvenile justice systems' staff, the healthcare system's capacity, and thus the overall community. In light of the above, it is my

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[24] For a list of these organizations and their specific recommendations, see: Haney, C. (2018) Restricting the use of solitary confinement. Annual Review of Criminology, 1, 285-310; Haney, C., Ahalt, C., & Williams, B., et al. (2020). Consensus statement of the Santa Cruz summit on solitary confinement. Northwestern Law Review, in press.

[25] For example, see: Sue Burrell, Trauma and the Environment of Care in Juvenile Institutions, National Child Traumatic Stress Network (2013).

[26] For example, see: Carly Dierkhising, Susan Ko, Briana Woods-Jaeger, et al., Trauma Histories among Justice-Involved Youth: Findings from the National Child Traumatic Stress Network, European Journal of Psychotraumatology, 4, (2013).

[27] https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress- anxiety.html; https://www.who.int/docs/default-source/coronaviruse/helping- children-cope-with-stress-print.pdf?sfvrsn=f3a063ff_2

[28] *Ibid.*

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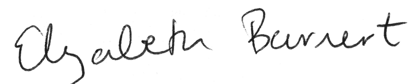
professional opinion that releasing as many incarcerated children as possible – and as quickly and safely as possible – to their families, where they can receive the support that the CDC and WHO recommend, is the best possible course of action for children, their families, and the broader community in response to the COVID-19 pandemic. This is a time-sensitive matter. As described above, multiple correctional settings around the country are experiencing COVID-19 outbreaks and deaths.[29]

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

Executed on April 22, 2020 at Los Angeles, California.



DR. ELIZABETH S. BARNERT

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[29] https://docs.google.com/spreadsheets/d/1X6uJkXXS-O6eePLxw2e4JeRtM41uPZ2eRcOA_HkPVTk/edit#gid=1197647409

<u>DECLARATION OF DANIEL COVARRUBIAS-KLEIN</u>

I, Daniel Covarrubias-Klein, hereby state that the facts set forth below are true and correct to the best of my knowledge, information, and belief.

1. I am the current attorney of record for Isaiah Alan Redditt ("Mr. Redditt") in Los Angeles Superior Court Case No. 0WC01991;
2. Mr. Reddit is 24 years old;
3. Mr. Reddit has been in custody for an alleged violation of California Penal Code Section 273.5(a) and second alleged violation of Section 422(a)—both filed as misdemeanor charges—at the Los Angeles County Men's Central Jail ("MCJ"), Module 8000. Mr. Redditt has been in the custody of the Los Angeles County Sheriff's Department on the pending charges since March 31, 2020;
4. Mr. Redditt was diagnosed with Type-I Diabetes (hereinafter also referred to as the "medical condition") as a young child. Type-I Diabetes was by-and-large previously referred to as "Juvenile Onset" diabetes. On at least one occasion during the relevant period of incarceration at MCJ, Mr. Redditt was in the MCJ urgent care facility for treatment related to his medical condition. Mr. Redditt's most recent visit to MCJ's urgent care was for a period of time spanning from April 4, 2020 to April 5, 2020 and was necessary due a spike in Mr. Redditt's blood sugar. Mr. Redditt requires blood sugar monitoring three times every day in MCJ and has been told by medical staff that stress may be exacerbating his medical condition;
5. As of the writing of this Declaration, Mr. Redditt shares a cell with one other person. Mr. Redditt and the other man in their cell have a single sink/toilet combination apparatus with running water. However, on information and belief, there is a "quarantined" inmate two cell doors down from Mr. Redditt's cell. There is a large sign on the outside of said cell door that reads "QUARANTINE" or another synonymous word or phrase;
6. Mr. Redditt eats his meals in his cell with his cellmate. Mr. Redditt's cellmate has recently developed a cough, but, on information and belief, continues to be housed in the same cell as Mr. Redditt;
7. Mr. Redditt does not have access to hand sanitizer or soap of any kind for hand washing;

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8. Mr. Redditt has not been given any information or materials by jail officials about how he can protect himself from COVID-19;
9. On April 7, 2020, I moved for Mr. Redditt's release in the Los Angeles Superior Court because of his health condition that renders him very vulnerable if he were to catch COVID-19. On that same date, the court denied the request for release;
10. Thereafter, on April 9, 2020 and April 14, 2020, Deputy Public Defender Gabriel Schaller moved for Mr. Redditt's release in the Los Angeles Superior Court for the same reason(s) mention in the preceding Paragraph 9 and based on the increasingly perilous situation in which Mr. Redditt finds himself given the continued spread of COVID-19 in the County jail and recent deaths and/or infections of those employed by the County who work in the County's penal institutions. Both subsequent applications for Mr. Redditt's release were denied on April 9, 2020 and April 14, 2020 respectively.

I Declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and/or information and belief. Executed this 14th day of April 2020, at Porter Ranch, California.

/s/ Daniel Covarrubias-Klein
Daniel Covarrubias-Klein
Deputy Public Defender
Attorney of Record for Defendant,
Isaiah Alan Redditt

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DECLARATION OF KIMBERLY A. CULLEN, M.D.

I, Dr. Kimberly A. Cullen, hereby declare:

1. I make this declaration based on my own personal knowledge and information derived from the Physicians for Criminal Justice Reform (PfCJR), its membership, and resources, as well as from Doctors for America (DFA), its membership, and resources. If called to testify I could and would do so competently as follows:

2. I am a board certified Family Medicine Physician in Denver, Colorado, a Criminal Justice Fellow for PfCJR, and a Copello Health Advocacy Fellow for Doctors for America (DFA). PfCJR and DFA are both membership organizations of physicians practicing throughout the country, including California. PfCJR has over 500 members and DFA has over 18,000 members. I have been a practicing physician for 5 years. I completed my 3 years of residency training in family medicine at Swedish Family Medicine - First Hill in Seattle, Washington in 2018. I graduated from the University of Massachusetts medical school in 2015. Prior to medical school, I held several positions at Partners in Health, a global health organization, including Senior Aide to the Chief of Mission in the immediate aftermath of the 2010 earthquake in Haiti.

3. PfCJR was founded by a group of physicians who were struck by the myriad of ways that the negative encounters with the criminal justice system lead to detrimental health consequences. PfCJR firmly believes that changing the interaction between the criminal justice system and individuals of targeted populations will ultimately lead to improved health of targeted communities. Primary goals of the organization are to serve as a fund of knowledge, education and training for local, state and national health and justice systems, as well as lobbying for criminal justice reform surrounding their issues, and increasing awareness and knowledge of the bidirectional relationship between health and the criminal justice system.

4. DFA is a national movement of physicians and medical students working together to improve the health of the nation and to ensure that everyone has access to affordable, high quality health care. Doctors for America's mission is to mobilize doctors and medical students to be leaders in putting patients over politics on the pressing issues of the day to improve the health

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of our patients, communities, and nation. DFA's Guiding Principles include a belief that: every person in America has a fundamental right to equitable, high-quality, and affordable health care; everyone should have the opportunity to lead a healthy life; every part of society should value and promote healthy families and communities; and doctors should take a leadership role in improving health care and ending health disparities. DFA includes a membership of 18,000 physicians and medical students in all 50 states. DFA members practice and study in the largest cities and the smallest towns of America. DFA's members are leaders in medicine and communities. Members include over 1,000 faculty of medical schools, over 30 deans of medical schools, nationally renowned health policy experts, physicians who are elected officials, book authors, newspaper columnists, leaders of community and physician organizations including several national physician organizations, and physicians who care for over 200,000 patients per day.

5. Because detained and incarcerated populations, including youth, are at high risk to contract the novel coronavirus disease 2019 (COVID-19), which spreads through respiratory droplets, Physicians for Criminal Justice Reform and DFA strongly urges governors, juvenile court systems, and state and local juvenile detention and correctional departments to address the ongoing global health pandemic by swiftly implementing the following recommendations:

(A) Immediately release youth in detention and correctional facilities who can safely return to the home of their families and/or caretakers, with community-based supports and supervision, to alleviate potential exposure to COVID-19;

(B) Halt new admissions to detention and incarceration facilities to mitigate the harm from the COVID-19 pandemic; and

(C) Establish and share publicly a COVID-19 safety plan for all youth who remain in facilities to ensure they have proper access to cleaning and sanitation supplies, as well as resources, support, education, and contact with loved ones.

6. In light of the rapid global outbreak of COVID-19, PfCJR and DFA want to bring attention to the serious risk of harms facing young people in juvenile detention and correctional facilities. United States Department of Health and Human Services Secretary Alex Azar declared

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a national public health emergency on January 31, 2020. Governors across the nation, including Governor Gavin Newsom, have declared public health emergencies, and a national emergency was announced on March 13, 2020.

7. As of April 20, 2020, there have been more than 2.3 million confirmed cases worldwide, with more than 157,000 deaths.[1] The United States has more than 746,000 confirmed and suspected cases, with at least 39, 083 deaths.[2] Public health experts expect the number of confirmed cases to continue to rise exponentially and warn that the situation in the United States may continue to get worse before improving. There are now 316 million people in at least 42 states, three counties, nine cities, the District of Columbia, and Puerto Rico that are under "shelter in place" or "safer at home" orders. This represents 95% of the population.[3] The reason why this is necessary is that the ability to physically distance from others is one of the few tools available to prevent more rapid spread of this deadly virus.

8. Detention and correctional facilities are designed to maximize control of the young people in their population, not to minimize disease transmission or to efficiently deliver health care. Transmission of infectious diseases in group carceral settings like juvenile facilities, jails, and prisons is incredibly common, especially those transmitted by respiratory droplets. For example, the average incidence of latent tuberculosis (TB) infection in prisons was 26.4 times higher than in the general population; the average incidence for active TB was 23.0 times higher than in the general population.[4] Seasonal influenza outbreaks are regular occurrences in jails and prisons across the United States as well. An outbreak of COVID-19 in youth detention and correctional facilities would be devastating. The mortality rate of COVID-19 is currently

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[1] World Health Organization, "*Coronavirus disease 2019 (COVID-19) Situation Report – 91*," (April 20, 2020), https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200420-sitrep-91-covid-19.pdf?sfvrsn=fcf0670b_4.

[2] Center for Disease Control and Prevention, "Cases of Coronavirus Disease (COVID-19) in the U.S.," (last updated April 21, 2020), https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html.

[3] Sarah Mervosh, Denise Lu, and Vanessa Swales, "*See Which States and Cities Have Told Residents to Stay at Home*," The New York Times (last updated April 20, 2020), https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html.

[4] Baussano, I., et al., "*Tuberculosis Incidence in Prisons: A Systematic Review*," 7 PLoS Med. 12 :e1000381, (December 2010) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3006353/.

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1 estimated to be nearly 5 times greater than the seasonal flu,[5] and has a far higher R0 (the average
2 number of individuals who can contract the disease from a single infected person) than originally
3 reported. A new study by the Centers for Disease Control increases the R0 for COVID-19 from
4 about 2.2 to about 5.7.[6] Put another way, every infected individual on average spreads the
5 COVID-19 infection to 5.7 other people.

6 9. COVID-19 is spread via respiratory droplets and through contact with
7 contaminated surfaces or objects. Studies have now confirmed that the virus is viable for at least
8 3 hours in the air and 3 days on surfaces.[7] There is emerging evidence regarding the possibility
9 of the fecal-oral route of transmission, with a duration of viral shedding from feces after negative
10 conversion in pharyngeal swabs of 7 days,[8] which may have serious implications with regard to
11 shared bathroom and shower facilities.

12 10. Though it was previously thought that infected individuals were most contagious
13 when they were symptomatic, new data out of Italy indicate that 43.2% of the confirmed
14 COVID-19 infections in one municipality were asymptomatic, and there was no statistically
15 significant difference in the viral load of symptomatic versus asymptomatic infections.[9] In other
16 words, this virus is as readily transmitted by those with or without clinical signs of infection,
17 such as fever, rendering this type of screening wholly inadequate. Though there is a lack of data
18 regarding severity of COVID-19 illness in children, in about 19 percent of cases in adults,
19 COVID-19 illness is severe, including pneumonia with respiratory failure, septic shock, multi-
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[5] Amy Harmon, "*Why We Don't Know the True Death Rate for Covid-19*," The New York Times (April 18, 2020), https://www.nytimes.com/2020/04/17/us/coronavirus-death-rate.html*; see also, Coburn*, B.J., Wagner, B.J., Blower, S., "*Modeling influenza epidemics and pandemics: insights into the future of swine flu (H1N1)*," (June 22, 2009), https://www.ncbi.nlm.nih.gov/pubmed/19545404.

[6] Sanche, S., et al., *"High Contagiousness and Rapid Spread of Severe Acute Respiratory Syndrome*," 26 Emerg. Infect. Dis. 7 (July 2020), https://wwwnc.cdc.gov/eid/article/26/7/20-0282_article.

[7] Doremalen, N., et al., "*Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1*," The New England Journal of Medicine (April 16, 2020), https://www.nejm.org/doi/full/10.1056/NEJMc2004973.

[8] Chen, Y., et al., "*The Presence of SARS-CoV-2 RNA in Feces of COVID-19 Patients*," J. Med. Virol (April 3, 2020), https://www.ncbi.nlm.nih.gov/pubmed/32243607.

[9] Lavezzo, E., et al., *"Suppression of COVID-19 Outbreak in the Municipality of Vo, Italy*," (April 18, 2020), https://www.medrxiv.org/content/10.1101/2020.04.17.20053157v1.

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organ failure, and death.[10]

11. Some people are at higher risk of getting severely sick from this illness, including people who have serious chronic medical conditions like asthma, lung disease, and diabetes, and those who are immunocompromised.

12. The American Academy of Pediatrics identifies youth in the correctional system to be a "high risk" population, with unmet physical, developmental, and mental health needs.[11] There are currently no antiviral drugs licensed by the U.S. Food and Drug Administration to treat COVID-19, or post-exposure prophylaxis to prevent infection once exposed. There is widespread community-based transmission of this virus in the U.S., and both staff and youth at juvenile facilities have already tested positive for COVID-19. On April 18, 2020, the Bon Air Juvenile Correctional Center outside Richmond, VA reported that 25 children have tested positive for COVID-19. Notably, the chief physician at Virginia's Department of Juvenile Justice said 21 of the 25 infected kids exhibited no outward symptoms.[12]

13. The number of cases of COVID-19 continues to grow exponentially, and health systems are already being strained. Social distancing measures recommended by the Centers for Disease Control[13] are nearly impossible in detention and correctional facilities, both for adults and youth, and testing remains largely unavailable. Even if testing becomes widely available, the considerable false negative rate of testing, particularly with rapid tests, leaves many COVID-19

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[10] CDC COVID-19 Response Team, Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020. *MMWR Morbidity and mortality weekly report.*

[11] American Academy of Pediatrics, "*Health Care for Youth in the Juvenile Justice System*," Policy Statement, 128 Pediatrics 6 (December 2011), https://pediatrics.aappublications.org/content/pediatrics/128/6/1219.full.pdf.

[12] Associated Press, "*Virginia Juvenile Detention Center New Coronavirus Hotspot*," U.S. News (April 18, 2020), https://www.usnews.com/news/us/articles/2020-04-17/virginia-juvenile-detention-center-new-coronavirus-hotspot.

[13] Center for Disease Control and Prevention, "*Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*," Coronavirus Disease 2019 (COVID-19) (last reviewed April 18, 2020), https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#ImplementSocialDistancing.

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1 cases undetected[14] and this will continue to create a reservoir of viral infections in these facilities
2 where transmission will readily occur.
3 14. In facilities where youth are subjected to group confinement, large scale and long-
4 term quarantines, which means isolation in many facilities, is neither feasible nor humane.
5 Juveniles held in isolation, now under the guise of infection control measures, can be deprived of
6 a significant level of access to physical and mental health care services; recreation or physical
7 exercise; education, reading, or writing materials; visits, calls, correspondence, or contact with
8 family members and loved ones; and other rehabilitative and developmentally-appropriate
9 programming.[15] Both the American Academy of Pediatrics and the American Academy of Child
10 & Adolescent Psychiatry (AACAP) have called for a ban on solitary confinement due to its
11 severe adverse affects on youth.[16] AACAP further asserted that, due to their developmental
12 vulnerability, juveniles are at particular risk for adverse reactions to confinement, such as
13 depression, anxiety and psychosis. COVID-19 threatens the well-being of detained youth, as well
14 as the corrections staff who shuttle between the community and detention and/or correctional
15 facilities.
16 15. COVID-19 cases have already been confirmed in detention facilities in which
17 young people live in close quarters, which have subpar infection control measures in place, and
18 whose population represents some of the most vulnerable. On April 6th, 2020, a second staff
19 member at a Sylmar juvenile hall in L.A. County tested positive for COVID-19, raising the
20 number of children quarantined in the facility to several dozen.[17] In this setting, we can expect
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[14] Winter, Lisa, *"False negatives in quick COVID-19 test near 15 percent: study,"* The Scientist (April 21, 2020), https://www.the-scientist.com/news-opinion/false-negatives-in-quick-covid-19-test-near-15-percent-study-67451

[15] ACLU and Human Rights Watch, "*Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States*," (Oct. 2012), https://www.aclu.org/files/assets/us1012webwcover.pdf.

[16] Owen, M., and Goldhagen, J., *"Children and Solitary Confinement: A Call to Action*," 137 Pediatrics 5 (May 1, 2016), https://pediatrics.aappublications.org/content/137/5/e20154180; *see also* American Academy of Child & Adolescent Psychiatry, "*Solitary Confinement of Juvenile Offenders*," (April 2020), https://www.aacap.org/aacap/Policy_Statements/2012/Solitary_Confinement_of_Juvenile_Offenders.aspx

[17] Leila Miller and James Queally, "*Second Sylmar juvenile hall employee gets coronavirus; more youths under quarantine*,' Los Angeles Times (April 6, 2020), https://www.latimes.com/california/story/2020-04-06/coronavirus-sylmar-juvenile-hall-employee-tests-positive.

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the spread of COVID-19 in a manner similar to that at the Life Care Center of Kirkland, Washington, at which over two-thirds of residents have tested positive for the virus and 35 people have died in the last 6 weeks.[18]

16. Given all that is known about COVID-19 and the realities of juvenile detention facilities, the time to act is now. While this pandemic is unlike anything our country has seen before, it is important to ensure that all youth justice detention and corrections agencies develop a complete safety plan to ensure comprehensive and coordinated implementation across the State. This not only includes typical health measures, such as ensuring all staff and youth have proper access to cleaning and sanitation supplies, and instructions to sanitize all surfaces throughout the day, but also ensuring mental health is not forgotten and that young people have resources, support, and contact with loved ones.

17. No one is sure when this crisis will abate, and we are all feeling fear and uncertainty about the future. However, it is magnified for the families who are separated from their children because their children are detained. The anxiety and emotional distress youth may feel when removed from the home and incarcerated is certainly exacerbated by the current pandemic. Our youth are the future of our nation and, recognizing that the majority of young people in detention and correctional facilities across the nation are removed from their communities for non-violent charges and pose no threat to community safety, it is unacceptable to allow children to be separated from their families during this global crisis.

18. Many detention and correctional facilities have not communicated with youths' parents, except to tell them they cannot visit. As noted previously, detention and correctional facilities are not equipped to appropriately handle this crisis. However, this vast lack of communication increases the uncertainty, anxiety, and fear on the part of families and their children.

19. According to the CDC, children, teens, and people with preexisting mental health

[18] Jack Healy and Serge F. Kovaleski, *"The Coronavirus's Rampage Through A Suburban Nursing Home: Two-thirds of Life Center's residents and 47 of its workers fell ill. Thirty-five people died,"* The New York Times (March 27, 2020), https://www.nytimes.com/2020/03/21/us/coronavirus-nursing-home-kirkland-life-care.html.

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conditions are among those "who may respond more strongly" to the stress and fears associated with the outbreak of this disease.[19] In essence, a preexisting mental health condition renders a youth more vulnerable to increased distress related to the current health crisis. Research has consistently demonstrated that mental health disorders are substantially more common among detained adolescents compared with general population counterparts, including psychotic disorders, major depression, post traumatic stress disorder, and others.[20] One review on the health of detained adolescents reported that 66.8% of males and 81.0% of females met diagnostic criteria of a mental health disorder.[21] Furthermore, data have shown that up to 90% of justice-involved youth report exposure to a traumatic event.[22] According to the American Academy of Pediatrics, "[c]hildren who suffer potentially traumatic events are more likely to develop lasting emotional problems if they are not with their parents – or are separated from their parents – immediately after the event."[23] Allowing youth to "shelter in place" with their families can reduce the negative emotional impact that this global crisis may have on their current well-being and long-term adjustment.

20. The States must respond to this public health crisis. The State of California,

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[19] Centers for Disease Control and Prevention, "*Stress and Coping*," Coronavirus Disease 2019 (COVID019) (last reviewed April 16, 2020), https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html.

[20] Gabrielle Beaudry et al., "*Mental Disorders Among Adolescents in Juvenile Detention and Correctional Facilities: An Updated Systematic Review and Meta-regression Analysis*," J of the Am. Acad. of Child & Adolescent Psychiatry (Working Paper Feb. 5, 2020), https://doi.org/10.1016/j.jaac.2020.01.015.

[21] Rohan Borschmann et al., "*The Health of Adolescents in Detention: A Global Scoping Review*," 5 The Lancet Pub. Health e116 (Feb. 2020), https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(19)30217-8.pdf.

[22] Carly B. Dierkhising et al., "*Trauma Histories Among Justice-Involved Youth: Findings from the National Child Traumatic Stress Network*," 4 Eur. J. Psychotraumatol (2013), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/.

[23] Brian Stafford et al., "*Pediatric Education in Disasters Manual Module 9: The Emotional Impact of Disasters on Children and Families*," (Stephen Berman ed. 2009), https://www.aap.org/en-us/Documents/disasters_dpac_PEDsModule9.pdf; *see also* Melissa de Witte, "*Separation From Parents Removes Children's Most Important Protection and Generates a New Trauma, Stanford Scholar Says*," STANFORD NEWS (June 26, 2018), https://news.stanford.edu/2018/06/26/psychological-impact-early-life-stress-parental-separation/.

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1 including its Governor, juvenile courts, probation departments, district attorneys, and law
2 enforcement have an obligation to avoid the preventable spread of COVID-19 amongst the youth
3 in their care. The COVID-19 outbreak puts young people at unnecessary risk of illness and of
4 becoming carriers of the disease. Recent public health recommendations and state-imposed "stay
5 -at-home" guidelines indicate that the safest practice for all people is to remain at home with
6 family members as much as possible. Further detention and incarceration of any minors who can
7 remain safely at home with families and/or caretakers is inconsistent with the rehabilitative goals
8 of the juvenile justice system and contrary to public health recommendations.
9 21. Especially now that the nation has widespread community transmission of
10 COVID-19, the possibility of detention and correctional staff transmitting the virus to youth in
11 their custody, and/or infected youth passing the virus to staff is a risk that has quickly become a
12 reality. This public health crisis requires each and every one of us to re-evaluate how we conduct
13 our lives and care for one another. Institutions responsible for the care and custody of vulnerable
14 populations must take unique steps to "flatten the curve" and slow the spread of this virus.
15 22. PfCJR and DFA strongly recommend that governors, juvenile court systems, and
16 state and local juvenile detention and correctional departments across the nation release youth in
17 detention and correctional facilities who can safely return to the home of their families and/or
18 caretakers with community-based supports and supervision, and be mindful of incarcerating as
19 few youth as possible to mitigate the harm from a COVID-19 outbreak.
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21 I declare under penalty of perjury of the laws of the State of California and the United
22 States that the foregoing is true and correct. Executed this 22nd day of April, 2020 in Denver
23 Colorado.
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26 Dr. Kimberly Cullen
On behalf of Physicians for Criminal Justice
27 Reform & Doctors for America
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DECLARATION OF RODNEY CULLORS

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

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

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

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

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

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

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

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

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

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

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

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of the jail's food though. I need to eat but I don't want to get infected.

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

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

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

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

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very concerned about being required to share such a small confined space with people who were coughing.

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

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

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

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

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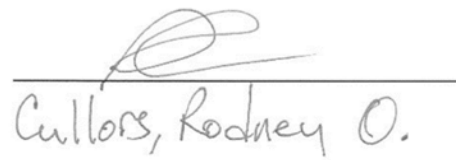
before they see me. That's in normal times, and I know they have lots more medical requests right now due to the virus. I don't want to die here. I should not be here. I am going to be 60 next year. Well, I hope I am.

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



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DECLARATION OF ALBERT LEWIS DEEDS

1. I, Albert Lewis Deeds, hereby state that the facts set forth below are true and correct to the best of my knowledge, information and belief.
2. I am 42 years old.
3. I was incarcerated in the San Francisco County Jail system from December 27, 2013 until March 6, 2020. On March 6, 2020, I was transferred from the San Francisco County Jail system to the Santa Rita Jail in Alameda County for a pending charge. I was released from Santa Rita Jail on April 10, 2020 on my own recognizance. I have court on June 17, 2020, when I will be sentenced for my current criminal case.
4. While I was incarcerated in the San Francisco County Jail system, I was housed in multiple San Francisco Sheriffs' Department facilities. I was incarcerated in Jail 4 from December 27, 2013 until November 2014. I was then transferred to San Francisco County Jail 5, where I stayed until September 2019. In September 2019, I was moved to San Francisco County Jail 2 to attend treatment before my release. I stayed in San Francisco County Jail 2 until I was transferred to Santa Rita Jail.
5. While I was incarcerated in San Francisco County Jail 2, I was housed in a dorm setting. Each dorm is a circular pod. I was housed in the D-Pod housing unit, which housed approximately 36 people while I was there. D-Pod was broken into four sections that consist of small, doorless rooms. Each section housed approximately a dozen people who sleep in bunk beds. These bunk beds are at most six feet away from each other. When I was there, both level of the bunks were occupied by people. The distance between the top and bottom bunks was approximately three or four feet on each bed. Based on my experience, it would be very difficult for people in each housing unit to stay

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six feet apart from one another. San Francisco County Jail 2 still housed people in dorm settings when I was released on March 6, 2020.

6. The D-Pod Housing Unit in San Francisco County Jail 2 has four bathrooms. Each bathroom has two toilets, one shower, and two sinks that are used by everyone in the unit. Because each bathroom is used by at least a dozen people, it would be very difficult to maintain social distancing in each bathroom.

7. I was transferred to Santa Rita Jail on March 6, 2020. After I was booked into the Santa Rita Jail, I was housed in Unit 32 West, which is a dorm setting. I was not quarantined in isolation for any period of time before I was housed in Unit 32 West. Unit 32 West has six dorms that each have ten bunk beds spaced against the wall in a long row of the dorm. In each dorm, each bunk bed, which housed two people, was approximately three feet apart. When I arrived to Unit 32 West, the dorm I was placed in was overcrowded and all the bunk beds were full, so I had to sleep with my mattress on the floor. I spent two weeks sleeping on the floor because there was no bed to use. There were two other people also sleeping on the floor when I arrived. One of the other people sleeping on the floor had his mattress placed right in front of the bathroom because the unit was so crowded. There were still people sleeping on the floor when I was released from the Jail on April 10, 2020, even though numerous people had been released from the unit.

8. When I was in Unit 32 West, it was impossible to stay six feet away from other people, especially when I was sleeping, because each bed was only three feet away from the next bed. In the housing unit area, it was also impossible to socially distance during the day, because there were simply too many people in too small a place to maintain a six-foot

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distance. Crowding was especially bad during pill call and meal times, when deputies gathered us into a line to receive our medications or food.

9. Each dorm in Unit 32 West in the Santa Rita Jail also only has one bathroom with one shower, two sinks, one urinal, and two toilets that are shared by twenty people in the unit. While I was in the housing unit, it was impossible to regularly clean the hard surfaces with effective disinfectant. We were only given very diluted cleaning solution once a week to clean the bathroom, including the shower and urinals. We were not given rags or any other materials to clean the bathroom, so we had to rip up towels to clean the bathroom. There was also no one assigned to clean the bathroom. The shower in the bathroom of the housing unit also was covered with black mold.

10. While I was housed in the Santa Rita Jail, I watched the news and saw that the Alameda County Sheriffs' Department had bought $100,000 worth of supplies to protect incarcerated people against an outbreak of COVID-19, including masks, cleaning materials, and washing wipes. I did not receive any of these materials until approximately two weeks before my release, when the Jail handed out anti-bacterial soap. This was the first time that I had been issued bar soap during my stay in Santa Rita Jail, because it is not part of the standard issue. The next day, jail staff handed out antibacterial wipes. The day after that, we only received antiseptic wipes. I was not given a mask until a few days before I left custody. I was given a surgical mask, not an N95 mask. Each person was only given one mask. After the masks were handed out, I did not see Jail staff hand out masks or other supplies in any of the following days.

11. The Alameda County Sheriffs' Department also did not screen any new incarcerated people before they were moved into Unit 32 West. During my stay, even well into the

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COVID-19 pandemic, new people were moved into the housing unit who had been freshly booked. To the best of my knowledge, the Jail did not quarantine or hold newly booked people in a separate area for any period of time before putting them in general population.

12. The Alameda County Sheriffs' Department also did not perform any medical screening of people in my housing unit. During my stay, nursing staff never checked my temperature or asked whether I was coughing or showing signs of respiratory illness. Nor did I see any nursing staff monitoring or taking the vital signs of anyone else in the housing unit.

13. The jail staff in the Santa Rita Jail also put up some signs in my housing unit directing people to wash their hands and stay six feet apart. There were some signs put up next to phones directing each person who used the phone to wipe the phone down after each use, even though we were not given any materials with which we could wipe down the phones. Because there were no materials that we could use to wipe down the phones, I saw many other people in my housing unit use the phones without wiping them down. Because everyone in the housing unit was worried about contacting their family during the pandemic, there was often a line to use the phones and I witnessed many people use the phones in quick succession without wiping them down.

14. On April 8, 2020, housing unit deputies told me and other people in Unit 32 West that they were modifying yard and dayroom. The deputies told us that only half of the unit would be let out at once, but then did not enforce social distancing for people who were let out.

15. While I was housed in Unit 32 West in Santa Rita Jail, numerous people were released. I was informed by other people in the unit that they were being released because of the

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Jail's efforts to decrease the population. Despite these releases, the unit remained crowded and people remained in close proximity to one another in the housing unit. Many people in the housing unit still slept three feet away from one another. The releases that were made were not nearly enough to safely social distance in Unit 32 West or other dorms in Santa Rita Jail. At the time I was released, there were still people who shared a bunk bed with another person in Unit 32 West and every single bottom bunk in the unit was still occupied. As long as people are housed in dorms in Santa Rita Jail or the San Francisco County Jail system, I do not believe people will be safe from the threat of COVID-19 because, based on my experiences, it is nearly impossible to socially distance in a dorm setting.

16. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration is executed at San Francisco, California, this 17th day of April 2020.

Albert Deeds

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DECLARATION OF CAROLE DUNHAM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Carole Dunham

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DECLARATION OF ABDEL ELLAWENDY

1. I, Abdel Ellawendy, hereby state that the facts set forth below are true and correct to the best of my knowledge, information and belief.
2. I am 46 years old.
3. I was incarcerated in the Monterey County Jail in Salinas, California from August 4, 2018 to June 10, 2019. On June 10, 2019, I was transferred from Monterey County Jail to North Kern State Prison, where I stayed for approximately two months before I was released from custody.
4. I am currently pre-diabetic. I also currently have persistent bloody urine. While I was in the Monterey County Jail, I had numerous medical ailments. I suffered from persistent constipation, bloody stool, and hemorrhoids. While I was in the Monterey County Jail, I also had a severe skin rash.
5. While I was in the Monterey County Jail, I was housed in the B-Dorm unit. During my stay, B-Dorm had approximately 35 triple-bunk beds, most of which were used by at least two people at once. These bunk beds were arranged in seven rows of approximately five to eight bunk beds. The beds themselves were spaced at most two feet from one another. Some of the beds were touching. People would sleep in these beds right next to one another. When I was in B-Dorm in the Monterey County Jail, there were approximately seventy people in the unit.
6. When I was housed in B-Dorm, there were numerous people with medical conditions or disabilities who were housed in the unit. It is my understanding that B-Dorm specially houses incarcerated people with medical conditions and disabilities in the Monterey County Jail.

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7. While I was housed in B-Dorm in the Monterey County Jail, numerous people became sick with the flu or a cold. Whenever someone was sick in the dorm, many people would get sick because of the proximity of people to one another. I remember at least three times when one person in the unit got everyone else in the unit sick with the flu.
8. Illnesses in B-Dorm often also led to fights and other conflicts between incarcerated people. When someone became sick in the housing unit, numerous other incarcerated people would approach them and ask them to leave the unit or they would be attacked. If they refused to leave, the other incarcerated people would attack them to force them to leave the unit. Then custody staff would arrive, stop the assault, and bring the victim to another housing unit. I remember that this happened at least once in the winter of 2019.
9. When I was housed in B-Dorm, there was only one bathroom for all seventy people in the unit. This bathroom had only four toilets. The bathroom also had three showers that were also shared by everyone in the unit. This bathroom was cleaned every morning by the incarcerated people in the unit.
10. When I was incarcerated in the Monterey County Jail, I was never given personal hygiene items, such as soap, hand sanitizer, or wipes. I had to buy soap, shampoo, and toothpaste from the commissary. There was no hand sanitizer or wipes to purchase in the commissary.
11. While I was incarcerated in the Monterey County Jail, everyone in B-Dorm was fed in the unit. Our food was passed out by other incarcerated people, who did not wear gloves when they passed out the food. To eat with, we were given one plastic cup and one plastic spoon for our entire stay. We were not given dish soap to wash our plastic cup

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and plastic spoon. During the ten months I stayed in the Jail, I washed my cup and spoon only with water in the bathroom.

12. When I was in the Monterey County Jail, I became sick with the flu in the winter of 2019. To get medical treatment, I had to fill out a sick call slip on an electronic tablet. There were ten tablets that were shared by everyone in the housing unit. After putting in a sick call slip, it would take three to four days before a nurse would come to the housing unit and call your name for a brief appointment with a member of medical staff. When I was struggling with constipation and a skin rash in the Monterey County Jail in the winter of 2019, it often took as much as a week for me to be seen by medical staff. Sometimes I had to place multiple sick call slips before I could be seen by medical staff. Most incarcerated people were also charged a small amount as a co-pay before they could see medical staff, although the jail would waive this amount if you could not pay it.
13. While I was incarcerated in the Monterey County Jail, it was very difficult to be seen by medical staff if I was feeling sick with a flu or a cold. Medical staff would not take symptoms like a cough or sore throat seriously. In December 2018, I was sick with the flu and put in a sick call request to see the doctor. I was seen approximately a week later by a physician's assistant, who dismissed my concerns and told me to buy soup or tea from the commissary to treat my illness. At the time I was in the Jail, it was very hard to receive medical care. In my opinion, an epidemic in the Jail would make it far harder to receive medical treatment, because medical staff would quickly become overwhelmed.
14. In my opinion, if there is an outbreak of COVID-19 in the Monterey County Jail, it would be disastrous. If one person gets sick, everyone, including incarcerated people and jail staff, would get sick. When I was in the Monterey County Jail, I was rarely, if ever, six

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feet away from other people in the unit, especially during the night when I was sleeping. From my experience in the Jail, it would be impossible to enact social distancing because of the crowded nature of the housing dorms.

15. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration is executed at Monterey, California, this 17th day of April 2020.

Abdel Ellawendy

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DAVID EPPS, SBN 160173
Alternate Defender
County of Santa Clara
701 Miller Street, First Floor
San Jose, CA 95110
Telephone: (408) 299-7200

ATTORNEY DECLARATION

I, David Epps, declare as follows:

1. I am the Alternate Defender for Santa Clara County.
2. I oversee all operations at the Alternate Defender including our Juvenile Division.
3. I have been practicing law for over twenty-five years; twenty-four of those years as a public defender.
4. The Alternate Defender currently represents several youth who come within the jurisdiction of the juvenile delinquency system. Some of our youth clients are detained in juvenile hall and "ranch" facilities.
5. The purpose of the juvenile court system is to provide for the protection and safety of both the public and the every minor whose case is administered through the courts.
6. Proceedings in juvenile court are not criminal and should not serve to place the stigma of criminality on a minor. Juvenile court law should be liberally construed to secure such care and guidance as will serve the welfare of the minor and the best interests of the state.[1]
7. COVID-19 is a respiratory illness caused by a novel or new coronavirus. There is no vaccine and no current human immunity.[2] The novel coronavirus that causes COVID-19 is a global pandemic, [3] infecting 2,622,571 people worldwide and killing over 182,000 people.[4] Santa Clara County is experiencing a COVID-19 outbreak via

[1] *See In re Aline D.* (1975) 14 Cal.3d 557, 562.
[2] https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx <last accessed April 22, 2020, 2020>
[3] The World Health Organization (WHO) classified the spread of COVID-19 as a global pandemic. *See* World Health Organization, Director-General Opening Remarks (March 11, 2020), https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 <last accessed on March 24, 2020>.
[4] *See* Johns Hopkins University & Medicine, Coronavirus Resource Center https://coronavirus.jhu.edu/map.html <last accessed April 6, 2020.>

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community transmission. There are total of 1,962 cases in Santa Clara County confirmed as of this writing.[5]

8. Santa Clara County declared a local health emergency because of the spread of the virus on February 10, 2020.[6] Governor Gavin Newsom declared a state of emergency on March 4, 2020.[7] The federal government declared a national emergency due to the pandemic on March 13, 2020.[8]

9. Initial statewide and localized governmental action in response to the virus involved limiting large gatherings[9] and culminated in a shelter-in-place order prohibiting all public and private gatherings of any number of people, unless authorized by exception.[10] On March 19, 2020, Governor Newsom issued an executive order requiring all Californians to stay home.[11]

10. Since the various state actions addressed above, the Judicial Council has issued several emergency orders specific to Santa Clara County as well as multiple statewide emergency orders. Santa Clara County Superior Court has issued implementation orders which reflect a variety of actions seeking to enact authorizations pursuant to Government Code section 68115. The orders, in general, authorize extension of statutory timelines in order to comply with the health officer and executive orders. These orders have upended normal procedures in all courts, including juvenile delinquency courts.

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[5] Santa Clara County Public Health, County of Santa Clara COVID-19 Cases Dashboard https://www.sccgov.org/sites/phd/DiseaseInformation/novel-coronavirus/Pages/dashboard.aspx <last accessed April 22, 2020, 2020>. As of this writing, there are over 1962 confirmed cases in Santa Clara County and 33,261 in California. Ninety-four people have died locally.

[6] https://www.nbcbayarea.com/news/local/south-bay/santa-clara-county-declares-local-health-emergency-amid-novel-coronavirus/2231584/<last accessed March 30, 2020>.

[7] https://www.gov.ca.gov/2020/03/04/governor-newsom-declares-state-of-emergency-to-help-state-prepare-for-broader-spread-of-covid-19/ <last accessed March 30, 2020>.

[8] https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/ <last accessed March 16, 2020>.

[9] https://www.sccgov.org/sites/phd/DiseaseInformation/novel-coronavirus/Pages/order-health-officer-03092020.aspx; https://www.mercurynews.com/2020/03/12/coronavirus-gov-newsom-says-cancel-gatherings-over-250-statewide/; https://www.sccoe.org/news/featured/PublishingImages/Pages/Novel-Coronavirus-Information/03-09-20-Updated-Guidance-and-Orders%20ENGLISH.pdf <last accessed March 30, 2020>.

[10] https://www.sccgov.org/sites/phd/DiseaseInformation/novel-coronavirus/Pages/order-health-officer-031620.aspx <last accessed March 16, 2020>.

[11] *See* State of California, Executive Department, Executive Order N-33-20, https://www.gov.ca.gov/wp-content/uploads/2020/03/3.19.20-EO-N-33-20-COVID-19-HEALTH-ORDER-03.19.2020-signed.pdf

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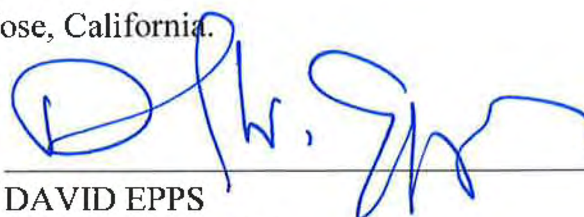
11. Actual implementation of the various court orders has created some confusion at the local level with some judicial officers and prosecutors interpreting the orders in a way that unduly disrupts the ability of minors to access the courts for a variety of important reasons including, but not limited to, judicial determination of release or alternative placement, detention hearings and timely jurisdictional hearings.

12. I am informed and believe the following information about conditions at Santa Clara County juvenile detention and rehabilitation facilities: all family visits have been suspended, evaluations for mental competency are not occurring, minors undergoing competency restoration are experiencing significant delays in their access to treatment and there are significant decreases in recreational and therapeutic programming.

13. Decreased programming for youth is extremely concerning because rehabilitative elements are fundamental to meeting the needs of incarcerated youth. Further, decreased access to the courts combined with the dangers to youth physical, emotional and mental health have created unprecedented challenges to securing the safety of youth in our juvenile justice system. Given the failure to provide comprehensive rehabilitative services, procedural delays, the risk that isolation poses to the mental health of youth, the risk that congregate settings have on both minors and the general public and the compounding traumatic impact on youth, the best action is to release incarcerated youth with appropriate conditions.

I declare under the penalty of perjury that the foregoing is true and correct except as to those matters which are based on information and belief – as to those matters I believe them to be true.

Executed on April 22, 2020, San Jose, California.



DAVID EPPS
Alternate Defender

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DECLARATION OF AARON J. FISCHER

DISABILITY RIGHTS CALIFORNIA

I, Aaron J. Fischer, declare as follows:

1. If called as a witness, I would and could competently testify to the facts stated herein, all of which are within my personal knowledge.

2. I am an attorney at Disability Rights California, the State's designated protection and advocacy system that was established as an independent, private, nonprofit agency in 1978. Disability Rights California is charged with protecting the rights of people with disabilities in California pursuant to the Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. § 15001 *et seq*., the Protection and Advocacy for Individuals with Mental Illness, 42 U.S.C. § 10801 *et seq*., and the Protection and Advocacy for Individual Rights Act, 29 U.S.C. § 794e *et seq*.

3. Disability Rights California has legal authority under federal law to investigate public and private service providers, facilities, and programs that provide services, support, care, or treatment to persons with disabilities. The organization has similar statutory authority codified under California State law. Cal. Welf. & Inst. Code §§ 4900 *et seq*. Federal and state law gives Disability Rights California special monitoring and access authority to conduct investigations of possible abuse or neglect of people with disabilities, to provide information and training about the rights of people with disabilities, and to monitor a service provider, facility, or program's compliance with respect to the rights and safety of people with disabilities.

4. Since 2016, I have participated on Disability Rights California monitoring teams investigating conditions in several California county jails and detention facilities, with a particular focus on the treatment of people with physical, sensory, and psychiatric disabilities as well as serious medical conditions. These investigations have occurred in systems of varying sizes, including Alameda

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County Jail, Sacramento County Jail, San Diego County Jail, Santa Barbara County Jail, Sonoma County Jail, and Orange County Jail, as well as the Adelanto Immigration Detention Center.

5. These investigations involve multi-day on-site tours of jail facilities, interviews of staff and people who are incarcerated, examinations of policies and procedures, and reviews of individual custody and health care records. During our on-site tours, we are able to take photographs, a number of which are included in this document. Through our statutory authority, we are also able to review non-public records, documents, data, and other materials relevant to our investigation.

6. Based on our investigations of detention facility conditions, we have produced detailed public reports with findings and recommendations to address identified deficiencies. *See, e.g.*, *Suicides in San Diego County Jail: A System Failing People with Mental Illness*, Disability Rights California (April 2018); *There is No Safety Here: The Dangers for People with Mental Illness and Other Disabilities in Immigration Detention at GEO Group's Adelanto ICE Processing Center*, Disability Rights California (March 2019).

7. We have also served as appointed class counsel in federal lawsuits challenging unlawful and unconstitutional conditions of confinement in county jail systems. *See, e.g.*, *Mays v. County of Sacramento* (E.D. Cal. No. 2:18-cv-02081-TLN-KJN), *Murray v. County of Santa Barbara* (C.D. Cal. No. 2:17-cv-08805-GW-JPR), *Hall v. County of Fresno* (E.D. Cal. No. l:11-cv-02047-LJO-BAM), *Johnson v. County of Los Angeles* (C.D. Cal. No. 2:08-cv-03515-DDP-SH).

I. Summary of Observations from Disability Rights California's Monitoring of Jails as Related to the COVID-19 Emergency

8. Through my participation in Disability Rights California's in-depth monitoring in small, medium, and large county jail systems, I have observed a consistent theme of crowded, confined, and ill-equipped facilities that make

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providing for the health and safety of the incarcerated population extremely challenging, even in the best of times.

9. In monitoring conditions in county jails, I have not encountered a jail facility designed in a way that allows for physical distancing consistent with current public health guidelines where the population is anywhere near what is considered to be at "capacity." Based on the frequent use of tightly packed double- and triple-bunk beds that we have documented, even a reduction to 50% normal operating capacity seems unlikely to allow for the physical distancing that public health experts now recommend to prevent transmission of the coronavirus.

10. I have observed that county jails are relying on their solitary confinement units to separate people who have tested positive for COVID-19, manifest symptoms of COVID-19, or report recent exposure to the virus. This reliance on solitary confinement is likely the only feasible option to implement a quarantine given the severe physical plant limitations in California jail facilities.

11. Yet it is important to recognize that the use of solitary confinement to hold people, particularly those with mental health-related disabilities, is also extremely dangerous and increases the likelihood of decompensation, suicidal ideation, and death by suicide. Disability Rights California's monitoring work has consistently confirmed this to be so.

12. Due to the severe limitations in physical plant design and layout, jail systems are now being forced to act to protect against one serious health risk – COVID-19 transmission – in a way that exposes people in custody to another serious health risk – the psychological and physical harms of solitary confinement. Jail systems working to protect the health and safety of people in their custody are essentially in an impossible position.

13. Disability Rights California's current monitoring of county jails during the COVID-19 emergency shows that county jail systems are making efforts to

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respond to the crisis, under very difficult circumstances. Nothing in this declaration should be read to criticize the work of health care staff or custody staff in counties where we are actively monitoring.

14. I know of many examples of jail health care, custody, and other staff are acting courageously to rise to the challenge of this moment. We have received first-hand reports of jail staff members going above and beyond to help people in custody understand the circumstances of the COVID-19 emergency, address health care concerns, and manage the stress and anxiety of prisoners who face increased isolation with jails having to stop and significantly curtail programming, family visitation, and the like. I have heard stories of staff showing greater-than-ever care, kindness, and common purpose in the work they are doing in these recent weeks.

15. Like people who are incarcerated, jail staff are also being put into harm's way. I have received reports that it has become more difficult to deliver timely and clinically appropriate medical and mental health care to people in jail custody. Jail leadership have expressed concerns to me that there may be staff shortages, particularly if the virus spreads through the jail and infects those who work there.

16. Through our monitoring, I have observed that population reduction efforts to date do not appear to adequately consider those people who are most vulnerable during this public health emergency – that is, people with disabilities, medical conditions, and other factors putting them at high risk for severe illness from COVID-19. I have observed that jail populations have a disproportionately high number of people at such risk. In many counties, jail housing units designated for people with significant health care and disability-related needs remain among the most crowded today.

17. Guidance from the State and local jurisdictions regarding population reduction measures have focused almost exclusively on criminal justice factors

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such as charges and remaining time on a sentence. While these factors are entirely sensible to consider, I believe, based on the extensive information gathered through Disability Rights California's monitoring of detention facilities, that it is important to devote special attention to the people known to be at heightened risk. Our monitoring has found that people who are most vulnerable during this pandemic are at risk of being left behind.

II. Examples from Individual California County Jail Systems Monitored by Disability Rights California

Sacramento County Jail

18. Disability Rights California began an investigation of conditions at Sacramento County Jail in 2015, issuing a report with detailed findings of violations of the rights of people with disabilities. We continued to monitor conditions and meet with Sheriff's Department leadership, and in 2018 filed a federal class action lawsuit, *Mays et al., v. County of Sacramento*, on behalf of people in custody at the jail. In January 2020, the federal court approved the parties' settlement, including a Consent Decree and remedial plan. Disability Rights California and its co-counsel are now monitoring implementation of the remedial plan.

19. Sacramento County's jail system consists of two facilities, the Main Jail and Rio Cosumnes Correctional Center (RCCC). Both of these facilities are poorly designed to provide adequate health care services, even without a pandemic. The former chief of correctional services stated that the health care facilities are "severely outdated and inadequate for providing services to our inmate population." Alexandra Yoon-Hendricks, "$89M expansion set for Sacramento County Jail: Here's why the need is called 'critical,'" *Sacramento Bee*, Apr. 26, 2019. The health care unit at the RCCC facility, for example, houses people with a range of

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1 serious and chronic medical conditions in beds aligned in close proximity.

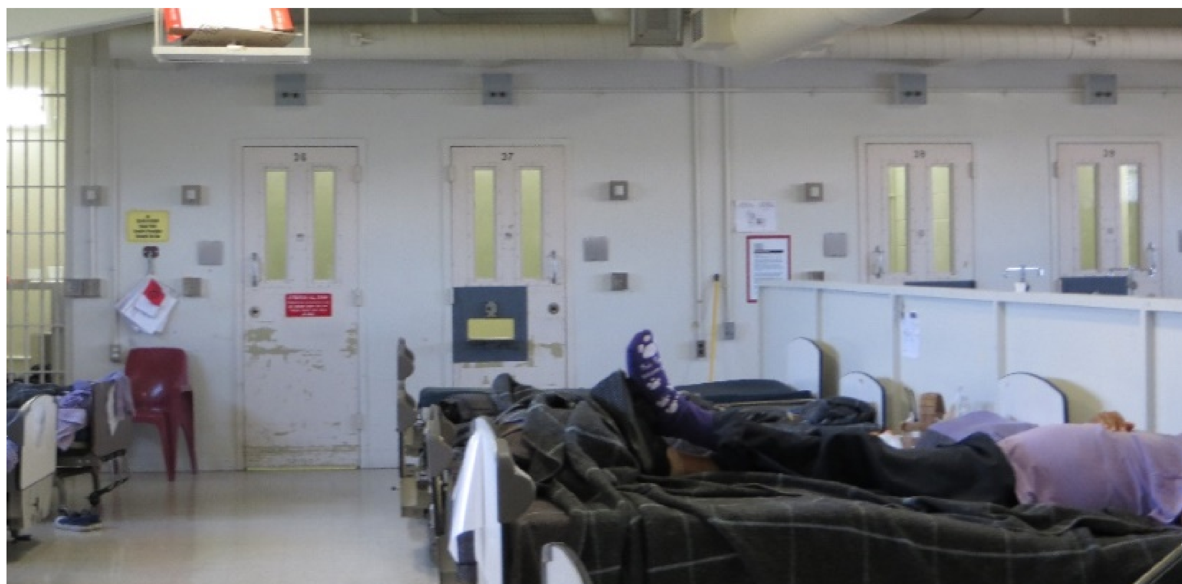

Photo: Medical Unit, Sacramento County Jail (RCCC) (July 2016)

20. Custody and health care staffing shortages have also long compromised the provision of adequate treatment for people in detention. One expert consultant hired by Sacramento County found that "custody staffing for both jails is startlingly and dangerously low," and found that Sacramento County's jails "operate in a state of near perpetual emergency" on account of chronic understaffing. Another county expert consultant identified a medical staffing shortage that "ultimately adversely affects the health care process."

21. In reaching a court-approved settlement in the *Mays* class action lawsuit, Sacrament County "agree[d] that the custodial and health care staff must be increased to meet minimal constitutional and statutory standards." The County acknowledged that "[p]resently, there are insufficient deputies to supervise out-of-cell activities for people in the general population and administrative segregation, and to provide security for health-related tasks." *Mays* Consent Decree, Ex. A at 3.

22. As part of the *Mays* settlement, Sacramento County also agreed to consult with an Environment of Care expert to "make written recommendations to

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address issues of cleanliness and sanitation that may adversely impact health" in the jail facilities. *Mays* Consent Decree, Ex. A at 39.

23. Unfortunately, implementation of the court-approved settlement was in its earliest stages when the coronavirus pandemic hit California. Improvements to the jails' health care facilities have yet to begin, the staffing plan to ensure timely access to adequate care remains in its initial stages, and the Environment of Care evaluation and related remediation efforts have not yet occurred.

24. Notably, Sacramento County agreed in the court-approved settlement "that reduction in jail population is a cost-effective means to achieve constitutional and statutory standards." *Mays* Consent Decree, Ex. A at 3.

25. Even with a significant reduction in Sacramento County's incarcerated population since March 2020, the challenge to provide for the health and safety of people in custody remains significant during this public health emergency. Through my involvement in monitoring the court-approved settlement, I am aware that there remain crowded congregate housing units that make physical distancing very difficult, if not impossible.

26. Based on my in-person observation of the facilities, I am aware of no setting that Sacramento County's jails have to medically isolate prisoners who have symptoms of COVID-19 or report recent virus exposure other than solitary confinement cells.

27. I have received firsthand reports that significant numbers of people are being quarantined in "Total Separation" cells in solitary confinement units because there is no feasible alternative setting in the jails. Disability Rights California's clients have testified in the *Mays* case to extreme psychiatric harm in those units, describing how they became "mentally exhausted and suicidal," "hopeless," and "unable to cope with the extreme isolation." One person testified that he felt "trapped, like an animal. My anxiety gets so bad when I am in my cell that I feel

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like I cannot breathe." I have learned through my monitoring of these facilities that it is common for people to attempt suicide or engage in serious self-harm in these Total Separation units. At least four people have died by suicide while housed in these units in recent years.

Photos: Solitary Confinement Cells, Sacramento County Jail (July 2016)

28. Placing people requiring quarantine in solitary confinement settings may be the only feasible option in this public health emergency due to the jails' severe physical plant limitations. But it also means that the jail must act to protect against one serious health risk – COVID-19 transmission – in a way that exposes people to the also serious risks of harm caused by solitary confinement.

29. Through Disability Rights California's monitoring work, I have learned of approximately 250 people, including pretrial and sentenced prisoners, who jail health care staff have identified as having one or more factors making them high-risk for severe illness from COVID-19.

Santa Barbara County Jail

30. Disability Rights California began an investigation of conditions at Santa Barbara County Jail in 2015, issuing a report documenting violations of the rights of people with disabilities. We have continued to monitor conditions,

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including through on-site jail inspections. We also have continued to meet with Sheriff's Department leadership, and in 2017 filed with our co-counsel a federal class action lawsuit, *Murray et al., v. County of Santa Barbara*, on behalf of people in custody at the jail. The parties have engaged in a structured negotiations process that is now in its final stages, with an agreement in principle on a Stipulated Judgment that is subject to final approval by the County Board of Supervisors and Sheriff.

31. Prior to the coronavirus pandemic, the Santa Barbara County Jail was consistently operating well above its rated capacity, with a prisoner census that sometime reached 135% of identified capacity. I have observed how the jail has had to resort to housing people in basement areas, law libraries, and other spaces that were not designed to serve as housing units. As recently as this year, due to overcrowding in the jail, people in custody have slept in plastic structures, commonly called "boats," that sit directly on the floor, often between or at the foot of filled bunked beds.

32. According to data provided to Disability Rights California as well as public jail population reports produced by the county, since the coronavirus pandemic hit, Santa Barbara County has reduced the jail population below rated capacity for the first time in many years. At the same time, the makeshift housing areas, including the "men's basement dorms," remain in operation. Several dorms with bunk beds lined up in close proximity have remained at or near capacity through mid-April 2020.

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33. Through our ongoing investigation and the *Murray* lawsuit, I am aware that the "medical unit" and "mental health unit," each of them tightly packed dorms utilizing bunk beds lined up with limited space between them, remain significantly populated. Photos that we took of these housing units, which house many of the most medically vulnerable people in the facility, show the impossibility of adequate physical distancing absent very substantial population reduction.

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Photo: Medical Dorm, Santa Barbara County Jail (June 2016)

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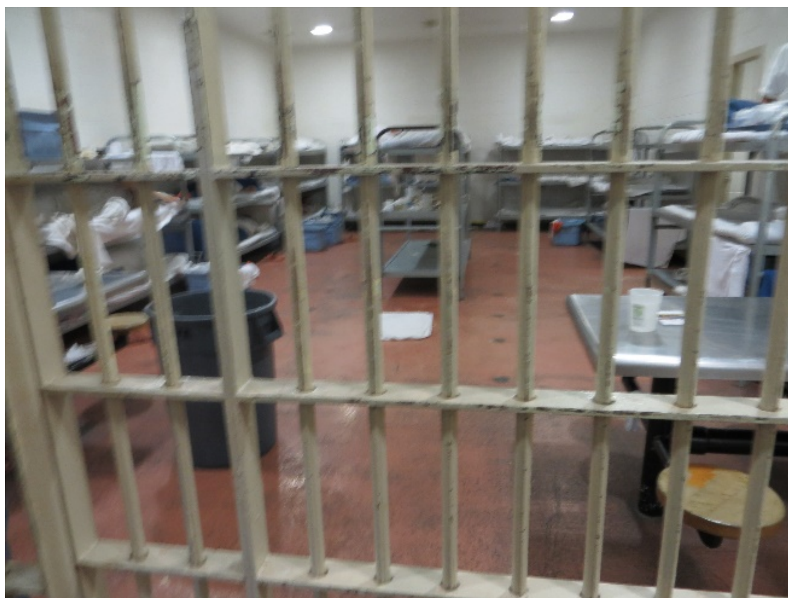

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Photo: Mental Health Dorm, Santa Barbara County Jail (June 2016)

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1 34. I have observed how Santa Barbara County Jail's health care facilities
2 and resources are ill-equipped, even in normal times, to meet the needs of the
3 incarcerated population. As a 2017 Grand Jury found, the jail is "old, antiquated,
4 and overcrowded." Two expert consultants have described how the jail's physical
5 conditions put people at risk of communicable disease. In September 2019, a
6 correctional environmental health and safety expert who assessed the jail concluded
7 that "it is paramount that activities for environmental health and life safety be
8 implemented in the existing facility and also the new facility upon opening *to*
9 *prevent or minimize the risk of injury and/or illness transmission and the spread of*
10 *communicable disease among inmates as well as staff*" (emphasis added). A
11 correctional medical expert hired by Santa Barbara County made similar findings,
12 noting "a high number of inmates who actively had or had recently suffered from a
13 serious skin infection due to a drug resistant form of the bacteria staphylococcus
14 aureus, known as MRSA. . . . [T]his MRSA problem is likely a reflection of
15 overcrowding combined with sanitation issues."
16 35. Santa Barbara County is in the process of constructing a new jail
17 facility that contains more modern health care space and is intended to alleviate
18 crowding and other problematic conditions at the current jail facility, which will
19 remain in operation. The new facility is not yet open, having encountered a number
20 of delays in planning and construction.
21 36. Based on my experience monitoring the Santa Barbara County Jail and
22 my involvement as lead counsel in the *Murray* lawsuit, I am aware of no setting
23 that the jail has to medically isolate prisoners who have symptoms of COVID-19 or
24 report recent virus exposure other than solitary confinement cells, including a small
25 number that have negative air pressure. The county has informed *Murray* class
26 counsel that a significant number of people, including new jail admissions, are now
27 being quarantined in these restrictive housing units because there is no feasible
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alternative setting in the jails. Solitary confinement conditions in the Santa Barbara County Jail have put people at significant risk of psychological harm. In the course of our investigation, we found that attempts to commit suicide were strikingly common in the solitary confinement units, at times occurring more than once every two weeks, including for one man who died as a result.

37. Again, placing people requiring quarantine in isolation settings may be the only feasible option given the jail's physical plant limitations. But it also means that the jail is forced to act to protect against one serious health risk – COVID-19 transmission – in a way that exposes people to the risks of harm caused by solitary confinement.

38. I have observed the Sheriff's Office leadership and staff working extremely hard to meet the challenge of this moment to protect against transmission of the coronavirus in the jail and to address the health needs of people in custody at the jail. Even with those efforts, on April 17, 2020, the Sheriff announced that a person in custody at the Santa Barbara County Jail had tested positive for COVID-19 approximately 16 days after he was booked at the jail.

39. We have learned of nearly 100 people (approximately 15% of the total jail population), including both pretrial and sentenced, who have been identified by health care staff as having one or more factors making them high-risk for severe illness from COVID-19. While some of those people have recently discharged from the jail, the large majority of them remain in custody.

San Diego County Jail

40. Disability Rights California began an investigation of conditions in the San Diego County Jail facilities in 2015, issuing a report in April 2018, *Suicides in San Diego County Jail: A System Failing People with Mental Illness*, that found dangerous conditions for people with mental illness and other disabilities and documented the high rates of inmate deaths in recent years.

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41. Our investigation found that significant staffing shortages and the lack of other critical resources have led to systemic failures to deliver adequate health care to people in detention. We continue to monitor conditions at the jail facilities.

42. During our on-site inspection of San Diego County Jail, we visited crowded housing units with double- and triple-stacked bunks in close proximity.

Photos: Dorm Housing Unit, San Diego County Jail (Central) (November 2016)

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43. Through our continued monitoring since the coronavirus pandemic began, we have learned that the Sheriff's Department has increased the use of lockdowns in cells as its primary method to allow for physical distancing. We have also received reports that staffing and other COVID-19-related challenges have greatly challenged the delivery of health care. I have received reports that it is taking longer for prisoners to be seen by medical staff when sick, while care for people who have disability needs or are elderly or sick fall to their healthier peers. These issues have been reported in the local media as well. *See, e.g.*, "They're Filthy": Inmates Decry Lack of Clean Masks, Testing, Conditions, in San Diego Jails," *San Diego Union-Tribune*, Apr. 12, 2020.

44. The Sheriff's Department has reported that multiple jail staff members and prisoners have tested positive for COVID-19.

Orange County Jail

45. Disability Rights California began an investigation of conditions in the Orange County Jail facilities in 2018, and has been working productively with Sheriff's Department and Correctional Health Services leadership to address a number of policies and practices negatively impacting people in detention, in particular people with disabilities. We have continued to monitor conditions in the county's jails since the coronavirus pandemic began.

46. Orange County Jail has several large dorm- or barracks-style housing units with normal operating capacity ranging from 104 to 384 people. They are arranged in a such way that bunk beds are packed tightly together, resulting in

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1 crowded living quarters.

Photo: Orange County Jail (Theo Lacy Barracks) (January 2019)

47. Orange County Jail's impressive health care leadership team has communicated with the Sheriff's Department about the need to markedly reduce the incarcerated population enough to achieve adequate physical distancing. Orange County Jail has reduced the population in many of the dorm and barrack housing units, in some cases to as low as approximately 50% capacity in an effort to provide for physical distancing. Achieving this dorm and barrack population reduction required significant cooperation between health care and custody staff.

. Yet, given the physical design of these jail facilities, even that level of population reduction is unlikely to allow for physical distancing consistent with today's public health guidelines. For example, a reduction to 50% capacity in a dorm like the one shown above may allow for only one bed on each bunk bed to be used (providing for vertical physical distancing), or for every other bunk be to be used (providing

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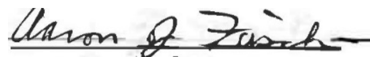
for horizontal physical distancing), but not both.

48. I am aware through my experience monitoring the Orange County Jail that it lacks the facilities to medically isolate people who have symptoms of COVID-19 or report recent virus exposure in any setting other than in single-cell "module" housing units. A significant number of people, including new jail admissions, are being quarantined in these restrictive housing units because there is no feasible alternative setting in the jails given physical plant limitations. This may be the medically prudent and necessary method to protect against COVID-19 transmission, but it also exposes people to the risks of harm caused by solitary confinement-type conditions.

49. Orange County Jail was among the first jails in California to report that people in custody had tested positive for COVID-19. Nearly a dozen prisoners have tested positive to date, along with multiple staff members. Several housing units have been placed on quarantine in an effort to prevent further spread of the virus through the jail.

50. We have learned of approximately 720 people (about 22% of the total jail population), including both pretrial and sentenced, who have been identified by health care staff as having one or more factors making them high-risk for severe illness from COVID-19 as of early April 2020.

I declare under penalty of perjury that the forgoing is true and correct. Executed this 20th day of April, 2020 at Berkeley, California.



Aaron J. Fischer

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1 **DECLARATION OF MICHAEL FREEDMAN**

2 I, Michael Freedman, declare:

3 1. I have personal knowledge of the facts set forth herein, and if called as a
4 witness, I could competently so testify.

5 2. I am an attorney duly admitted to practice before this Court. I am senior
6 counsel at the law firm of Rosen Bien Galvan & Grunfeld LLP ("RBGG").

7 3. RBGG is a private law firm in San Francisco, California. For the past three
8 decades, RBGG has litigated class action lawsuits on behalf of incarcerated people in
9 California. RBGG is counsel of record in *Coleman v. Newsom*, 90-cv-00520-KJM-DAD
10 (E.D. Cal.)—a class action on behalf of tens of thousands of incarcerated people with
11 serious mental illness in the California Department of Corrections and Rehabilitation
12 ("CDCR"), and in *Armstrong v. Newsom*, 94-cv-02307-CW (N.D. Cal.)—a class action on
13 behalf thousands of CDCR prisoners and parolees with disabilities. RBGG is also
14 appointed class counsel in federal lawsuits involving the conditions of confinement at the
15 jails in Alameda County (*Babu v. Ahern*, Case No. 18-cv-07677-NC (N.D. Cal.)),
16 Monterey County (*Hernandez v. County of Monterey*, 13-cv-2354-BLF, (N.D. Cal.)),
17 Santa Clara County (*Cole v. County of Santa Clara*, 16-cv-06594-LHK (N.D. Cal.)), and
18 Yuba County (*Hedrick v. Grant, et al*., 76-cv-00162-EFB (E.D. Cal.)).

19 **Observations from RBGG's Monitoring of Yuba County Jail**

20 4. Yuba County has been under a consent decree regarding the conditions in the
21 Yuba County Jail ("YCJ") since 1979. RBGG first became involved as counsel in the
22 litigation in 2014, after Yuba County had unsuccessfully moved to terminate the consent
23 decree. In 2016, RBGG and our co-counsel, the Civil Rights Clinic at the University of
24 California-Davis School of Law, moved to enforce the consent decree and for additional
25 relief. After more than a year of negotiations, Yuba County agreed to an Amended
26 Consent Decree, which was approved by the Court in January 2019. RBGG and co-
27 counsel are now monitoring Yuba County's compliance with the Amended Consent
28 Decree. As part of the monitoring, we are entitled to conduct three tours of YCJ annually,

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during which we are able to access all areas of the jail. In addition, we are in frequent contact with people incarcerated in YCJ to discuss the conditions in YCJ.

5. I joined the team working on the case regarding YCJ in 2017 and have actively worked on the case since then. I have toured the jail on at least three occasions, including most recently in January 2020.

6. YCJ consists of a single facility, divided into the “New Jail” and the “Old Jail.” As of April 21, 2020, according to the Yuba County Sheriff’s website, there were 278 people in YCJ. About half of the population are immigration detainees, who Yuba County incarcerates in YCJ pursuant to a contract with the United States Immigration and Customs Enforcement. Immigration detainees and pre- and post-trial county criminal prisoners are frequently held in the same housing units.

7. Yuba County has taken some important steps to reduce the risk of Covid-19 transmission into and within YCJ. Since the start of the pandemic, Yuba County has reduced the population in YCJ by about 100 people through a combination of a decrease in the number of admissions and a few early releases. According to Yuba County officials, the county also isolating all arrestees during the booking process; isolating new prisoners for fourteen days in two housing units that have been cleared of other incarcerated people and designated specifically for that purpose; housing some medically-vulnerable incarcerated people in a separate facility to reduce their interactions with other incarcerated people and staff; providing additional cleaning supplies and soap to incarcerated people and staff; providing masks to all staff; and having staff sanitize common surfaces (showers, sinks, toilets, tables, seats, booking cells, telephones, the booking counter, etc.) at least daily.

8. Notwithstanding those efforts, YCJ remains a dangerous place with respect to Covid-19 because it is impossible for people to separate themselves by at least six feet from others the jail. The vast majority of people in YCJ are housed in crowded dormitories that range in capacity from eight to fifty people. In these dormitories, incarcerated people sleep in bunk beds that are typically no more than two to three feet

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away from the adjoining bed. Accordingly, the physical layout requires that incarcerated people sleep within six feet of many other people. Furthermore, all people in the dormitories use the same showers, sinks, toilets, and telephones and share small common spaces that typically include tables and seating areas.

9. The photograph below, taken in 2015, is of C Pod, which houses primarily minimum and medium security immigration detainees. The layout of C Pod, including the extraordinarily close proximity of the beds, is identical to B Pod, which houses a mixture of pre- and post-trial county prisoners and immigration detainees. I would estimate that the beds in B and C Pod are separated only approximately two feet. In the center-top of the picture, the shared sinks are visible. In the forefront, are some of the communal tables in the unit, which provide the only places for people to sit on the bottom floor of the unit.

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10. The photograph below, taken in 2015, is of one of the two sleeping areas in H-Tank on the Old Jail side of YCJ. H-Tank is a general population dorm for up to twenty people. Up to twelve people sleep in the area depicted in the photograph.

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1 11. The photograph below, taken in 2015, is of R-Pod, the largest female dorm
2 in YCJ. R-Pod can house up to twenty-two people, all in double bunks placed extremely
3 close together.

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14 12. Even though Yuba County has reduced the overall population in YCJ, I have
15 been informed by Yuba County officials that the population in the dormitories in YCJ has
16 not decreased meaningfully. It is my understanding that the current dormitory population
17 is similar to the dormitory population prior to the pandemic because of the decrease in
18 overall jail capacity resulting from the use of two units for isolating people upon intake
19 into the jail.
20 13. During the past two weeks, my firm and our co-counsel have also
21 communicated with approximately twenty people incarcerated in YCJ. They have
22 informed us that the dormitories generally remain nearly as crowded as before the
23 pandemic. They report that social distancing is impossible in the dormitories, because the
24 units are too crowded, the beds are spaced too close together, and all incarcerated people
25 are forced to use the shared toilets, showers, sinks, tables, seats, and telephones. Based on
26 these reports and my knowledge of YCJ's current population levels and physical layout, I
27 am confident that it is not currently feasible for incarcerated people in the dormitories in
28 YCJ to maintain six feet of distance from others.

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Observations from RBGG's Monitoring of Monterey County Jail

14. RBGG first began investigating the conditions in Monterey County Jail ("MCJ") in 2012. In 2013, RBGG, with co-counsel from the Monterey County Public Defender's Office, the ACLU-National Prison Project, and the ACLU of Northern California, filed a class action complaint on behalf of all incarcerated people in MCJ regarding medical care, mental health care, safety, and accommodations for people with disabilities. In 2015, the district court granted final approval to a settlement providing for sweeping changes in policies and practices in MCJ and appointing my firm and a panel of subject-matter experts to monitor Monterey County's compliance with the settlement's terms. I have toured MCJ on multiple occasions, including viewing or entering all of the housing units.

15. Monterey County has taken some steps to limit the spread of Covid-19 in MCJ. Since the beginning of March 2020, Monterey County has reduced the population in MCJ by approximately 30%. Monterey County is providing extra soap and cleaning supplies to incarcerated people. According to the health provider for the jail, all medical staff and some incarcerated people have been provided face coverings.

16. It is my understanding that, notwithstanding the jail population reduction achieved by Monterey County, the number of people housed in the dormitories remains too high to allow for the recommended social distancing of six feet. Incarcerated people sleep in bunk beds that are separated from each other by only a few feet. Everyone in the dormitories use the same sinks, showers, toilets, tables, seats, telephones, and recreation areas. People line up for sick call in close proximity to one another and eat meals in communal areas.

17. It is also my understanding that the Jail has not exercised all available mechanisms to reduce the Jail population and has not deployed widely-accepted public health strategies to protect those who remain incarcerated. The Monterey County Sheriff has not exercised his authority under California Government Code § 8658 to release prisoners early. Monterey County also has declined to activate a newly-constructed jail

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facility that would permit it to further spread out its jail population. We have received no indication that inmates who are elderly or pregnant, or who have underlying medical conditions, are being specially targeted for social distancing and other preventative strategies.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration is executed at San Francisco, California this 22nd day of April, 2020.

Michael Freedman

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Declaration of Dr. Joe Goldenson

I, Dr. Joe Goldenson, declare as follows:

Background

1. I am a medical physician with 33 years of experience in correctional health care. For 28 years, I worked for Jail Health Services of the San Francisco Department of Public Health. For 22 of those years, I served as the Director and Medical Director. In that role, I provided direct clinical services, managed public health activities in the San Francisco County jail, including the management of HIV, tuberculosis, Hepatitis C, and other infectious diseases in the facility, planned and coordinated the jail's response to H1N1, and administered the correctional health enterprise, including its budget, human resources services, and medical, mental health, dental, and pharmacy services.

2. I served as a member of the Board of Directors of the National Commission on Correctional Health Care for eight years and was past President of the California chapter of the American Correctional Health Services Association. In 2014, I received the Armond Start Award of Excellence from the Society of Correctional Physicians, which recognizes its recipient as a representative of the highest ideals in correctional medicine.

3. For 35 years, I held an academic appointment as an Assistant Clinical Professor at the University of California, San Francisco.

4. I have worked extensively as a correctional health medical expert and court monitor. I have served as a medical expert for the United States District Court for the Northern District of California for 25 years. I am currently retained by that Court as a medical expert in *Plata v. Newsom*, Case No. 3:01-cv-01351 (N.D. Cal.), to evaluate medical care provided to inmate patients in the California Department of Correctional Rehabilitation. I have also served as a medical expert/monitor at Cook County Jail in Chicago and Los Angeles County Jail, at other jails in

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Washington, Texas, and Florida, and at prisons in Illinois, Ohio, and Wisconsin.

5. My CV is attached as Exhibit A.

COVID-19

6. COVID-19 is a serious disease that has reached pandemic status. As of April 21, 2020, there are at least 2,397,000 confirmed cases of COVID-19 worldwide, including 751,273 cases in the United States.[1] At least 162,956 people have died, including 35,884 in the United States.[2] As of April 21, 2020 there were 33,897 confirmed cases of COVID in California and 1,227 reported deaths.[3] These numbers have been increasing at an alarmingly rapid rate, reflecting the exponential growth of infections. Because these numbers include only laboratory confirmed cases, they likely understate the actual number of cases and deaths. Most medical and public health experts agree that the situation, which is already dire, will continue to worsen over the coming weeks to months.

7. COVID-19 is a highly contagious respiratory illness. It is transmitted between persons in close proximity (within about six feet) by airborne droplets released by infected individuals when they cough or sneeze.[4] The droplets can survive in the air for up to three hours. It may also be possible for an individual to become infected by touching a surface or object that has the virus on it and then touching his or her own mouth, nose, or possibly eyes. Infected droplets can survive on surfaces for

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[1] World Health Organization, Coronavirus disease (COVID-19) Situation Dashboard, World Health Organization, https://covid19.who.int/ (last visited Apr.; 21, 2020); *see also* Johns Hopkins University COVID-19 Data Center, https://coronavirus.jhu.edu/(last visited Apr. 21, 2020).

[2] *Id.*

[3] Los Angeles Times, *Tracking coronavirus in California*, https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak/ (last visited Apr. 21, 2020); *see also* Johns Hopkins University COVID-19 Data Center, https://coronavirus.jhu.edu/(last visited Apr. 21, 2020).

[4] Centers for Disease Control and Prevention, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html.

variable lengths of time, ranging from up to four hours on copper, to 24 hours on cardboard, to two to three days on plastic or stainless steel.

8. Signs and symptoms of COVID-19 may appear two to 14 days after exposure and may include fever, cough, and shortness of breath or difficulty breathing. In severe cases, infection can result in respiratory failure or death.

9. A significant number of infected individuals do not exhibit symptoms, however, and asymptomatic individuals—either before the onset of symptoms or because no symptoms will ever manifest—can nevertheless transmit the disease to others. According to the Centers for Disease Control and Prevention, up to 25 percent of people infected with COVID-19 will remain asymptomatic.[5] Similarly, infected individuals may experience only mild symptoms. These asymptomatic and mildly symptomatic individuals can, and do, transmit the virus, contributing to its rapid spread. Because of the high risk of transmission by asymptomatic individuals, CDC recently recommended everyone wear a mask when they leave their homes.

10. There is currently no medical treatment for COVID-19, other than supportive measures. Nor is there a vaccine.[6]

11. Current preventive measures seek to slow the transmission of COVID-19 through social distancing (keeping persons separated by at least six feet), frequent handwashing, and respiratory hygiene (*e.g.*, covering mouth and nose when coughing or sneezing), and frequent cleansing of surfaces to prevent infection and the spread of the virus.[7]

COVID-19 in Detention Facilities

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[5] Apoorva Mandavilli, *Infected but Feeling Fine: The Unwitting Coronavirus Spreaders*, N.Y. Times (Mar. 31, 2020), https://www.nytimes.com/2020/03/31/health/coronavirus-asymptomatic-transmission.html.

[6] Centers for Disease Control and Prevention, *Prevent Getting Sick* (Apr. 8, 2020), cdc.gov/coronavirus/2019-ncov/prevent-getting-sick.

[7] Centers for Disease Control and Prevention, *How to Protect Yourself and Others* 1–2 (Apr. 18 2020), https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf.

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12. For multiple reasons, the risk of exposure to and transmission of infectious diseases, as well as the potential harm to those who become infected, is significantly higher in jails than in the community, putting jail inmates and correctional staff at high risk of becoming ill with COVID19.

13. Close living quarters and often overcrowded conditions in jails, prisons, and detention centers facilitate the rapid transmission of infectious diseases, particularly those transmitted by airborne droplets through sneezing or coughing. In these congregate settings, large numbers of people are closely confined and forced to share bunkrooms, bathrooms, cafeterias, and other enclosed spaces. They are physically unable to practice social distancing, which the Centers for Disease Control and Prevention ("CDC") has identified as the "cornerstone of reducing transmission of respiratory diseases such as COVID-19."[8] Within these facilities, space and resource limitations—and the resulting inability of inmates and employees to practice social distancing[9]—make it extremely difficult to effectively quell the explosive growth of a highly contagious virus. The CDC has recognized that correctional and detention facilities "present unique challenges for control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors."[10]

14. People in detention facilities often sleep in close quarters, often sharing multiple bunk beds arranged close together in a single room in what is described as "dormitory-style" housing. Common areas are likewise shared, but by even larger groups of people. Toilets, showers, sink, and telephones are also communal, and are not adequately disinfected after each use, which is especially important during the current pandemic when more frequent cleaning and disinfecting are required.[11] Even in housing units where detainees sleep in individual cells, or share small cells with one or more other people, the common areas and telephones are shared by all of the people in the housing unit; toilets, showers, and sinks can be communal as well. Food preparation and distribution is

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[8] Centers for Disease Control and Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, at 4 (Mar. 27, 2020), https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf

[9] *See id.* at 2, 11.
[10] *Id.* at 2.
[11] *See id*. at 9.

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centralized and communal, often for an entire facility, with little opportunity for regular disinfection as called for by the CDC's *Interim Guidance*.[12] Without major population reductions and other measures such as regular cleaning of shared spaces it is impossible to socially distance and implement other important CDC Guidance in these housing units.

15. Frequent and thorough hand washing is one of the key recommendations to reduce transmission but sufficient soap and/or hand sanitizer is often not available (for inmates and staff) to wash their hands frequently enough to prevent the risk of transmission in contravention of the CDC's *Interim Guidance.*[13]

16. Housing units are commonly poorly ventilated, which facilitates the transmission of airborne illnesses, such as COVID-19. The CDC recommends generally after an infection in buildings that building operators open windows to allow fresh air to circulate.[14] This recommendation is not possible in jails.

17. Current CDC recommendations for reducing the transmission of COVID-19 in jails include screening of all newly arriving arrestees,[15] quarantining all newly arriving arrestees for 14 days and performing daily symptom screening and temperature checks while they are in quarantine,[16] isolating any detainee with any symptoms consistent with COVID-19 or with fever who is currently housed in the facility,[17] and providing masks to all inmates who are "confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19."[18] In addition, the CDC generally recommends providing and wearing masks in congregate settings. [19] These are also difficult, if not impossible, to implement in

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[12] *See id*. at 9.
[13] *See id*.
[14] Centers for Disease Control and Prevention, *Cleaning and Disinfecting Your Facility* 2 (Apr. 1, 2020), https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf.
[15] *See* Centers for Disease Control and Prevention, *Interim Guidance* at 10.
[16] *See id*. at 14.
[17] *See id*. at 15.
[18] *See id*. at 25.
[19] *See* CDC, *Recommendations for Cloth Face Covers,* https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html

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jails due to space constraints, lack of sufficient respiratory isolation rooms, and lack of necessary equipment and other resources.

18. Testing kits are widely unavailable, and it can take anywhere from a few days to a week or more to obtain test results. And, someone who is tested shortly after he or she was infected may test negative. Non-test based verbal screens—i.e., asking a person for a subjective report of symptoms—cannot adequately screen for new, asymptomatic or pre-symptomatic infections. COVID-19 has a typical incubation period of 2 to 14 days, commonly five days, and transmission often occurs before presentation of symptoms. According to the Centers for Disease Control and Prevention, up to 25 percent of people infected with COVID-19 will remain asymptomatic.[20] Similarly, infected individuals may experience only mild symptoms. These newly infected, asymptomatic and mildly symptomatic individuals can, and do, transmit the virus, contributing to its rapid spread. As a result, such inadequate screening presents a critical problem. The possibility of asymptomatic transmission means that monitoring staff and incarcerated people for symptoms and fever is inadequate to identify all who may be infected and to prevent transmission. Because of the problems with screening procedures, the risk of false negative tests, the unavailability of test kits and the delays in obtaining test results, one necessary means to prevent the introduction of COVID into the jails by someone who is arrested is to quarantine all arrestees for 14 days and monitor them daily for symptoms and fever before they are deemed safe to introduce into the general population of the jail.

19. In detention facilities, groups of persons are often moved from space to space, for example, from a dormitory to a cafeteria. Persons often from multiple different housing units, congregate and come in close contact while standing in lines for medication, commissary, fresh laundry, telephones, or court appearances. These group movements, which may cluster large numbers of people together in small spaces, increase the risk of transmission between incarcerated persons and throughout the facility. It is common for detainees in a given housing unit to routinely be

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[20] Apoorva Mandavilli, *Infected but Feeling Fine: The Unwitting Coronavirus Spreaders*, N.Y. Times (Mar. 31, 2020), https://www.nytimes.com/2020/03/31/health/coronavirus-asymptomatic-transmission.html

subjected to such group movements multiple times each day. Additionally, detention facilities often rely on detainees to perform work that supports the operation of the facility, such as food service, laundry, and cleaning. To perform these work assignments, they typically travel from their housing units to other parts of the facility.

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

21. Correctional facilities largely lack the robust medical care infrastructure that would be necessary to deal with a COVID-19 outbreak. If significant number of people become sick with COVID-19 the jails health care will be unable to respond appropriately to those people and those who need medical care for other reasons. And, when an incarcerated patient's needs are too acute for a correctional facility to provide adequate treatment, the patient must be transported to and treated at a community hospital.

22. If infected, jail inmates are at greater risk for harm from COVID-19 than those in the general community. This is due to a number of factors including the fact that people in jails have high rates of chronic illnesses, such as diabetes, heart disease, chronic lung disease, and immunosuppressive illnesses such as HIV disease that increase the risk from COVID-19, often have had poor or absent prior health care, and often have made unhealthy life-style choices, including alcohol and drug use. For these reasons, it is well accepted within the medical community that jail inmates are physiologically 10 years older than their chronological age. The CDC has identified people with the following medical conditions as being particularly vulnerable to severe illness from COVID-19:

Diabetes mellitus

- Lung disease including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other

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chronic conditions associated with impaired lung function or that require home oxygen

- Heart disease
- Blood disorders (e.g., sickle cell disease or on blood thinners)
- Chronic kidney disease
- Chronic liver disease
- Compromised immune system (immunosuppression)
- Current or recent pregnancy in the last two weeks
- Endocrine disorders
- Metabolic disorders
- Neurological and neurologic and neurodevelopment conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury [21]

The CDC also deems people 65 or older to be particularly vulnerable to COVID.[22] However, in my professional opinion the proper figure for jail inmates is 55 years old because, as I explained above, they are physiologically 10 years older than their chronological age.

23. Because of the conditions typically found in jails, jails often have particularly serious incidence of communicable disease. For example, during the H1N1-strain flu outbreak in 2009 (known as the "swine flu"), jails and prisons experienced a disproportionately high number of cases.[23] Until recently the Cook County Jail in Chicago was believed to be the

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[21] CDC, Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission,
https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf, 1/12/20

[22] Centers for Disease Control, What You Can Do if You are at Higher Risk of Severe Illness from COVID-19, at 1 (Apr. 3, 2020), https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-What-You-Can-Do-High-Risk.pdf..

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

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largest-known source of U.S. COVID virus infections.[24] As of April 13, more than 500 people had been infected at the facility, and the numbers continue to climb.[25] Just recently it was reported that 78% of the approximately 2,500 prisoners in a prison in Ohio tested positive.[26] The State of Ohio tested its prisoners en masse for COVID-19 so this number includes large numbers of inmates who were asymptomatic and would otherwise not have been tested. This underscores the risk of the spread of COVID-19 by asymptomatic individuals. In addition, 109 staff had tested positive for COVID-19.[27]

24. For these reasons, the pandemic has prompted prisoner releases around the world. France has freed 5,000 inmates, and in the United States, 3,500 state prisoners have been granted early release in California. Thousands of prisoners in Britain will be granted early release within weeks in an effort to contain the spread of the virus in cells and facilities where social distancing rules are impossible to maintain, the Ministry of Justice said on Saturday.[28] Many cities and counties across the US, including San Francisco, Chicago, Cleveland and New York, are also releasing prisoners to reduce the risk of COVID-19.

25. In sum, current CDC recommendations for social distancing, frequent hand washing, frequent cleansing of surfaces, symptom screening, temperature checks and isolation to prevent infection and the spread of

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[24] *A Jail in Chicago has Become the Largest Known Source of US Infections*, NY Times April 8, 2020 https://www.nytimes.com/2020/04/08/us/coronavirus-live-updates.html?action=click&module=Spotlight&pgtype=Homepage#link-7634e187

[25] Cheryl Corley, *The COVID-19 Struggle In Chicago's Cook County Jail*, NPR (Apr. 13, 2020) https://www.npr.org/2020/04/13/833440047/the-covid-19-struggle-in-chicagos-cook-county-jail.)

[26] Ohio Department of Rehabilitation & Correction, COVID-19 Inmate Testing Updated 4/20/2020, https://drc.ohio.gov/Portals/0/DRC%20COVID-19%20Information%2004-20-2020%20%201304.pdf

[27] *73% Of Inmates At An Ohio Prison Test Positive For Coronavirus,* NPR (Apr. 20, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/04/20/838943211/73-of-inmates-at-an-ohio-prison-test-positive-for-coronavirus

[28] *Britain plans to free many inmates early as it reports a on-day death toll*, New York Times, (Apr. 3, 2020).

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the virus are extremely difficult, if not impossible, to implement in county jails. As a result, the risk of COVID transmission is far greater than in non-custodial institutions.

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

26. The conditions in jails pose very significant risk of transmission of communicable diseases like COVID-19 not only to inmates, employees and volunteers in the jails, but also to the community as a whole. It has long been known that jails, prisons, and detention centers can be hotbeds of disease transmission, and that due to the frequent ingress and egress of employees at these facilities, an outbreak within a jail, prison, or detention center can quickly spread to surrounding communities. While jails are often thought of as closed environments, this is not the case. A large number of custody, medical, and other support staff and contractors who have direct contact with detainees enter and leave the facility throughout the day. New arrestees arrive daily and detainees are released every day. Since there is no effective way to screen for newly infected or asymptomatic individuals, they can unknowingly transmit COVID-19 to the jail population. Detainees are often transferred to other facilities, and to and from Court. They are routinely transferred in crowded and enclosed vehicles like buses where social distancing is not possible.

27. When there is an outbreak in a jail, staff can become infected and bring the virus home to their families and community. For example, the tuberculosis epidemic that broke out in New York City in the early 1990s began in jails and was spread to the community by jail employees who became infected and then returned home.

28. It is difficult to overstate the devastation that a COVID-19 outbreak could inflict on the county jail and its surrounding communities. At Rikers Island in New York, between the mornings of Wednesday, April 1 and Thursday, April 2, the number of COVID-19 positive incarcerated individuals and staff members grew by 47 and 57 people, respectively, upping the jail's total numbers of confirmed cases to 231 among the

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incarcerated population and 223 among staff.[29] The first known case of COVID-19 at Rikers was confirmed on Wednesday, March 18,[30] illustrating just how quickly this disease can and will overwhelm detention facilities.

29. I am aware that cases of COVID have been reported among either inmates, correctional staff or both in at jails in at least eleven counties in California – Los Angeles, San Francisco, Orange, Santa Clara, King, Alameda, Riverside, Contra Costa, Santa Barbara, San Bernardino, and San Diego. I am also aware that in nine of those counties there are reports of correctional staff testing positive in the following counties: Alameda,[31] Santa Clara,[32] San Diego,[33] Riverside,[34] Kern,[35] Los

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[29] Julia Craven, *Coronavirus Cases Are Spreading Rapidly on Rikers Island*, Slate (Apr. 2, 2020), https://slate.com/news-and-politics/2020/04/rikers-coronavirus-cases-increase.html.
[30] *As Testing Expands, Confirmed Cases of Coronavirus in N.Y.C. Near 2,000* (Mar. 18, 2020), N.Y. Times, https://www.nytimes.com/2020/03/18/nyregion/coronavirus-new-york-update.html.
[31] Angela Ruggiero, *Coronavirus: 12 more inmates test positive for coronavirus in East Bay jail*, (Apr. 15 2020) The Mercury News, https://www.mercurynews.com/2020/04/15/coronavirus-27-inmates-tested-positive-for-coronavirus-in-east-bay-jail-some-recovered/
[32] Kerry Crowley, *Eight more inmates have COVID-19 at Santa Rita Jail, seven others await test results*, The Mercury News (Apr. 8, 2020), https://www.mercurynews.com/2020/04/08/eight-more-inmates-have-covid-19-at-santa-rita-jail-seven-others-await-test-results/.
[33] Jeff McDonald, *Four San Diego sheriff's employees have tested positive for the COVID-19 virus*, The San Diego Union-Tribune (Apr. 3, 2020), https://www.sandiegouniontribune.com/news/watchdog/story/2020-04-03/four-sheriffs-employees-jail-inmate-test-positive-for-covid-19-department-says.
[34] Matthew Ormseth, Kailyn Brown, and Nicole Santa Cruz, *'We are reeling': Coronavirus kills two Riverside sheriff's deputies in 24 hours*, Los Angeles Times (Apr. 3, 2020), https://www.latimes.com/california/story/2020-04-03/riverside-sheriffs-department-loses-two-deputies-in-24-hours; Alejandra Reyes-Velarde, *Deputy who died of coronavirus likely contracted it from jail inmate, Riverside sheriff says*, The Los Angeles Times (Apr. 3, 2020), https://www.latimes.com/california/story/2020-04-03/deputy-who-died-of-coronavirus-likely-contracted-it-from-jail-inmate-riverside-sheriff-says; City News Service, *Riverside Sheriff's Deputy Dies, 25 Other Employees Infected with Coronavirus*, NBC 4 Los Angeles (Apr. 2, 2020), https://www.nbclosangeles.com/news/coronavirus/drastic-aspects-of-covid-19-riverside-sheriffs-deputy-dies-25-other-employees-infected-with-coronavirus/2340074/.
[35] Madi Bolanos, *Kern County Sheriff's Staff And Inmates Test Positive For COVID-19*, Valley Public Radio News (Apr. 7, 2020), https://www.kvpr.org/post/kern-county-sheriffs-staff-and-inmates-test-positive-covid-19.

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Angeles,[36] Orange,[37] San Mateo,[38] and Santa Barbara[39] counties. Given the speed with which the virus is being transmitted, the rapidly growing number of cases across the state, and the regular movement of corrections staff in and out of the jails, it is inevitable that there will be cases of COVID in most if not all the jails without very significant reductions in the jail population and other steps to prevent the transmission of the disease and that those outbreaks in the jails will lead further rapid transmission within the communities around the jails.

30. Moreover, once COVID-19 spreads throughout a jail, the burden of caring for these sick individuals will shift to local community medical facilities. Because many rural parts of the state have limited access to hospitals with intensive care units or trained infectious disease practitioners, and limited personal protective equipment and other life-sustaining supplies, thus there is an increased likelihood of death for all individuals living in such rural communities who become ill and require treatment.

Conclusion

31. For the reasons above, it is my professional opinion that persons currently detained at in county jails in California are at significantly greater risk of contracting COVID-19 than if they were permitted to

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[36] *See* Alene Tchekmedyian, *A member of the nursing staff at L.A. County jails who died last week had COVID-19,* Los Angeles Times (Apr. 8, 2020) https://www.latimes.com/california/story/2020-04-08/coronavirus-la-county-jails-twin-towers.

[37] Tony Saavedra, *Full quarantine imposed at Orange County central jail after 4 more inmates contract coronavirus*, The Orange County Register (Apr. 7, 2020), https://www.ocregister.com/2020/04/07/full-quarantine-imposed-at-orange-county-central-jail-after-4-more-inmates-contract-coronavirus/; *see also* City News Service, Coronavirus Cases Rise to 1,277 in Orange County (Apr.12, 2020), https://www.nbclosangeles.com/news/coronavirus/coronavirus-cases-rise-to-1277-in-orange-county/2344836/

[38] Fiona Kelliher, *Coronavirus: 13 Santa Clara County, 2 San Mateo County deputies test positive,* The Mercury News (Apr. 13, 2020), https://www.mercurynews.com/2020/04/13/coronavirus-13th-santa-clara-county-deputy-tests-positive/

[39] Brian Osgood, *Worker at County Jail Tests Positive for COVID-19*, The Santa Barbara Independent (Mar. 17, 2020), https://www.independent.com/2020/03/17/worker-at-county-jail-tests-positive-for-covid-19/.

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shelter in place in their home communities. If infected, many are at increased risk of suffering severe complications and outcomes. In particular many of those people whom I identified in paragraph 22 as being at risk of severe illness from COVID are likely to develop COVID-19 if they remain in jail and become either extremely ill or as result.

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

33. It is also my professional opinion that a necessary component of bringing jails into compliance with the recommendations of the CDC to minimize the risk of COVID -19 transmission within the jails and to the larger community is to substantially reduce the population of jail facilities.

34. I am aware that many county jails have already reduced their population since the COVID outbreak began. However, in my professional opinion those reductions are insufficient to enable the recommendations of the CDC guidelines, particularly with respect to social distancing, to be met. For example, I am aware that Los Angeles County has reduced its jail population from about 17,076 to 12,269, which is about a 28% reduction.[40] Yet, even with that significant reduction, the jail population is only135 people below its 12,404 capacity as rated by the Board of State and Community Corrections.[41] BSCC ratings were not designed with a pandemic that requires social distancing in mind. As a result, facilities that are operating above, at, or not far below their BSCC rated capacities will not ensure inmates, correctional and other staff to maintain appropriate social distancing necessary to preventing the transmission of COVIDC-19. Even if a jail system is well below its BSCC rated capacity, it will not be operating consistent with CDC Guidance if, among other things, it houses inmates in crowded dormitory housing, has crowded dayrooms where inmates share showers

[40] Monitoring Jail Populations During COVID – 19 (Vera Institute of Justice) https://www.vera.org/projects/covid-19-criminal-justice-responses/covid-19-data (last visited April 22, 2020)

[41] Los Custody Division Population Quarterly Report October - December 2019 at page 11, https://lasd.org/transparency%20data/custody%20reports/Custody%20Division%20Population%202019%20Fourth%20Quarter%20Report.pdf

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and telephones, it fails to quarantine inmates with symptoms of COVID, and does provide for adequate soap and cleaning supplies to allow for the regular disinfection of surfaces.

35. I am also aware that other counties have made much smaller population reductions. For example, Riverside County has reduced its jail population by only about 11%[42] even though even though a deputy in the department who died on April 2nd had tested positive for COVID-19 and at least 22 other corrections deputies and 11 inmates at one facility, and two correction deputies at another facility, had all tested positive for the virus.[43]

36. To minimize the risk of COVID-19 the population must be reduced so that it is possible among other things: for incarcerated persons to be able to main distance of six feet or more from each other at all times, including in communal areas; there are no barrack-style dormitories and sharing of cells is minimized; there are adequate numbers of isolation cells for any inmate who is symptomatic;[44] proper screening and isolation procedures can be put into place for anyone attempting to enter the jail – both staff or inmates. Measures such as more regular disinfection and cleaning, wider availability of soap etc. are insufficient to address the dangers that COVID-19 poses in jail without a significant reduction of the jail population to allow for genuine social distancing among inmates, correctional staff and other jail staff.

37. In particular, those who are medically vulnerable (see ¶ 22) should be moved out of the jails to the absolute maximum extent possible. In addition, population should be significantly lowered to reduce the

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[42] Monitoring Jail Populations During COVID – 19 (Vera Institute of Justice) https://www.vera.org/projects/covid-19-criminal-justice-responses/covid-19-data (last visited April 22, 2020)

[43] Christopher Damien, *Coronavirus stokes fear in crowded Riverside County jails*, Palm Springs Desert Sun (Apr. 6, 2020), https://www.desertsun.com/story/news/crime_courts/2020/04/06/coronavirus-stokes-fear-crowded-riverside-county-jails/5114175002/.

[44] The CDC notes that cohorting multiple close contacts of a COVID case should only be done if there are no other available options. CDC Guidance at 19-20. But, in my opinion, it is a dangerous practice because it can lead to preventable infections within the cohort.

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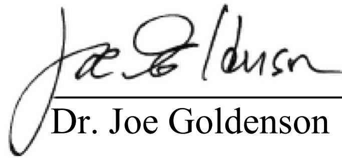
density in the jails to allow for adequate social distancing, minimize the strain on the jail's medical care system, ensure adequate space is available for necessary quarantining.

38. Significantly reducing county jail populations will allow the facilities to significantly reduce the risk of infection for both incarcerated people and correctional officers, which in turn protects the communities where corrections staff live.

I declare under penalty of perjury that the foregoing is true and correct. Executed on April 23, 2020 in Alameda County, California.



Dr. Joe Goldenson

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DECLARATION OF DR. JONATHAN LOUIS GOLOB

I, Jonathan Louis Golob, declare as follows:

1. I am an Assistant Professor at the University of Michigan School of Medicine in Ann Arbor, Michigan, where I am a specialist in infectious diseases and internal medicine. I am also a member of the Physicians for Human Rights. At the University of Michigan School of Medicine, I am a practicing physician and a laboratory-based scientist. My primary subspecialization is for infections in immunocompromised patients, and my recent scientific publications focus on how microbes affect immunocompromised people. I obtained my medical degree and completed my residency at the University of Washington School of Medicine in Seattle, Washington, and also completed a Fellowship in Internal Medicine Infectious Disease at the University of Washington. I am actively involved in the planning and care for patients with COVID-19. Attached as Exhibit A is a copy of my curriculum vitae.

2. COVID-19 is an infection caused by a novel zoonotic coronavirus SARS-COV-2 that has been identified as the cause of a viral outbreak that originated in Wuhan, China in December 2019. The World Health Organization has declared that COVID-19 is causing a pandemic. As of April 2, 2020, there are over 800,000 confirmed cases of COVID-19 worldwide. COVID-19 has caused over 45,000 deaths, with exponentially growing outbreaks occurring at multiple sites worldwide, including within the United States in regions like New York, New Jersey, Louisiana, Michigan and Illinois.

3. COVID-19 makes certain populations of people severely ill. People over the age of fifty are at higher risk, with those over 70 at serious risk. As the Center for Disease Control and Prevention has advised, certain medical conditions increase the risk of serious COVID-19 for people of any age. These medical conditions include: those with lung disease, heart disease, diabetes, or immunocompromised (such as from cancer, HIV, autoimmune diseases), blood disorders (including sickle cell disease), chronic liver or kidney disease, inherited metabolic disorders, stroke, developmental delay, or pregnancy.

4. For all people, even in advanced countries with very effective health care systems such as the Republic of Korea, the case fatality rate of this infection is about ten fold higher than that observed from a severe seasonal influenza. In the more vulnerable groups, both the need for care, including intensive care, and death is much higher than we observe from influenza infection: In the highest risk populations, the case fatality rate is about 15%. For high risk patients who do not die from COVID-19, a prolonged recovery is expected to be required, including the need for extensive rehabilitation for profound

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

5. In most people, the virus causes fever, cough, and shortness of breath. In high-risk individuals as noted above, this shortness of breath can often be severe. Even in younger and healthier people, infection of this virus requires supportive care, which includes supplemental oxygen, positive pressure ventilation, and in extreme cases, extracorporeal mechanical oxygenation.

6. The incubation period (between infection and the development of symptoms) for COVID-19 is typically 5 days, but can vary from as short as two days to an infected individual never developing symptoms. There is evidence that transmission can occur before the development of infection and from infected individuals who never develop symptoms. Thus, only with aggressive testing for SARS-COV-2 can a lack of positive tests establish a lack of risk for COVID-19.

7. When a community or institution lacks a comprehensive and rigorous testing regime, a lack of proven cases of COVID-19 is functionally meaningless for determining if there is a risk for COVID-19 transmission in a community or institution.

8. Most people in the higher risk categories will require more advanced support: positive pressure ventilation, and in extreme cases, extracorporeal mechanical oxygenation. Such care requires highly specialized equipment in limited supply as well as an entire team of care providers, including but not limited to 1:1 or 1:2 nurse to patient ratios, respiratory therapists and intensive care physicians. This level of support can quickly exceed local health care resources.

9. COVID-19 can severely damage the lung tissue, requiring an extensive period of rehabilitation and in some cases a permanent loss of respiratory capacity. The virus also seems to target the heart muscle itself, causing a medical condition called mycocarditis, or inflammation of the heart muscle. Myocarditis can affect the heart muscle and electrical system, which reduces the heart's ability to pump, leading to rapid or abnormal heart rhythms in the short term, and heart failure that limits exercise tolerance and the ability to work lifelong. There is emerging evidence that the virus can trigger an over-response by the immune system in infected people, further damaging tissues. This cytokine release syndrome can result in widespread damage to other organs, including permanent injury to the kidneys (leading to dialysis dependence) and neurologic injury.

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10. There is no cure and vaccine for this infection. Unlike influenza, there is no known effective antiviral medication to prevent or treat infection from COVID-19. Experimental therapies are being attempted. The only known effective measures to reduce the risk for a vulnerable person from injury or death from COVID-19 are to prevent individuals from being infected with the COVID-19 virus. Social distancing, or remaining physically separated from known or potentially infected individuals, and hygiene, including washing with soap and water, are the only known effective measures for protecting vulnerable communities from COVID-19.

11. Nationally, without effective public health interventions, CDC projections indicate about 200 million people in the United States could be infected over the course of the epidemic, with as many as 1.5 million deaths in the most severe projections. Effective public health measures, including social distancing and hygiene for vulnerable populations, could reduce these numbers.

12. In early March, the highest known person-to-person transmission rates for COVID-19 were in a skilled nursing facility in Kirkland, Washington and on afflicted cruise ships in Japan and off the coast of California. More recently, the highest transmission rates have been recorded in the Rikers Island jail complex in New York City, which is over seven times the rate of transmission compared to the spread in New York City. To illustrate, the number of confirmed cases among inmates soared from one to nearly 200 in the matter of 12 days.

13. This is consistent with the spread of previous viruses in congregate settings. During the H1N1 influenza ("Swine Flu") epidemic in 2009, jails and prisons were sites of severe outbreaks of viral infection. Given the avid spread of COVID-19 in skilled nursing facilities and cruise ships, it is reasonable to expect COVID-19 will also readily spread in detention centers such as prisons and jails, particularly when residents cannot engage in social distancing measures, cannot practice proper hygiene, and cannot isolate themselves from infected residents or staff. With new individuals and staff coming into the detention centers who may be asymptomatic or not yet presenting symptoms, the risk of infection rises even with symptom screening measures.

14. This information provides many reasons to conclude that vulnerable people, people over the age of 50 and people of any age with lung disease, heart disease, diabetes, or immunocompromised (such as from cancer, HIV, autoimmune diseases), blood disorders (including sickle cell disease), chronic liver or kidney disease, inherited metabolic disorders, stroke, developmental delay, or pregnancy living in an institutional setting, such as a prison, or jail, or an immigration detention center, with limited access to

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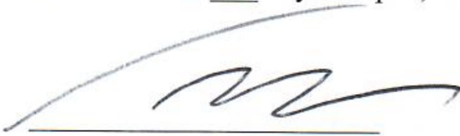
adequate hygiene facilities, limited ability to physically distance themselves from others, and exposure to potentially infected individuals from the community are at grave risk of severe illness and death from COVID-19.

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

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



Dr. Jonathan Louis Golob

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EXHIBIT A

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Jonathan Louis Golob, M.D. Ph.D.
Assistant Professor
206 992-0428 (c) 734-647-3870 (o)
golobj@med.umich.edu jonathan@golob.org

Education and Training

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

Certifications and Licensure

Board Certifications

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

Current Medical Licenses to Practice

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

Academic, Administrative, and Clinical Appointments

Academic

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

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Clinical

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

Research Interests

1. I am primarily interested in understanding how the human gut microbiome *mechanistically* affects how patients respond to treatments. I have a particular focus on patients undergoing hematopoietic cell transplant, who are at risk for recurrence of their underlying disease, treatment-related colitis (from both conditioning and graft versus host disease), and infection. In human observational trials the human gut microbiome correlates with each of these aspects. My research program uses advanced stem-cell based *in-vitro* models of the human colonic mucosa to verify if the correlations in observational trials can cause similar effects *in vitro*, and then determine by which pathways (e.g. receptors) and broad mechanisms (e.g. epigenetics) the microbes affect the host.

2. Host-microbiome interactions are contextual. A beneficial interaction in health can turn pathologic. For example, my ongoing work focused on the microbial metabolite butyrate. Butyrate enhances the health of heathy and intact colonic epithelium, acting as a substrate for cellular respiration and through receptor-mediate processes reduces cellular inflammation. However, butyrate also blocks the ability of colonic stem cells to differentiate into mature epithelium. Thus, in colitis that results in a loss of colonic crypts, an intact and butyrogenic gut microbiome results in colonic stem cells being exposed to butyrate and inhibits recovery. My ongoing work uses a primary stem-cell based model of the human colonic mucusa to establish how butyrate blocks the differentiation of colonic stem cell with a hope of generating new treatments for patients with steroid-refractory colitis.

3. I am interested in validating and improving computational tools for biological research. I have a computer science and biomedical engineering background that combined with my clinical and molecular biology training positions me optimally to understand both major aspects of computational biology: what are the needs to make biological inferences from big data, and how can tools specifically be improved to achieve such inferences.

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Grants

Present and Active

ASBMT New Investigator Award J. Golob (PI) 7/2018 – 7/2020
Hematopoietic Cell Transplant Outcomes and Microbial Metabolism
Role: PI
$30,000/yr for up to two years

NIH / NIAID R01 D. Fredricks (PI) 11/2017 – 11/2021
The Gut Microbiota and Graft versus Host Disease (GVHD), AI-134808
Role: Senior / key personnel
$823,701

NIH P01 T. Schmidt (PI) Pending / Reviewed
ENGINEERING MICROBIOMES AND THEIR MOLECULAR DETERMINANTS FOR PRODUCTION OF BUTYRATE AND SECONDARY BILE ACIDS FROM RESISTANT STARCH
Role: Key Personnel

NIH / NCI R21 J. Golob (PI) Pending / Submitted
Establishing a physiologic human colonic stem/progenitor cells model of regimen-related colitis
Role: PI

NIH R21 J. Golob (PI) Pending / Submitted
Manipulating Butyrate Production by the Gut Microbiome during Chronic HIV Infection
Role: PI

Completed

Joel Meyers Endowment Fellowship 6/2016 – 6/2018
Role: Research Fellow
$63,180

DCDR Grant R. Harrington (PI) 6/2014 – 6/2018
Support for data queries into the Deidentified Clinical Data Repository
Role: PI
$1000

NIH T32 Institutional Training Grant M. Boeckh (PI) 8/2016 – 8/2017
1T32AI118690-01A1
Role: Post-Doc Trainee
$315,972

NIH T32 Institutional Training Grant W. van Voorhis (PI) 7/1/14 – 6/30/16
5T32AI007044
Role: Post-Doc Trainee
$1,527,801

Honors and Awards

2001 Tau Beta Pi Engineering Honor Society
2001 Alpha Eta Mu Beta Biomedical Engineering Honor Society

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

Membership in Professional Societies
2013 Member, Infectious Diseases Society of America
2011 Member, American Board of Internal Medicine

Bibliography

<u>*Peer-Reviewed Journals and Publications*</u>

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

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Transplant Recipients. Biol Blood Marrow Transplant. 2018 May 16. pii: S1083-8791(18)30268-4. doi: 10.1016/j.bbmt.2018.05.016. [Epub ahead of print]

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

Preprint publications

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

Other Publications

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

Abstracts (presenter underlined)

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

Invited Lectures

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

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

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DECLARATION OF GENEVIEVE H.

I, Genevieve H., hereby state that the facts set forth below are true and correct to the best of my knowledge, information, and belief:

1. My name is Genevieve H. I am a resident of Helendale, California, located in San Bernardino County.
2. I am an English Language Learner Parent Educator at Barstow Unified School District (BUSD). I have held this position for approximately 10 years. I am the mother of my son, M.H., who is 18 years old. Our Hispanic family is very tight-knit. I have been married to my husband for 25 years and we have three children. M.H. has two loving siblings, an older brother serving in the Navy and a younger sister. M.H. has a big heart and is always willing to help others. He has a gift for mechanics and troubleshooting and hopes to use his talents to become a mechanic. He also loves baseball and dreams of becoming a major league baseball player.
3. M.H. is currently at San Bernardino Juvenile Detention Center, a juvenile hall, located at 900 E. Gilbert Street, San Bernardino, California 92415. M.H. has been at San Bernardino Juvenile Detention Center since approximately January 8, 2020. M.H. has a lot of anxiety and stress. M.H. has separation anxiety and doesn't like being away from his family, especially his younger sister.
4. I am deeply concerned about my son's health due to COVID-19 because M.H. has had a suppressed immune system since he was young and his health is not being protected. His doctor diagnosed him with asthma in approximately 2010 and he has had inhalers prescribed. In addition, M.H. has severe allergies. He requires allergy medicine because when his allergies flare up, which usually happens around this time of the year, he can develop tonsillitis and severe inflammation in his lymph nodes. Without proper medicine, he has developed chronic lymph node inflammation which causes severe pain. M.H. said he was receiving Claritin, but then they switched him to Benadryl and are now only providing Tylenol or Motrin for his chest pain. They are changing his medicine even though he received chest x-rays that the doctor said indicated a bone spur in his chest. M.H. says he continues to have chest pain. I am worried about how serious and harmful COVID-19 could be for him due to his asthma and allergies.

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5. M.H. said that the youth are not practicing 6-foot social distancing. He told me that the youth are still in classrooms together, watching television and spending time in the activities area together, eating together, and playing basketball together. M.H. also told me that he is not allowed to stay in his cell away from others even if he wanted to because if students stay in their cell during the day they will lose points for failing to do their programming.

6. M.H. told me the youth have only limited access to hand sanitizer and have no gloves. He also said that staff are not cleaning the phones in between calls. M.H. also shared that for over a month they did not receive masks, and did not get one until approximately April 17, 2020. Before that, only staff had masks, but most of the staff were not wearing them. Staff and youth are still not required to wear masks. M.H. only received one mask and it already ripped. He does not know when he will be able to get another.

7. M.H. understands that he is at more serious risk if he gets COVID-19, so this causes him a lot of stress and fear.

8. I am also terrified about the effects COVID-19 would have on M.H.'s health, given that he already has respiratory problems. Center for Disease Control (CDC) guidelines make clear that his asthma makes him more susceptible to COVID-19.

9. In addition to having asthma and severe allergies, M.H. has Attention Deficit Disorder (ADD). As a result, he is experiencing even higher levels of anxiety than usual. M.H. is not being provided with mental health services for his anxiety and this has me very worried about his mental health in addition to his physical health.

10. I am worried he is falling behind in his education. M.H. told me that he has no real help for his schoolwork and that the youth are mainly just watching movies.

11. M.H. has also been unable to speak with his lawyer regularly. When he is able to call his attorney, he cannot speak freely and is unable to provide information or receive legal advice because the calls are monitored.

12. I have also lost all visitation rights due to COVID-19 and have not been able to physically visit my son since March 10, 2020, as in-person visitation was cancelled on March 14, 2020. The schedule for the phone calls provided by the facility have been inconsistent, often depending on

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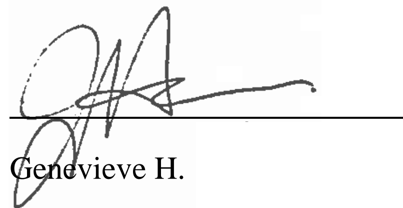
who the supervisor is and what is occurring that day. While there are once per week 20-minute video calls, this is worse than the 2-hour in person visits we used to receive each week before the pandemic, where I could at least give my son a hug and provide him with support and comfort.

13. This inconsistency in scheduled communications means I do not always know when I will hear from my son. He says that anxiety and fear are running very high among the youth and that they are scared for their safety and fighting with one another for phone calls because they want to check on their families. My inability to regularly check on my son's well-being, knowing that he is at high-risk, and to soothe his concerns about his family's safety during this global emergency is extremely stressful and I would wish this situation on no one.

14. If M.H. were released, he would have access to his doctors and psychologist on a regular basis and receive the care he truly needs. As a mother, I would be able to ensure we can protect his health, making sure he is washing his hands, staying away from others, and sanitizing frequently touched surfaces. He would continue his schooling online, and shelter in place at home, safely with his family and his dog, Buddy.

I declare under penalty of perjury under the laws of the State of California that everything I have said here is true and correct.

Date: April 19, 2020



Genevieve H.

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DECLARATION OF DR. CRAIG W. HANEY, PHD

I, Craig W. Haney, declare as follows:

1. I am a Distinguished Professor of Psychology and UC Presidential Chair at the University of California Santa Cruz in Santa Cruz, California, where I engage in research applying social psychological principles to legal settings, including the assessment of the psychological effects of living and working in institutional environments, especially the psychological effects of incarceration. I was a co-founder and co-director of the UC Criminal Justice & Health Consortium – a collaborative effort of researchers, experts and advocates from across the University of California system working to bring evidence-based health and healthcare solutions to criminal justice reform in California and nationwide.

2. I also have served as a consultant to numerous governmental, law enforcement, and legal agencies and organizations on jail- and prison-related issues. Those agencies and organizations include the Palo Alto Police Department, various California Legislative Select Committees, the National Science Foundation, the American Association for the Advancement of Science, the United States Department of Justice, the Department of Health and Human Services (HHS), the Department of Homeland Security, and the White House (under both the Clinton and Obama Administrations). In 2012, I testified as an expert witness before the Judiciary Committee of the United States Senate in a hearing that focused on the use and effects of solitary confinement and was appointed as a member of a National Academy of Sciences committee analyzing the causes and consequences of high rates of incarceration in the United States. My research, writing, and testimony have been cited by state courts, including the California Supreme Court, and by Federal District Courts, Circuit Courts of Appeal, and the United States Supreme Court.[1]

3. COVID-19 is a serious, highly contagious disease and has reached pandemic status. At least 2,544,792 people around the world have

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[1] For example, see *Brown v. Plata,* 563 U.S. 493 (2011).

received confirmed diagnoses of COVID-19 as of April 23, 2020;[2] as of April 21, 2020, there were 802,583 confirmed cases in the United States.[3] At least 175,694 people have died globally as a result of COVID-19 as of April 23, 2020;[4] as of April 21, 2020, 44,575 have died in the United States.[5] These numbers are predicted by health officials to increase, perhaps exponentially. For example, the CDC estimated at one point that as many as 214 million people may eventually be infected in the United States, and that as many as 21 million could require hospitalization.[6]

4. The COVID-19 Pandemic poses such a threat to the public health and safety in the State of California that, on March 4, 2020, Governor Gavin Newsom declared a statewide State of Emergency/ On March 19, 2020, he ordered all California residents to stay home or at their place of residence except to facilitate certain authorized necessary activities.[7] His office has estimated that, in the absence of taking appropriate steps to mitigate the spread of the virus, as many as 56% of all Californians will contract it.[8]

5. COVID-19 is a novel virus. At present there is no vaccine and no cure for COVID-19. No one has immunity. Currently, the most

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[2] World Health Organization, *Coronavirus disease (COVID-19) Outbreak*, https://www.who.int/emergencies/diseases/novel-coronavirus-2019

[3] Center for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19): Cases in U.S.*, https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html.

[4] *Supra,* fn. 2.

[5] *Supra,* fn. 3.

[6] Sheri Fink, *Worst-Case Estimates for U.S. Coronavirus Deaths,* N.Y. TIMES (Mar. 18, 2020), https://www.nytimes.com/2020/03/13/us/coronavirus-deaths-estimate.html.

[7] Executive Department, State of California, Executive Order N-33-20, https://covid19.ca.gov/img/Executive-Order-N-33-20.pdf

[8] Office of the Governor, "Letter to President Donald Trump" (March 18, 2020), https://www.gov.ca.gov/wp-content/uploads/2020/03/3.18.20-Letter-USNS-Mercy-Hospital-Ship.pdf.

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effective way to control the virus is to use preventive strategies, including social distancing, in order to maximize our healthcare capacity to treat a manageable number of patients. Otherwise, healthcare resources will be overwhelmed and the Pandemic will certainly be exacerbated.

6. Social distancing presents serious challenges for everyone in every part of our society, but nowhere more than in penal institutions, where living conditions are unusually sparse, prisoners necessarily live in unescapably close quarters, and have unavoidable contact with one another. Juvenile institutions are no exception to this general institutional rule.

7. Moreover, jails and prisons are already extremely stressful environments for adult prisoners and for children who are confined in secure facilities.[9] Research has shown that these environments are psychologically and medically harmful in their own right, leaving formerly incarcerated persons with higher rates of certain kinds of psychiatric and medical problems.[10] In fact, incarceration

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[9] Much of this evidence is summarized in several book-length treatments of the topic. For example, see: Haney, C., *Reforming Punishment: Psychological Limits to the Pains of Imprisonment.* Washington, DC: American Psychological Association (2006); Liebling, A., & Maruna, S. (Eds.), *The Effects of Imprisonment.* Cullompton, UK: Willan (2005); and National Research Council (2014). *The Growth of Incarceration in the United States: Exploring the Causes and Consequences.* Washington, DC: The National Academies Press. In addition, there are numerous empirical studies and published reviews of the available literature. For example, see: Haney, C., Prison effects in the age of mass incarceration. *Prison Journal, 92,* 1-24 (2012); Johns, D., Confronting the disabling effects of imprisonment: Toward prehabilitation. Social Justice, 45(1), 27-55.

[10] E.g., see: Schnittaker, J. (2014). The psychological dimensions and the social consequences of incarceration. *Annals of the American Association of Political and Social Science, 651,* 122-138; Turney, K., Wildeman, C., & Schnittker, J., As fathers and felons: Explaining the effects of current and recent incarceration on major depression. *Journal of Health and Social Behaviour, 53(4),* 465-481 (2012). See, also: Listwan, S., Colvin, M., Hanley, D., & Flannery, D., Victimization, social support, and psychological well-being: A study of recently released prisoners. *Criminal Justice and Behavior, 37(10),* 1140-1159 (2010).

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leads to higher rates of morbidity (illness rates) and mortality (i.e., it lowers the age at which people die).[11]

8. The COVID-19 Pandemic presents penal institutions with an enormous challenge that they are ill-equipped to handle. Juvenile facilities in particular lack the operational capacity to address the needs of youth in custody in a crisis of this magnitude. They do not have the resources needed to provide youth with ready access to cleaning and sanitation supplies, or to ensure that staff sanitize all potentially contaminated surfaces during the day. Most lack the capacity to provide more than minimal emergency mental health or medical care. Yet the demand for such services in this crisis will grow, stretching already scarce treatment resources even further. In addition, juvenile facilities typically provide children in custody with very limited access to telephonic or other forms of remote visiting. However, these ways of connecting to others will become critically important if contact visiting is limited or eliminated. Furthermore, juvenile facilities cannot readily protect youth from contact with staff who regularly enter facilities after having been in the outside world. Staff members are at risk of contractracting COVID-19 and then transmitting it to both youth and other staff inside.

9. Penal settings have limited options to implement the social distancing that is now required in response the COVID-19 Pandemic. It is very likely that many of them will resort to the use of solitary confinement. Indeed, I have seen precisely this form of social distancing utilized as a matter of course in numerous correctional institutions throughout the country, where medical quarantines are conducted in prison infirmaries or other housing units by effectively placing prisoners in solitary confinement.

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[11] E.g., see: Binswanger, I., Stern, M., Deyo, R., et al., Release from prison: A high risk of death for former inmates. *New England Journal of Medicine, **356***, 157-165; Massoglia, M. Incarceration as Exposure: The Prison, Infectious Disease, and Other Stress-Related Illnesses. *Journal of Health and Social Behavior, 49(1),* 56-71; and Massolglia, M., & Remster, B., Linkages Between Incarceration and Health. *Public Health Reports, 134*(Supplement 1), 85-145 (2019); and Patterson, E. (2013). The dose-response of time served in prison on mortality: New York state, 1989-2003. *American Journal of Public Health, 103(3),* 523-528.

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10. Yet the experience of solitary confinement inflicts an additional set of very serious harmful effects that significantly undermine mental and physical health. The scientific literature on the harmfulness of solitary confinement in jails and prisons is now widely accepted and the research findings are consistent and alarming.[12] This research has led a number of professional mental and physical health-related, legal, human rights, and even correctional organizations to call for severe limitations on the degree to which solitary confinement is employed—specifically by significantly limiting when, for how long, and on whom it can be imposed.[13]

11. Although there is some variation in the specific recommendations, virtually all of them call for the drastic reduction or outright elimination of the use of solitary confinement with juveniles.[14] That

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[12] These many studies have been carefully reviewed in a number of publications. For example, see: K. Cloyes, D. Lovell, D. Allen & L. Rhodes, Assessment of psychosocial impairment in a supermaximum security unit sample. *Criminal Justice and Behavior, 33*, 760-781 (2006); S. Grassian, Psychiatric effects of solitary confinement. *Washington University Journal of Law & Policy, 22*, 325-383 (2006); C. Haney, Restricting the use of solitary confinement. *Annual Review of Criminology, 1*, 285-310 (2018); C. Haney & M. Lynch, Regulating prisons of the future: The psychological consequences of solitary and supermax confinement. *New York Review of Law & Social Change, 23*, 477-570 (1997); and P. Smith, The effects of solitary confinement on prison inmates: A brief history and review of the literature, in Michael Tonry (Ed.), *Crime and Justice* (pp. 441-528). *Volume 34.* Chicago: University of Chicago Press (2006).

[13] For a list of these organizations and their specific recommendations, see: Haney, C. (2018) Restricting the use of solitary confinement. *Annual Review of Criminology, 1*, 285-310; Haney, C., Ahalt, C., & Williams, B., et al. (2020). Consensus statement of the Santa Cruz summit on solitary confinement. *Northwestern Law Review*, in press.

[14] For example, in December 2015, the U.N. General Assembly adopted the United Nations Standard Minimum Rules for the Treatment of Prisoners ("The Nelson Mandela Rules") that, among other things, prohibited the use of solitary confinement for juveniles. See: Commission on Crime Prevention and Criminal Justice. 2015. *United Nations standard minimum rules for the treatment of prisoners.* New York: UN Economic and Social Council.

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is, because of the categorically greater vulnerability of children to harsh conditions of confinement and the potentially irreversible mental and physical harm that they are more likely to experience, solitary confinement should rarely if ever be imposed on them. In fact, current California law significantly limits the use of solitary or solitary-like confinement[15] for juveniles to durations of no longer than four hours. In rare instances when longer times are absolutely necessary, in response to emergency or exigent circumstances, they must be limited to the shortest amount of additional time possible and, even then, always under the care of a licensed physician.[16] These severe limitations on the use of solitary confinement with children are critically important to acknowledge and adhere to in the face of the COVID-19 Pandemic and in the context of the social distancing steps that juvenile institutions are likely to engage in.

12. The COVID-19 Pandemic will be a traumatic experience for many, especially for children. In the case of children housed in juvenile institutions, this trauma will affect an already highly traumatized population. In addition to the traumatic effects of incarceration itself for children,[17] and the added trauma produced by harsh conditions of juvenile confinement (such as solitary confinement), it is important to recognize that most incarcerated children have already experienced numerous childhood "risk factors" or "adverse childhood experiences."[18] Thus, juvenile incarceration represents a form of "retraumatization" for many of them. And even this retraumatization can be made worse, for example by placement in

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[15] Juvenile facilities often use different terms for solitary confinement, such as "segregation," "isolation," "seclusion," and "room confinement." My statements about solitary confinement apply to these terms as well. (E.g. see, Sue Burrell and Ji Seon Song, Ending "Solitary Confinement" of Youth in California. *Children's Legal Rights Journal*, *39*, 42, 45 (2019).)

[16] Calif. Welf. & Inst. Code § 208.3.

[17] For example, see: Sue Burrell, Trauma and the Environment of Care in Juvenile Institutions, *National Child Traumatic Stress Network* (2013).

[18] For example, see: Carly Dierkhising, Susan Ko, Briana Woods-Jaeger, et al., Trauma Histories among Justice-Involved Youth: Findings from the National Child Traumatic Stress Network, *European Journal of Psychotraumatology*, *4*, (2013)

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solitary confinement. It is thus hard to imagine a more vulnerable population whose very significant needs should be treated with the utmost sensitivity in the face of this Pandemic.

13. Indeed, the United States Center for Disease Control and Prevention (CDC) has acknowledged that the COVID-19 Pandemic poses a threat the mental as well as physical health of the nation, especially to its children and teens.[19] In order to mitigate the stressors created by the COVID-19 Pandemic, the CDC has recommended that parents and other caregivers undertake the following practices to support their children:[20]

- Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child or teen can understand.
- Reassure your child or teen that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- Limit your family's exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Try to keep up with regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
- Be a role model. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.

14. Similarly, the World Health Organization (WHO) also has recognized that the COVID-19 poses an existential threat to the

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[19] Center for Disease Control and Prevention, *Manage Anxiety & Stress*, https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html

[20] *Ibid.*

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mental health of children.[21] The WHO recommended that care providers undertake the following practices to support the mental health of children in their care:[22]

- Help children find positive ways to express feelings such as fear and sadness. Every child has their own way to express emotions. Sometimes engaging in a creative activity, such as playing, and drawing can facilitate this process. Children feel relieved if they can express and communicate their feelings in a safe and supportive environment

- Keep children close to their parents and family, if considered safe for the child, and avoid separating children and their caregivers as much as possible. If a child needs to be separated from their primary caregiver, ensure that appropriate alternative care is provided and that a social worker, or equivalent, will regularly follow up on the child. Further, ensure that during periods of separation, regular contact with parents and caregivers is maintained, such as twice-daily scheduled phone or video calls or other age-appropriate communication (e.g., social media depending on the age of the child).

- Maintain familiar routines in daily life as much as possible, or create new routines, especially if children must stay at home. Provide engaging age appropriate activities for children, including activities for their learning. As much as possible, encourage children to

[21] World Health Organization, *Helping children cope with stress during the 2019-nCoV outbreak,* https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print.pdf?sfvrsn=f3a063ff_2

[22] World Health Organization, *Mental Health and Psychosocial Considerations During COVID-19 Outbreak,* https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf

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continue to play and socialize with others, even if only within the family when advised to restrict social contract.

- During times of stress and crisis, it is common for children to seek more attachment and be more demanding on parents. Discuss COVID-19 with your children using honest and age appropriate way. If your children have concerns, addressing those together may ease their anxiety. Children will observe adults' behaviors and emotions for cues on how to manage their own emotions during difficult times.

15. The COVID-19 Pandemic is a natural disaster that has already had a significant worldwide impact whose catastrophic effects are beginning to mount in the United States. The Pandemic has traumatic psychological as well as physical consequences. The consequences are especially severe for children who are not only experiencing the Pandemic but also trying to comprehend its magnitude and implications. They are seeking safety in an otherwise suddenly unsafe-feeling world. Not surprisingly, the CDC and WHO both recommend intense and expansive forms of family support, caring, and coping to ameliorate these traumatic effects. Yet this kind of familial support, caring, and coping is simply unavailable in (and in essence precluded by) juvenile institutions.

16. Thus, it should be obvious that few if any of the CDC or WHO recommendations for the appropriate way to address the needs of children in light of the present Pandemic can be effectively implemented in a secure juvenile facility. Of course, their recommendations for optimizing children's meaningful family contacts and ensuring that children are able to follow as normal a routine as possible should apply no less forcefully to children who have been placed in juvenile institutions. In fact, for the aforementioned reasons, in light of the likely past trauma they have suffered and the traumatic nature of their present circumstances, the recommendations apply with even more logic and force.

17. As I have noted, the continued detention/confinement of children during the COVID-19 Pandemic constitutes a grave threat to their physical and mental health. Young people confined to juvenile facilities are vulnerable emotionally; they are separated from their

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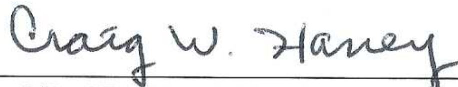
families; they likely face unhealthy and unsanitary physical conditions in such institutions, which will exacerbate any existing medical conditions and heighten the risk of their contracting and transmitting coronavirus; and their incarceration in the midst of this crisis will likely result in their placement in settings that are the equivalent of solitary confinement, placing them at even greater risk. The combination of these factors argues in favor of removing them from secure institutions and returning them to their families for proper protection and care. Of course, the release of children from secure institutions can and should be done with adequate measures to protect them, their families and the broader community.[23]

18. With these things in mind, it is my professional opinion that returning incarcerated children to their families, where they can receive the kind of familial support that the CDC and WHO recommend, is the best possible course of action to take in response to the COVID-19 Pandemic.

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

Executed on April 23, 2020 at Santa Cruz, California.



DR. CRAIG W. HANEY, PH.D., J.D.

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[23] *See* Council for State Governments, Justice Center, "Seven Questions About Reentry Amid COVID Confusion."

DECLARATION OF JESSICA HAVILAND

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

1. I am currently incarcerated at the Century Regional Detention Facility ("CRDF"), in Lynwood, California, awaiting trial. I am 39 years old and have been incarcerated here since December 19, 2020. My bail is set at $50,000.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

J Haviland

Jessica Haviland

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I, CEDRIC HENRY, declare:

1. I am currently an inmate in Santa Rita Jail, the County Jail for Alameda County.

2. I had returned to Santa Rita in June, 2019 for review of my case and resentencing pursuant to SB 1437. During this period, I was assigned to Housing Unit 7.

3. Around the end of March and the first of April, seven inmates in my housing unit started having corona virus symptoms. They were shivering, and headaches, they were sweating and coughing. I told the housing unit deputy that these men should be tested for the coronavirus, but as far as I know, they were not moved and there was no quarantine. Instead, the deputy and the nurse told them to "fill out a medical slip" and they were not tested.

4. Three days later on Sunday, April 4, 2020, I started having the same symptoms, shivering, headaches, coughing and sweating. I reported these symptoms, and the nurse came and took my temperature. My temperature was "high", but they did not tell me the exact temperature. All the nurse said to me was, "Drink water". The jail staff left me in the 7 housing unit all day, and I did not receive any further medical attention. Later on, at about 1 in the morning, the deputy came and woke me up, and told me that they were going to move me.

5. They moved me to Housing Unit 8A. The cell they moved me into was filthy. I could smell the bleach, but what they had done was simply sprayed bleach all over the cell, but did not wipe anything down. The dirt was still on every surface. There was feces on the floor. They did not give me any towels or paper towels to wipe off the cell. Instead, they just handed me a new bedroll and locked me in.

6. The next day, Monday April 6, 2020, they gave me a nasal swab to test me for corona. I was extremely upset because I was not given any information. I thought I was going to die. The jail did not give me any medication. The cell was cold, and all I had was a thin blanket. I was running a fever and shivering. I asked the deputy for an extra blanket, and the response was, "You got your issue." The issue was one thin blanket, and a thin mattress. The bed was a cold concrete slab. During this time, no one, not a nurse, not a doctor offered me anything to make me more comfortable. Being cold, running a fever, shivering and having a

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hard time breathing, and thinking I was going to die. This was torture. During this entire time, not a nurse, not a doctor explained to me what was happening, and what would happen with the corona virus.

4. In the housing unit, the shower was absolutely filthy. There were swarms of flying black bugs that would bite if you took your clothes off. Therefore, for two weeks, I did not shower.

4. On April 14, 2020 the female doctor told me that I could not leave that cell yet because I was having so much trouble breathing. During this time, she never listened to my lungs, I never had a chest x-ray. The medical treatment was the doctor was in a white head to toe white space suit, and I had to stick my hand out of the slot that they shove the food through.

5. On April 15, 2020, I was still having trouble breathing, it was hard to breathe, and it hurt to breathe. The doctor came, and announced that I had no temperature, and said "you're better, You'll breathe better in another building." I understood that I was cleared to return to general population. Two hours later, the deputy came and told me to put my stuff in a plastic bag.

6. First, the deputy walked me over to Housing Unit 23, where he told me that I would be housed there for 5 days so they could continue to assess my condition. Once we reached Housing Unit 23, they set me outside in the concrete yard for a couple of hours. Apparently, Housing Unit 23 was not the plan. The deputy then announced that I would be placed in Housing Unit 6. When we reached Housing Unit 6, they placed us in another outdoor concrete yard, where we sat for another two hours. When the deputy came back, and it was clear that the jail had no plan for me, I explained that I still have symptoms, that I had tested positive, that I was still coughing and having trouble breathing, and that placing me with other inmates was potentially jeopardizing other people. I said I didn't think that was fair to endanger others.

7. The deputy then decided to punish me, and place me in the "hole". I am now locked up for 48 hours in a row. I am only given one hour of POD time every 48 hours. I have received nothing in writing explaining why I am being punished. I have received no disciplinary hearing. No one will tell me why I am here or how long I will be here. I am not getting medical

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treatment although my symptoms have not changed. I am still coughing and having trouble breathing.

I declare under penalty of perjury of the laws of the State of California and the United States that the foregoing is true and correct to the best of my knowledge and belief.

Because of the coronavirus, and my confinement, there are no legal visits permitted and I was not able to sign this declaration in person. All information in this declaration was relayed to Yolanda Huang on April 18, 2020. On April 18, 2020, Ms. Huang read this declaration to me over the phone. I understood and verified its contents in full, and authorized Yolanda Huang to sign the declaration on my behalf.

Executed on 4/18/2020 in Oakland, California.

By: Yolanda Huang, SBA104543
Law Office of Yolanda Huang
on behalf of Cedric Henry

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DECLARATION OF JOSEPH HODGES

I, Joseph Hodges, hereby state that the facts set forth below are true and correct to the best of my knowledge, information, and belief. Further, I understand that the statements herein are subject to the penalties of perjury under the laws of California and the United States.

1. My name is Joseph Hodges. I was born on February 6, 1969 and am 51 years old.

2. I have been in San Diego Sheriff's Department custody at the George Bailey Detention Facility since February 26, 2020. I pleaded guilty to evading police with a vehicle, 2800.2(A) VC, and am waiting to be sentenced.

3. I have Hepatitis C and diabetes. When I first came to jail, the medical staff didn't accept me into the jail and took me to Mercy hospital instead because of problems related to my diabetes. I am not currently being treated for my Hepatitis C or for my high blood pressure in jail. I am given insulin and other medication for my diabetes.

4. I am aware that people are supposed to maintain "social distancing" because of the coronavirus. But there is no time at any moment here where that is possible in this facility.

5. I frequently have to stand in lines, for medication and for meals. People are forced to stand very close – much closer than fix feet – to each other in these lines.

6. When I was transferred to a different housing unit about a week ago, I was put into a single file line with five or six other people. The guards refer to the distance between us during that kind of movement as "nuts to butts." That term is about as accurate as it gets. There was no real distance between us.

7. The telephones are lined up on walls, about a foot and a half away from each other. There are six phones, and they are frequently all in use, with long waiting

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lines of more than ten people.

8. The telephones are in our dayroom, which regularly has over forty people in it, the room is about 300 ft long by 150 feet wide, if that fairly small space. Social distancing is unheard of here.

9. I sleep in a cell with one triple bunk bed. Right now, I have only one cellmate, but I usually have two. Even with one, I am not more than a couple of feet away from him when I sleep. The cell is approximately 6 feet by 4 feet.

10. About a week ago, we were provided with face masks for the first time. We were told that facility staff would wash the masks twice a week, but they have not done that. I wash my own mask with soap I have to buy from the commissary. People who cannot afford soap are provided with two small hotel-like bars every week. They need to use these bars for their showers. I do not believe this can possibly be enough soap in one week for them to shower, wash their hands frequently, and wash their masks.

11. Our housing unit is provided with one spray bottle of watered-down disinfectant each week, for 38 cells, which each generally have 3 people. This is not nearly enough disinfectant for all of our cells and belongings every week.

12. We do not have access to any hand sanitizer. The nurses have their own, which they use when handing out medication. But none is ever provided to us.

13. Some guards wear masks around us, including when they come through for chow, but some don't.

14. I have recently seen at least two people who may have had symptoms of the coronavirus. The most disturbing time was when a man ahead of me in line to get medication told the nurse that he had a fever, about a week ago. He was told that he had to put a slip call in. When he said that he had put in many slips (requests for medical attention), the nurse said that there was nothing more they could do, and he should just drink water – drink more water.

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15. I've seen a couple of guys complain about having the symptoms that you hear about with coronavirus. It was totally sad when they complained, because people would immediately start staying away from them. When they told staff, they were told to fill out a slip call. They could fill out four of them and never be seen. In fact, I have heard that there are no doctors here to see anyone, so that is really just a waste of time to fill out the slip. Once they fill out the slip call, they just stay in the population with everyone. It's really sad because you can't really get away from a person here anyway, but everyone backs away.

16. It's freakin' scary here. When someone says they're not feeling good, and this is before anyone had even worn out or dirty masks, that's a time when this really should have been taken seriously. I told a guard that. I said that "you and I have just been exposed" by the person in front of me in line. It's just scary. There's no other way to put it.

17. I'm really scared. Will I get to see my family again? I have two sons, two grandchildren, a wife, and aunts and uncles. I try to push that fact out of here. I read in the paper that the virus can and it will enter the jail. I'm totally aware that I'm in here for a reason. But no violence. I have family. It sucks not to be with them at a time like this.

18. If I am released, I can stay with my son. I will be able to take all the precautions for "social distancing" and hygiene that I'm supposed to, because I can stay in his place and isolate myself.

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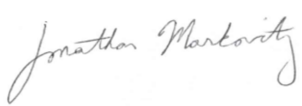
Because of the coronavirus, and my confinement, I was not able to sign this declaration in person. The declaration was read to me, over the phone, by Jonathan Markovitz on April 15, 2020. I understood and verified its contents in full, and authorized Jonathan Markovitz to sign the declaration on my behalf.

Executed on April 15, 2020 in San Diego, California.



Signed by Jonathan Markovitz, SBN 301767

Date: 04/14/2020 Joseph Hodges

Joseph Hodges Id. No. 20912260

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Declaration of Oscar Holguin

I, Oscar Holguin, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I am 45 years old, have gastric problems and need colon surgery.

3. I have been in custody in the Riverside County Jail system since January 2016. I am serving a sentence for fraud. My release date is December 18, 2020.

4. The majority of the time I have been inside the Indio Jail, where I am currently housed. But, I also was briefly transferred to the jail in Banning.

5. I am currently in a barrack style dorm with 22 other inmates. The dorm has 7 triple bunks and one double bunk, all of which are filled. Until yesterday there were two other people sleeping in "boats" on the floor. A boat is a plastic container shaped kind of like a row boat that sits on the floor in which people put their mattresses. Everyone in the dorm shares one shower, two toilets and two seats. There is no way to socially distance. The bunks are very close together, and even if you try to spread out during the day, you can only get about two feet away from each other. When you walk around you constantly having to say "excuse me" to get around other people.

6. The other day two people were taken out of the dorm because they both had temperatures. Even though I had really close interaction with both of them, as did everyone else in the dorm, none of us is being taken to quarantine. There are two other people in my dorm right now who have temperatures, but they have only been given Tylenol, not moved out of the dorm. I am very afraid that at least some of my dorm mates with temperatures may be infected with COVID-19, and that I will also be infected.

7. They're not quarantining new arrestees or even screening them properly before putting them into our housing unit. The other day someone came

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into our unit who had not been medically screened when he entered the jail; they just put him in a holding tank for three days and then moved him into our dorm.

8. We are constantly running out of soap and having to ask for more. The other day we asked for more and they brought us three hotel size soaps for 25 people. The only way a person can get the soap you need to wash regularly is if you have money in your commissary account.

9. It is impossible to clean the dorm properly because we are not provided adequate supplies. All they give us is a mop with a dirty mop head and watered down window-type cleaner in a bucket. We do not have bleach wipes or anything else that would allow us to disinfect the phones regularly even though the phones are regularly in use. We also do not have any gloves.

10. We were given masks about two weeks ago. But they are cheap paper mask like a dryer sheet. The band on them break off easily, we must put sheets through the loops to keep them on our face. They get easily torn up and they won't replace the masks if the masks tears. If your mask rips, they will write you up and take away your commissary. They normally take your rec time or visitation to discipline but since those things are cancelled the only thing, they can take is our commissary.

11. Sheriff Bianco is saying we're getting masks and all the protection we need but that's not the case. The situation in the jail is basically a death sentence waiting to happen. We're hoping our bodies are strong enough to handle it, but I already have medical problems. So do other people in here, including asthma.

12. Yesterday deputies took 8 guys out of the Tank 14, the dorm next to ours. When we asked the people being transferred while they were being transferred if anyone was sick with Coronavirus they said "yes." Then we noticed that all the Sheriffs were wearing those plastic masks and hazmat suits. I also saw that the deputies took the property bags that each of people being transferred used to pack their possessions and put them into these yellow hazmat bags that have the

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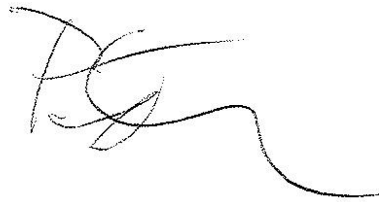
black writing on them.

I declare under penalty of perjury of the laws of the State of California and the United States that the foregoing is true and correct to the best of my knowledge and belief.

Because of the coronavirus, and my confinement, I was not able to sign this declaration in person. The declaration was read to me, over the phone, by Peter Eliasberg on April 20, 2020. I understood and verified its contents in full, and authorized Mr. Eliasberg to sign the declaration on my behalf.

Executed on April 20, 2020 in Los Angeles, California.



Signed by Peter Eliasberg, 189110, on behalf of Oscar Holguin

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DECLARATION OF ROBERT JOYCE

I, Robert Joyce, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I have been in custody in the Riverside County jail since September 18, 2019. I was ordered released as of today's date.

3. Because of various medical conditions, I have been housed in a medical cell with 5 other men. There were six single beds and it was impossible to socially distance by six feet. The beds are approximately four feet apart.

4. Because I was in a medical unit, the others in my cell were constantly being changed, as they come in and out of the hospital. We were not able to change our clothes and there have been times when we had no hot water.

5. I ate meals with 5 other people daily.

6. I did not have access to gloves.

7. I did not have access to cleaning supplies, including disinfectant.

8. I did not have access to hand sanitizer.

9. While medical staff wear masks at all times, not all custody staff do. I have seen several deputies not wearing masks.

10. I have not received instruction from custody staff about how we can protect ourselves from COVID-19.

11. I declare under penalty of perjury of the laws of the State of California and the United States that the foregoing is true and correct to the best of my knowledge and belief.

Because of the coronavirus and my confinement, I was not able to sign this declaration in person. The declaration was read to me in person in an attorney booth by my attorney, Roger

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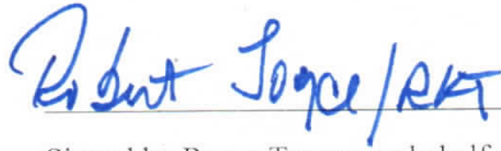
1 Tansey on April 17, 2020. I understood and verified its contents in full, and authorized Roger
2 Tansey to sign the declaration on my behalf. Executed on April 17, 2020 in Indio, California.
3
4 

5 Signed by Roger Tansey on behalf of Robert Joyce
6
7 **DECLARATION OF ROGER TANSEY**

8 I, Roger Tansey, hereby declare:

9 1. I am the public defender assigned to represent Robert Joyce in case number
10 INF1901682. My California State Bar No: is 109985 and my business address is: 82-
11 995 Highway 111, Suite 200, Indio, CA I make this declaration based on my own
12 personal knowledge and if called to testify I could and would do so competently as
13 follows:
14 2. Because of the coronavirus epidemic, the Riverside County jail system has been closed
15 to all visitors for several weeks and I therefore cannot visit Mr. Joyce in person.
16 3. On April 17, 2020, Mr. Joyce had a hearing on my motion for OR relief which was
17 granted. Before the motion, I met with Mr. Joyce in an attorney booth under the
18 courthouse. I read this Declaration in its entirety to him. Mr. Joyce understood and
19 verified its contents in full to me. Mr. Joyce specifically authorized and directed me to
20 sign the declaration on his behalf.
21
22 I declare under penalty of perjury that the foregoing is true and correct under the laws of
23 the State of California, and that this Declaration was executed on April 17, 2020 at Indio,
24 California.
25
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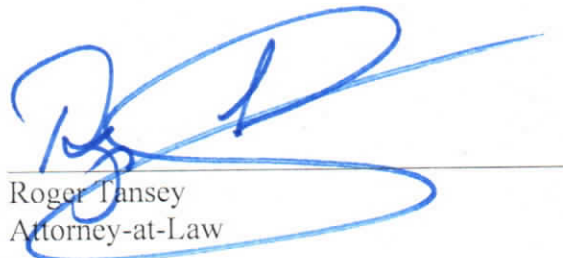
27 

28 Roger Tansey
Attorney-at-Law

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DECLARATION OF ANTHONY JOHN KIMBIRK

I, Anthony J. Kimbirk, hereby declare and say:

1. I make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto:
2. I am a criminal defense attorney licensed to practice law in the State of California. I was admitted to the State Bar in 2001 and work as Deputy Public Defender for the County of San Bernardino.
3. On Tuesday, April 14, 2020 and Thursday, April 16, 2020 I attended court in person in San Bernardino Superior Court. My client was transported both days to court from the San Bernardino County jail for hearings. He sat in the jury box during the hearings and we conferred privately in a separate room.
4. My client told me on both days that he was brought to jail in the regular jail bus and that he was seated near other detainees.
5. On Friday, April 17, 2020 I needed to talk with my client. The San Bernardino jail has discontinued remote video access for attorney client communications in light of COVID-19. Because I lacked remote access, I went to the jail in person and spoke with my client there.

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

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

Antony Kimbirk

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DECLARATION OF BERTRAM JAMES LAVELL
FRESNO COUNTY JAIL INMATE

1] I, Bertram James Lavell declare and say,

2] I am an American Indian born March 4, 1967.

3] I am six feet tall, weigh at approximately 200 lbs.

4] I suffering kidney disease that requires dialysis using a central venous catheter and the associated high risk of infection. I have hepatitis C and liver disease. I have been in and out of the hospital with respiratory problems including pneumonia in recent weeks.

5] Since September 25, 2019, I am a pre-trial inmate at the Fresno County Jail. I am charged with 2 DUI's with 2 or more priors. Strikes are also alleged as priors. Although the Countywide Bail Schedule in Fresno would fix my bail at $13,500 per DUI case, with another $100,000 per strike prior alleged, the Court fixed my bail at $500,000 per DUI case. After I was held to answer at my preliminary hearings on January 17, 2020 the Court was asked to lower my bail, in part because I've never injured anyone while drinking and driving. The Court refused my lawyer's invitation, saying:

> "I've presided over trials of murder by way of driving under the influence with people with fewer driving under the influence priors than your client."

6] It is true that I have multiple DUI convictions in the span of my lifetime. I've been to treatment, including Betty Ford. I am not giving up in my struggle to overcome alcoholism.

7] At the onset of the COVID-19 pandemic, I became aware that I am at extreme risk of suffering death or serious injury if I become infected with the pathogen. My lawyer then asked the court to allow me to allow me to be confined at the First Steps Recovery until such time as the danger from COVID-19 infection at the jail passed.

8] I've done bad things when I am drunk. These events have led me to be incarcerated for much of my life in the State Prison. But that doesn't mean that I want to die of COVID-19. I asked the Court for help through my lawyer, who filed a motion to reduce my bail so that I could go to treatment.

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9] A representative from First Steps recovery was present in court to affirm that the program had a bed available for me and that the Program would inform the prosecution, my lawyer and the Court immediately if I were to leave the program, violating a condition of my request to be confined there for no less than six months. First Steps is a private program in a rural area and they have a carefully designed COVID-19 separation and distancing policy in place.

10] On March 18, 2020, after hearing arguments from my lawyer and the District Attorney, the Court said:

> "Okay. Mr. Schweitzer, I appreciate your argument. It's being denied for two reasons. One, his medical condition has been his medical condition. The only change is Covid-19. There is absolutely -- you've presented no evidence. There has been no testimony that he -- your simple argument and claim there is people in the medical ward isn't evidence of anything. The Court has nothing to make findings on. He's -- you have presented no evidence that his care in the jail is going to be putting him at risk, that there is Covid-19 in the jail. There has been no evidence of that. Or that his risk is reduced by being introduced into the community, in a home where presumably he is not the only resident in that home and those residents presumably are entitled to visits, and contact visits, that his risk is minimized by what you claim are the alternative in society. He has two felony DUIs, the alleged 13th lifetime DUI and the alleged 14th lifetime DUI. Bail was set what it was set at based on all of the circumstances at the time it was set, which was six weeks ago, and all the same arguments you made other than the Covid-19 remained at that time. Your argument of this mere possibility isn't sufficient for the Court to find any change of circumstance or any change of what you deem is medical necessity."

11] At the time the court made this finding, there were two persons suspected of having COVID-19 in the jail medical ward along with me. While there is no report that either person tested positive, there are reports that a confirmed case of COVID-19 was booked into the Fresno County Jail just one floor beneath where I am housed, prior to his being released. It is reported that testing came back after the person's release that proved he had COVID-19.

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12] At present, there are reports of COVID-19 sickening hundreds and killing dozens of inmates and corrections staff in the State of California. While the Sheriff says she is doing all she and her agency can do to prevent me and others from being infected or killed by COVID-19, there is no assurance that she is doing any more than other like facilities in California have done. I feel that it is simply a matter of time for me to suffer a similar fate, unless something is done to allow me to separate from this place where approximately 2400 other inmates are being kept.

13] I am housed on the medical floor of the Fresno County Jail in a room with four other inmates. The living conditions here are cramped under ordinary circumstances with sick men eating, drinking, urinating and defecating in close proximity to one another and limited opportunities to wash or to maintain proper personal hygiene.

14] In the weeks since COVID-19 caused a state of emergency, I have lived in terror of dying a distressing death without anyone to so much as hold my hand or to help me pass from this world into the next.

I declare under penalty of perjury of the laws of the State of California and the United States that the foregoing is true and correct to the best of my knowledge and belief.

Because of the coronavirus, and my confinement, I was not able to sign this declaration in person. The declaration was read to me, over the phone, by my attorney, Eric H. Schweitzer on April 17, 2020. I understood and verified its contents in full, and authorized Eric H. Schweitzer to sign the declaration on my behalf. Executed on April 17, 2020 in Fresno, California.

Signed by Eric H. Schweitzer, SBN 179776,
on behalf of BERTRAM JAMES LAVELL

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DECLARATION OF JEREMY LEBEOUF

I, Jeremy Lebeouf, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:
2. I have been in custody in the West County Detention Facility in Contra Costa County since March 5, 2020.
3. I am 40 years old.
4. I am homeless, unemployed, and broke. I am also a lifelong resident of Contra Costa County.
5. I was in the Navy for about 14 years and did a stint overseas in Vietnam in '98/'99. I have PTSD.
6. I am currently in the West County Detention Facility. I am charged with violations of Penal Code section 422 (criminal threats), Penal Code section 273.6 (violating a domestic violence restraining order), Penal Code section 166(c)(1) (violation of court order), Penal Code section 136.1 (dissuading a witness), as well as possession of methamphetamine, possession of a smoking device, and a misdemeanor probation violation.
7. My mother took out the restraining order I am charged with violating in 2017. She said I was "violent and paranoid" and had a BB gun.
8. In December 2019, she was letting me live in a shed on her property. She called 911 because I was yelling to myself and it scared her.
9. My bail is set at $109k, but my lawyer has told me he believes it will be set at $75k under the Emergency Bail Schedule.
10. I am housed in a module with approximately 65 other men.
11. There are 6 showers that are shared amongst all of the men.
12. There are 12 toilets and sinks shared amongst all of the men.
13. All inmates line up together at mealtime and most eat their meals together at the tables in the module.

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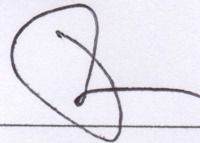
14. Social distancing is not strictly enforced. Inmates frequently come within six feet of one another during free time.
15. I do not have access to gloves.
16. I do not have access to cleaning supplies, including disinfectant.
17. I do not have access to hand sanitizer.
18. While medical staff wear masks at all times, not all custody staff do. I have seen several deputies not wearing masks.
19. I have not received instruction from custody staff about how we can protect ourselves from COVID-19.
20. I have been informed that a deputy working at the jail has tested positive for COVID-19.
21. I am concerned about my health and the risks COVID-19 pose to my life.

I declare under penalty of perjury of the laws of the State of California and the United States that the foregoing is true and correct to the best of my knowledge and belief.

Because of the coronavirus, and my confinement, I was not able to sign this declaration in person. The declaration was read to me, in person, by Ian McGrattan on April 12, 2020. I understood and verified its contents in full, and authorized Ian McGrattan to sign the declaration on my behalf. Executed on April 13, 2020 in Martinez, California.



Signed by Ian McGrattan, SBN 322771

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