

Declaration of Joseph J. Amon, Ph.D. MSPH

I, Joseph J. Amon, declare as follows:

Background and Expertise

1. I am an infectious disease epidemiologist, Director of Global Health and Clinical Professor in the department of Community Health and Prevention at the Drexel Dornsife School of Public Health. I also hold an appointment as an Associate in the department of epidemiology of the Johns Hopkins University Bloomberg School of Public Health. My Ph.D. is from the Uniformed Services University of the Health Sciences in Bethesda, Maryland and my Master's of Science in Public Health (MSPH) degree in Tropical Medicine is from the Tulane University School of Public Health and Tropical Medicine.
2. Prior to my current position, I have worked for a range of non-governmental organizations and as an epidemiologist in the Epidemic Intelligence Service of the US Centers for Disease Control and Prevention. Between 2010 and 2018, I was a Visiting Lecturer at Princeton University, teaching courses on epidemiology and global health. I currently serve on advisory boards for UNAIDS and the Global Fund against HIV, TB and Malaria and have previously served on advisory committees for the World Health Organization.
3. I have published 60 peer-reviewed journal articles and more than 100 book chapters, letters, commentaries and opinion articles on issues related to public health and health policy.
4. One of my main areas of research focus relates to infectious disease control, clinical care, and obligations of government related to individuals in detention settings, in which I have published a number of reports assessing health issues in prison and detention settings and more than a dozen peer-reviewed articles. In 2015-2016, I was a co-editor of a special issue of the British journal, "The Lancet," on HIV, TB and hepatitis in prisons. I also serve on the editorial boards of two public health journals. My resume is attached as Exhibit A.

Information on COVID-19 and Vulnerable Populations

5. COVID-19 is a coronavirus disease that has reached pandemic status. As of today (3/29), according to the World Health Organization more than 638,146 cases have been diagnosed in 203 countries or territories around the world and more than 30,105 confirmed deaths.¹ In the United States, which has the highest number of reported cases in the world, more than 135,499 people have been diagnosed with the disease and 2,381 people have died thus far,² though these numbers likely underreport the actual infections and deaths.³ In Pennsylvania, as of 4:30 pm on March 29, 2020, there were 3,394 confirmed cases and 38 deaths.⁴ There has been an exponential increase in cases

¹ See <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> accessed March 29, 2020.

² See <https://coronavirus.jhu.edu/map.html> accessed March 29, 2020

³ See https://www.washingtonpost.com/national/us-deaths-from-coronavirus-top-1000-amid-incomplete-reporting-from-authorities-and-anguish-from-those-left-behind/2020/03/26/2c487ba2-6ad0-11ea-9923-57073adce27c_story.html accessed March 26, 2020.

⁴ See <https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20Situation%20Reports/20200325nCoVSituationReportExt.pdf>; accessed March 26, 2020 [see also:](#)

and deaths in Pennsylvania over the past two weeks:

Date	Cases (cumulative)	Deaths (cumulative)
12-Mar	28	0
13-Mar	41	0
14-Mar	58	0
15-Mar	63	0
16-Mar	76	0
17-Mar	96	0
18-Mar	133	1
19-Mar	185	1
20-Mar	268	1
21-Mar	371	2
22-Mar	479	3
23-Mar	644	6
24-Mar	851	7
25-Mar	1127	11
26-Mar	1687	16
27-Mar	2218	22
28-Mar	2751	34
29-Mar	3394	38

6. COVID-19 is a serious disease, ranging from no symptoms or mild ones for people at low risk, to respiratory failure and death. There is no vaccine to prevent COVID-19. There is no known cure or anti-viral treatment for COVID-19 at this time. The specific mechanism of mortality of critically ill COVID-19 patients is uncertain but may be related to virus-induced acute lung injury, inflammatory response, multiple organ damage and secondary nosocomial infections.
7. The World Health Organization (WHO) identifies individuals at highest risk to include those over 60 years of age and those with cardiovascular disease, diabetes, chronic respiratory disease, and cancer.⁵ The WHO further states that the risk of severe disease increases with age starting from around 40 years.
8. The US CDC identifies “older adults [65 and older] and people of any age who have serious underlying medical conditions” as at higher risk of severe disease and death.⁶ The CDC identifies underlying medical conditions to include: blood disorders, chronic kidney or liver disease, compromised immune system, endocrine disorders, including diabetes, metabolic disorders, heart and lung disease (“including asthma or chronic obstructive pulmonary disease [chronic bronchitis or emphysema] or other chronic conditions associated with impaired lung function”), neurological and neurologic and

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx> accessed March 29, 2019

⁵ See https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_4 accessed March 21, 2020

⁶ See <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html> accessed March 21, 2020

neurodevelopmental conditions, and current or recent pregnancy.⁷

9. Data from US COVID-19 cases published by the CDC on March 19, 2020, found that hospitalization rates and intensive care unit (ICU) admission rates were nearly identical for individuals aged 45-54 and individuals aged 55-64 (between approximately 20-30% for both groups for hospitalization and between 5-11% for both groups for ICU admission).⁸ This suggests that individuals >45 years could be considered high risk for severe disease while those ≥54 years could be considered high risk for severe disease and death.

Health profile of plaintiffs

11. I have reviewed the declaration of Brian McHale and Fredrick Leonard.
12. Mr. McHale is 44 years old and detained in the Montgomery County Correctional Facility. He has a number of medical conditions including hemochromatosis and chronic hepatitis C. He reports a 30 year history of smoking. Due to the likely impact of these conditions on his lungs, liver and heart, he should be considered at high risk for severe illness and death from COVID-19. Mr. Leonard is 29 years old and detained at Pike County Correctional Facility. He has a 17 year history of smoking. His declaration states that he has a history of chronic bronchitis, which is a type of chronic obstructive pulmonary disease that is most frequently caused by smoking. Due to this history, he should be considered at high risk for severe illness and death from COVID-19.

Understanding of COVID-19 Transmission

13. According to the U.S. CDC, the disease is transmitted mainly between people who are in close contact with one another (within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes.⁹ It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.¹⁰ People are thought to be most contagious when they are most symptomatic (the sickest), however some amount of asymptomatic transmission is likely.¹¹ **This suggests that, while hand washing and disinfecting surfaces is advisable, the main strategy for limiting disease transmission is social distancing and that for such distancing to be effective it must occur before individuals display symptoms.**
14. Recognizing the importance of social distancing, public health officials have recommended extraordinary measures to combat the spread of COVID-19. Schools,

⁷ See <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf> accessed March 21, 2020

⁸ See <https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm>, accessed March 21, 2020

⁹ See <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html> accessed March 21, 2020

¹⁰ See <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html> accessed March 21, 2020

¹¹ See <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html> accessed March 21, 2020; See also: Bai Y, Yao L, Wei T, et al. Presumed asymptomatic carrier transmission of COVID-19. JAMA. Published online February 21, 2020. doi:10.1001/jama.2020.2565 and Zhang W, Du RH, Li B, et al. Molecular and serological investigation of 2019-nCoV infected patients: implication of multiple shedding routes. Emerg Microbes Infect. 2020;9(1):386-389.

courts, collegiate and professional sports, theater and other congregate settings have been closed as part of risk mitigation strategy. 50 states, 7 territories, and the District of Columbia have taken some type of formal executive action in response to the COVID-19 outbreak.¹² Through one form or another, these jurisdictions have declared, proclaimed, or ordered a state of emergency, public health emergency, or other preparedness and response activity for the outbreak. Earlier this month Pennsylvania Governor, Tom Wolf, declared a state of emergency, which he buttressed on March 19 with an order closing non-essential businesses.¹³ On Monday, March 23, 2020, Governor Wolf issued a stay at home order for residents of Allegheny, Bucks, Chester, Delaware, Monroe and Montgomery counties. On Tuesday, March 24, Governor Wolf extended the stay at home order to Erie;¹⁴ the next day, March 25, Governor Wolf further extended the order to Lehigh and Northampton.¹⁵ On Friday, March 27, 2020, Governor Wolf extended the order to include nine additional counties: Berks, Butler, Lackawanna, Lancaster, Luzerne, Pike, Wayne, Westmoreland, and York.¹⁶ Philadelphia has been under a stay at home order since Saturday, March 21, 2020.¹⁷ In total, nineteen counties are under stay at home orders in Pennsylvania.

15. As of March 28, in response to the threat of COVID-19 transmission, fifteen states prohibit gatherings of any size (California; Colorado; Idaho Illinois; Indiana; Montana; Michigan; New Jersey; New Mexico; New York; Ohio; Oregon; Washington; West Virginia; and Wisconsin); one state prohibits gatherings > 5 individuals (Connecticut); twenty-one states and the District of Columbia prohibit gatherings of >10 individuals (Alaska; Hawaii; Iowa; Kansas; Louisiana; Maine; Maryland; Massachusetts; Mississippi; Missouri; Nevada; New Hampshire; North Carolina; Oklahoma; Rhode Island; South Dakota; Tennessee; Texas; Vermont; Virginia; and Wyoming); one state prohibits gatherings of >25 individuals (Alabama) and two states prohibit gatherings of >50 individuals (Delaware; South Carolina). Many states, including California, Illinois, New Jersey, and New York have also issued quarantine orders directing residents to stay at home except under certain narrow exceptions.¹⁸ These orders are expanding, increasing. Whereas at least 158 million people in 16 states, nine counties and three cities were being urged to stay home on March 23, the numbers increased on March 24, 2020 to at least 163 million people in 17 states, 14 counties and eight cities. As of March 27, at least 228 million people in 25 states, 74 counties and 14 cities and one territory are being urged to stay home.¹⁹

16. These public health measures aim to “flatten the curve” of the rates of infection so that those most vulnerable to serious complications from infection will be least likely to be

¹² See <https://www.astho.org/COVID-19/> accessed March 21, 2020

¹³ See <https://www.governor.pa.gov/wp-content/uploads/2020/03/20200319-TWW-COVID-19-business-closure-order.pdf>

¹⁴ <https://www.governor.pa.gov/newsroom/governor-wolf-and-health-secretary-expand-stay-at-home-order-to-erie-county-to-mitigate-spread-of-covid-19/> Accessed March, 26, 2020.

¹⁵ <https://www.governor.pa.gov/newsroom/governor-wolf-and-health-secretary-expand-stay-at-home-order-to-lehigh-and-northampton-counties-to-mitigate-spread-of-covid-19-counties-now-total-10/> Accessed March 26, 2020.

¹⁶ <https://www.governor.pa.gov/newsroom/governor-wolf-and-health-secretary-expand-stay-at-home-order-to-nine-more-counties-to-mitigate-spread-of-covid-19-counties-now-total-19/> accessed March 28, 2020.

¹⁷ See <https://www.wtae.com/article/stay-at-home-order-to-begin-tonight-for-several-pa-counties-including-allegheny/31900786> accessed March 23, 2020.

¹⁸ See <https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/#socialdistancing> accessed March 28, 2020.

¹⁹ See <https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html> accessed March 28, 2020.

exposed and, if they are the numbers of infected individuals will be low enough that medical facilities will have enough beds, masks, and ventilators for those who need them.

17. In countries where the virus's course of infection began earlier, and where death rates grew steadily, governments have imposed national emergency measures to prevent contagion from human contact. In Italy and Spain, for example, the governments have imposed national lockdowns to keep people from coming into contact with each other.²⁰
18. US cities are starting to see the level of COVID-19 cases seen in previous global hotspots. On Thursday, March 26, Governor Cuomo announced that 100 people had died of the coronavirus between Wednesday and Thursday morning.²¹ As of Friday, March 27, the cumulative death toll in the state stood at 450.²² In response, the city's health commissioner again urged all New Yorkers to follow the stay at home order, emphasizing the impact on the city's already strained health system.²³ Pennsylvania is roughly 10 days behind New York City, following a similar trendline of cases and deaths.²⁴

Risk of COVID-19 in Jails

19. The conditions in jails pose a heightened public health risk to the spread of COVID-19, even greater than other non-carceral institutions. Spread of COVID-19 within the jails will affect not only those who are being held there, but also the correctional officers who work there and the communities they go back to.
20. County jails are enclosed environments, much like the cruise ships that were the site of the largest concentrated outbreaks of COVID-19. Detention facilities have even greater risk of infectious spread because of conditions of crowding, the proportion of vulnerable people detained, and often scant medical care. People live in close quarters and are also subject to security measures which prohibit successful "social distancing" that is needed to effectively prevent the spread of COVID-19. Toilets, sinks, and showers are shared, without disinfection between use. Food preparation and food service is communal, with little opportunity for surface disinfection. The crowded conditions, in both sleeping areas and social areas, and the shared objects (bathrooms, sinks, etc.) will facilitate transmission.
21. CDC guidance on correctional and detention facilities,²⁵ posted March 23, 2020,

²⁰ See <https://www.cnbc.com/2020/03/14/spain-declares-state-of-emergency-due-to-coronavirus.html> accessed March 23, 2020

²¹ See https://www.nytimes.com/2020/03/26/world/coronavirus-news.html?action=click&pgtype=Article&state=default&module=style-coronavirus&variant=show®ion=TOP_BANNER&context=storyline_menu?action=click&pgtype=Article&state=default&module=style-coronavirus&variant=show®ion=TOP_BANNER&context=storyline_menu#link-18cce12f accessed March 26, 2020.

²² <https://nypost.com/2020/03/27/another-84-people-killed-by-coronavirus-in-new-york-city/> accessed March 28, 2020.

²³ See <https://nypost.com/2020/03/25/de-blasio-warns-half-of-all-new-yorkers-will-get-covid-19/> accessed March 26, 2020.

²⁴ See <https://www.businessinsider.com/new-york-city-coronavirus-cases-over-time-chart-2020-3> accessed March 26, 2020.

²⁵ See: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> accessed March 23, 2020

specifically recommends implementing social distancing strategies to increase the physical space between incarcerated/detained persons “ideally 6 feet between all individuals, regardless of the presence of symptoms” including: 1) increased space between individuals in holding cells, as well as in lines and waiting areas such as intake; stagger time in recreation spaces; restrict recreation space usage to a single housing unit per space; stagger meals; rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table); provide meals inside housing units or cells; limit the size of group activities; reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions.

22. The CDC guidance also describes necessary disinfection procedures including to thoroughly clean and disinfect all areas where a confirmed or suspected COVID-19 case spent time.²⁶
23. In addition to declaration of Mr. McHale and Mr. Leonard, as identified in paragraph 11, I have also reviewed the declarations of the following individuals: Jeremy Hunsicker, Christopher Aubry, Michael Foundos, Ernest Fuller, a volunteer with the Pennsylvania Prison Society, Malik Neal, a volunteer with the Pennsylvania Prison Society, and Bret Grote, Co-Founder and Legal Director of the Abolitionist Law Center.
24. Conditions as described in the declarations reinforce the high risk of COVID-19 transmission. For example, in Montgomery County Correctional Facility, Mr. McHale reports sharing a cell, including a toilet and sink, with two other individuals and having close contact with 13 other men in his unit. In Lehigh County Community Corrections, Mr. Hunsicker reports being housed in a “pod” with 20 other people, sharing a bathroom and exposure to individuals working in the community and lack of hand sanitizer available. He also reports eating meals with up to 70 people at one time and being in close contact with other detainees during regular medical checks. Also detained in Montgomery County Correctional Facility, Mr. Aubry reports working in the community and sharing a “pod” with approximately 50 other people, sleeping in bunk beds, and sharing a bathroom. He reports no available hand sanitizer. In Delaware County’s George W. Hill Correctional Facility, Mr. Foundos reports close contact with his cell mate and during meals. In Pike County Correctional Facility, Mr. Leonard reports being confined three to an eight by twelve foot cell with a single shared toilet and sink in the cell. He reports having insufficient soap to last a full day. He also reports eating six to a table with little space between each individual.
25. Based upon Mr. Fuller’s declaration regarding Blair County Prison, between 2 and 20 detainees may be housed together in rooms, with the largest being roughly 20 x 30 feet and with bunk beds or beds placed 3 to 4 feet apart. Soap is limited and physicians are rarely present. Based upon Mr. Grote’s declaration, the infrastructure and routine practice of Allegheny County Jail raise significant challenges to maintaining distancing between detainees in the facilities. These physical infrastructure and security challenges, which are typical of most detention centers, include:
 - a) Individuals are held for extended periods of time in the intake area, typically with 10 or more people sharing a single toilet and sink. Only cursory medical screening is conducted.

²⁶ Ibid

- b) A significant number of people housed at ACJ are double-celled.
- c) Access to soap is a constant problem in ACJ as is, in some pods, access to personal hygiene and cleaning supplies.
- d) There are only a few showers per pod, with many people sharing the same shower area, without any sanitation between individual uses.
- e) Dining tables are small and fit four people, with one person on each side. A table is only four feet by four feet, at most, so no one can social distance from others during meal times.
- f) As is true in detention facilities generally, communal bathroom facilities pose a risk of transmission and it is not usually possible for an incarcerated person to move throughout ACJ without coming into contact with many other people. The use of elevators also poses a problem bringing individuals in close contact. If someone is housed in a special unit or restrictive housing, they must also be closely escorted everywhere in the facility and security incidents can put an incarcerated person into close contact with staff members.
- g) Access to medical care is inadequate at ACJ. There are extreme delays in individuals' ability to access care, as well as huge staffing shortages.

Based on Mr. Neal's declarations regarding conditions at Curran-Fromhold Correctional Facility ("CFCF"), Riverside Correctional Facility ("RCF"), and the Detention Center ("DC"), the Philadelphia facilities share the following characteristics that heighten the risk of transmission:

- h) The majority of cells contain two people who sleep on bunk beds and share a single toilet and sink that is in close proximity to the bed.
- i) Showers are shared between many individuals without being sanitized between use. Other shared surfaces, like phones, are also not sanitized between use.
- j) Individuals in custody are responsible for custodial tasks, and people do not have access to sanitization products to clean their cells.
- k) In DC, people are brought to meals in large groups in a cafeteria. At the other facilities, Mr. Neale observed common areas on each block with tables that are not even six feet across.
- l) Intake at CFCF takes place in a single holding cell that holds upwards of ten people for the eight to twelve hours it takes to process a new intake.
- m) Access to medical care is inadequate at all facilities: individuals housed at these facilities reported that the facilities did not respond to the "sick slips" they submitted even before there was a possibility of COVID-19 infection.

26. Based upon the information provided to me, and my prior knowledge of detention facilities, I am concerned that Pennsylvania jail facilities do not have the ability to implement the critically important principle of social distancing, such as maintain six feet of separation at all times including meals and location of beds, nor are they apparently taking extraordinary measures to identify and properly isolate individuals at high risk, those with potential exposure (e.g., from work detail) or those with symptoms consistent with COVID-19. These steps are essential to preventing transmission of COVID-19. Where jails are housing detained individuals in small cells where they are bunked

together and where they are crowded together to eat meals, they will not be able to prevent COVID-19 transmission once introduced into the jail. Upon review of the declarations, jails also do not appear to have sufficient supplies available for detainees for handwashing or disinfecting. Further, through work programs and staff, detainees at each of these facilities are at risk of being exposed to COVID-19.

27. Introduction of new people into detention facilities who have had contact with the community outside the facility—be it correctional officers and other staff, new individuals coming into custody, people on work release, or individuals serving intermediate sentences—creates a link from transmission occurring in the community to those who are detained. The possibility of asymptomatic transmission means that monitoring fever of staff or detainees is inadequate for identifying all who may be infected and preventing transmission. This is also true because not all individuals infected with COVID-19 report fever in early stages of infection.
28. The alternative is to test all staff and detainees entering the facility. However, this would require frequent (daily) tests, implemented at multiple times a day as staff and detainees entered the facility. In addition to the cost and labor required to implement this approach, the United States is currently facing a shortage of COVID-19 tests that make such a solution impracticable: In a survey of U.S. cities (that included Philadelphia, Pittsburgh, Erie, and Easton), 92.1% of cities reported that they do not have an adequate supply of test kits.²⁷ Shortages are likely to become more severe over the next three to four weeks when there will be a major shortage of chemical reagents for COVID-19 testing and enormous increases in demand.²⁸ Given the shortage of COVID-19 testing in the United States, it is likely that jails are and will continue to be unable to conduct aggressive, widespread testing to identify all positive cases of COVID-19. The lack of widespread testing in communities and the current presence of COVID-19 in all 50 states means that it is impractical to ask detainees about their travel history— all communities should be assumed to have community transmission which is why statewide and national restrictions on movement and gatherings have been put in place.

Heightened Rates of COVID-19 Infection and Spread Within Detention Facilities

29. As COVID-19 has spread in the United States, it has begun to enter detention facilities and spread among individuals who are held and who work there. As of March 28, in California, at least twelve state prison workers²⁹ and one individual incarcerated in state prison³⁰ had tested positive. At least three people in custody tested positive in the Orange County Jail³¹ and one at the Santa Clara County Jail.³² In Santa Clara, at least four county deputies had also contracted the virus.³³ A nurse at the Santa Rita jail tests positive for the

²⁷ <https://www.usmayors.org/issues/covid-19/equipment-survey/> accessed March 28, 2020.

²⁸ <https://www.nytimes.com/2020/03/27/opinion/coronavirus-trump-testing-shortages.html> accessed March 28, 2020.

²⁹ <https://www.sacbee.com/news/politics-government/the-state-worker/article241531806.html> accessed March 28, 2020

³⁰ <https://ktla.com/news/local-news/inmate-at-state-prison-in-lancaster-tests-positive-for-covid-19/> accessed March 26, 2020.

³¹ <https://www.ocregister.com/2020/03/26/2-more-inmates-test-positive-for-coronavirus-at-oc-jail/> accessed March 28, 2020.

³² <https://www.mercurynews.com/2020/03/23/santa-clara-county-jail-inmate-tests-positive-for-covid-19/> accessed March 26, 2020.

³³ <https://www.mercurynews.com/2020/03/24/coronavirus-fourth-santa-clara-county-deputy-contracts-covid-19/> accessed March 28, 2020.

virus. It's the first confirmed case at the massive Alameda County complex.³⁴ In the Cook County Jail in Chicago, 89 inmates and 12 staff members have confirmed cases of the virus³⁵, up from 38 inmates two days prior.³⁶ There have been eighteen positive tests in Massachusetts, 11 inmates and 7 employees. The Massachusetts Treatment Center in Bridgewater has returned the most positives with ten inmates and two corrections officers and one medical provider testing positive.³⁷ The other positives have been one person held at Middlesex County Jail, one employee at the Plymouth County House of Correction, two staff members at MCI-Shirley, and a worker at the Norfolk County Sheriff's Office.³⁸ New Jersey has had twelve positive tests cases: A corrections officer³⁹ and an ICE detainee⁴⁰ at the Bergen County Jail, two inmates at Hudson County Correctional Facility,⁴¹ one inmate in the Morris County Jail⁴² and one officer in Morris County,⁴³ two correctional officers and an ICE detainee at Essex County Correctional Facility,⁴⁴ an inmate at Delaney Hall in Newark,⁴⁵ a medical staffer at Elizabeth Detention Center,⁴⁶ and an employee at the state department of corrections.⁴⁷ On March 29th a 49 year old prisoner who had been detained in a minimum security prison in Oakdale, Louisiana died after being transferred to a hospital and placed on a ventilator.⁴⁸

30. Pennsylvania jails and prisons have had thirteen positive tests so far. Three inmates and nine staff members from the George W. Hill Correctional Facility in Delaware County have tested positive for COVI-19.⁴⁹ On March 27, 2020, Philadelphia reported that an individual in prison and the first employee in the city's Department of Corrections had tested positive and five inmates were in quarantine.⁵⁰ As of March 29 at noon, one individual in custody and three employees had tested positive within the Pennsylvania

³⁴ https://www.mercurynews.com/2020/03/26/alameda-county-jail-reports-first-coronavirus-case-a-nurse/?utm_source=The+Marshall+Project+Newsletter&utm_campaign=0d0f98b15c-EMAIL_CAMPAIGN_2020_03_28_11_14&utm_medium=email&utm_term=0_5e02cdad9d-0d0f98b15c-174553411 accessed March 28, 2020.

³⁵ <https://www.politico.com/news/2020/03/29/federal-prison-first-coronavirus-death-153387> accessed March 29, 2020.

³⁶ <https://www.nbchicago.com/news/local/cook-county-jail-says-17-inmates-have-tested-positive-for-coronavirus/2244652/> accessed March 26, 2020.

³⁷ <https://www.masslive.com/coronavirus/2020/03/coronavirus-10-inmates-at-massachusetts-treatment-center-have-covid-19-5-department-of-correction-staff-members-also-test-positive.html> accessed March 28, 2020.

³⁸ <https://www.wbur.org/commonhealth/2020/03/23/coronavirus-massachusetts-prisoner> accessed March 28, 2020.

³⁹ <https://www.fox29.com/news/nj-jail-guard-tests-positive-for-coronavirus> accessed March 26, 2020.

⁴⁰ <https://www.northjersey.com/story/news/new-jersey/2020/03/24/coronavirus-nj-ice-detainee-first-nation-test-positive/2911910001/> accessed March 26, 2020.

⁴¹ https://www.vice.com/en_us/article/epg744/2-confirmed-coronavirus-cases-in-hudson-county-correctional-facility accessed March 26, 2020.

⁴² <https://morristorynngreen.com/2020/03/24/inmate-at-morris-county-jail-tests-positive-for-covid-19/> accessed March 26, 2020.

⁴³ <https://patch.com/new-jersey/montclair/stuck-jail-during-pandemic-coronavirus-hits-nj-prisons> accessed March 28, 2020.

⁴⁴ <https://patch.com/new-jersey/newarknj/more-coronavirus-essex-county-prison-activists-keep-outcry> March 26, 2020.

⁴⁵ <https://patch.com/new-jersey/montclair/stuck-jail-during-pandemic-coronavirus-hits-nj-prisons>

⁴⁶ <https://www.themarshallproject.org/2020/03/19/first-ice-employee-tests-positive-for-coronavirus> & <https://mobile.twitter.com/Haleaziz/status/1240785593535041537> accessed March 26, 2020.

⁴⁷ <https://www.nj.com/coronavirus/2020/03/first-person-in-njs-state-prison-system-tests-positive-for-coronavirus.html> accessed March 26, 2020.

⁴⁸ See <https://www.politico.com/news/2020/03/29/federal-prison-first-coronavirus-death-153387> accessed March 29, 2020

⁴⁹ https://www.delcopa.gov/publicrelations/releases/2020/coronavirusupdate_march26.html accessed March 28, 2020.

⁵⁰ <https://www.inquirer.com/health/coronavirus/coronavirus-covid-19-pa-new-jersey-surge-cases-stay-at-home-20200328.html> accessed March 28, 2020

Department of Corrections.⁵¹

31. The rates of spread in the facilities that have been testing for COVID-19 illustrates the dangers the conditions in these facilities pose to those who are detained there, and to the broader community. At Rikers Island in New York, on Saturday March 21, a jail oversight agency indicated that 21 inmates and 17 employees tested positive.⁵² Four days later, on Wednesday, March 26, 75 inmates and 37 employees tested positive.⁵³ As of Saturday, March 28, 104 staff and 132 individuals in custody had tested positive at Rikers and city jails in New York City.⁵⁴ **The Legal Aid Society in New York recently reported that the infection rate for COVID-19 at local jails is more than seven times higher than the rate citywide and 87 times higher than the country at large.**⁵⁵
32. The data above also confirms high rates of infection among correctional officers and other staff. These individuals all face an increased risk of COVID-19 exposure as they are less able to practice the recommended strategy of social distancing in carrying out their official duties. This is consistent with Mr. Leonard's reports that one of the correctional officers at Pike County Correctional Facility tested positive.

Infrastructure in County Jails Will Likely Be Insufficient to Address Needs of COVID-19 Patients

33. If COVID-19 enters into county jails, these facilities will likely be unable to address the infectious spread and the needs of infected individuals due to lack of testing and insufficient physical and medical infrastructure.
34. In cases where there are confirmed or suspected cases of COVID-19 in county jails, the CDC recommends medical isolation, defined by the CDC confining the case "ideally to a single cell with solid walls and a solid door that closes" to prevent contact with others and to reduce the risk of transmission. Individuals in isolation should also be provided their own bathroom space.⁵⁶
35. Individuals in close contact of a confirmed or suspected COVID-19 case - defined by the CDC as having been within approximately 6 feet of the individual for a prolonged period of time or having had direct contact with secretions of a COVID-19 case (e.g., have been coughed on) – should be quarantined for a period of 14 days. The same precautions should be taken for housing someone in quarantine as for someone who is a confirmed or suspected COVID-19 case put in isolation.⁵⁷
36. The CDC guidance recognizes that housing detainees in isolation and quarantine individually, while "preferred", may not be feasible in all county jail settings and discusses the practice of "cohorting" when individual space is limited. The term "cohorting" refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group or quarantining close contacts of a particular case together as a

⁵¹ <https://www.cor.pa.gov/Pages/COVID-19-Dashboard.aspx> accessed March 29, 2020.

⁵² <https://www.nbcnewyork.com/news/coronavirus/21-inmates-17-employees-test-positive-for-covid-19-on-rikers-island-officials/2338242/> accessed March 23, 2020.

⁵³ <https://nypost.com/2020/03/25/new-coronavirus-cases-in-nyc-jails-outpacing-rest-of-the-city/> accessed March 26, 2020

⁵⁴ <https://apnews.com/4e1e4ffaeb6bf9a9fabcc566fe5b110d> accessed March 29, 2020.

⁵⁵ See: <https://newyork.cbslocal.com/2020/03/26/coronavirus-rikers-island/> accessed March 26, 2020

⁵⁶ Ibid.

⁵⁷ Ibid

group. The guidance states specifically that "Cohorting should only be practiced if there are no other available options" and exhorts correctional officials: "**Do not cohort confirmed cases with suspected cases or case contacts.**" [emphasis in original]. Individuals who are close contacts of different cases should also not be kept together.

37. The CDC guidance also says that correctional facilities should "Ensure that cohorted cases wear face masks at all times."⁵⁸ This is critical because not all close contacts may be infected and those not infected must be protected from those who are if individuals are cohorted. However, it's important to note that face masks are in short supply. In a joint letter to President Trump, the American Medical Association, the American Hospital Association, and the American Nurses Association called on the administration to "immediately use the Defense Production Act to increase the domestic production of medical supplies and equipment that hospitals, health, health systems, physicians, nurses and all front line providers so desperately need."⁵⁹ In a survey United States cities, 91.5% of the cities reported that they do not have an adequate supply of face masks for their first responders and medical personnel.⁶⁰ There are also widespread shortages of personal protective equipment — particularly N-95 masks — sufficient to provide even for health care workers, in our nation's hospitals, let alone medical providers and other individuals coming into contact with the virus in county jails .⁶¹ Many public health leaders are calling for masks to be reserved for health care staff, who face increased risk and are vitally needed to sustain emergency care. Hospitals in the New York City area, unable to access masks locally, are reportedly turning to a private distributor to airlift millions of protective masks out of China.⁶² Face masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water. Detainees should be instructed in how to properly put on and take off masks, including cleaning their hands every time they touch the mask, covering the mouth and nose with the mask and making sure there are no gaps, avoiding touching the mask while using it; and replacing the mask with a new one if it becomes damp (e.g., from sneezing) and not to re-use single-use masks. There are times when detainees will necessarily not be able to wear masks, if available. For example, during meals. In these instances, detainees should eat individually or with proper distancing from others.
38. Where individual rooms are not available, the CDC guidance describes a hierarchy of next best options for cohorting, which in order from lesser risk to greater risk includes housing individuals under medical isolation: 1) in a large, well-ventilated cell with solid walls and a solid door that closes fully; 2) in a large, well-ventilated cell with solid walls but without a solid door; 3) in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells; 4) in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells.⁶³

⁵⁸ Ibid

⁵⁹ See: <https://www.aha.org/lettercomment/2020-03-21-aha-ama-and-ana-letter-president-use-dpa-medical-supplies-and-equipment> accessed March 26, 2020

⁶⁰ <https://www.usmayors.org/issues/covid-19/equipment-survey/> accessed March 28, 2020.

⁶¹ <https://www.nytimes.com/2020/03/27/opinion/coronavirus-trump-testing-shortages.html> accessed March 28, 2020.

⁶² See: https://lancasteronline.com/news/health/hospital-suppliers-take-to-the-skies-to-combat-dire-shortages/article_0830ffb0-6f89-11ea-89ed-bbd859186614.html accessed March 26, 2020

⁶³ Ibid

39. When a single COVID-19 case is identified in a county jail, close contact and the inability of jails to implement social distancing policies due to overcrowding and the physical limitations of the facility, as described above, means that there will be many individuals who are exposed and will need to be quarantined.
40. County jails were not built for the needs of this kind of pandemic and if COVID is introduced there will likely be many more individuals identified as “close contacts” who need to be quarantined than there are safe spaces to isolate them. Some individuals identified as “close contacts” will likely be infected while others will not. “Cohorting” of all contacts together without strict attention to masking and proper hygiene and sanitation distancing could mean disease transmission will be facilitated rather than prevented. For example, according to Mr. Neal’s declaration, the quarantine spaces at CFCF do not allow six feet of distance between the people housed together, potentially facilitating transmission among individuals in quarantine.
41. Individuals in jails are also more likely to have chronic health problems that put them at a higher risk of complications from COVID-19 infections.⁶⁴
42. Many county jails lack adequate medical care infrastructure to address the treatment of high-risk people in detention. As examples, detention facilities often use practical nurses who practice beyond the scope of their licenses; have part-time physicians who have limited availability to be on-site; and facilities with no formal linkages with local health departments or hospitals. Delaware County, where the George W. Hill Correctional facility is located, for example, does not have a local health department. A COVID-19 outbreak would put severe strain on this already strained system.
43. If corrections officers and medical personnel are significantly affected by COVID-19, large numbers will also be unavailable to work due to self-quarantine or isolation, at the same time that large numbers of detainees who are potentially exposed will need to be put into individual isolation or transferred to advanced medical care, putting tremendous stress on detention facilities.
44. Large numbers of ill detainees and corrections staff will also strain the limited medical infrastructure in the rural counties in which these detention facilities are located. If infection spreads throughout the detention center, overwhelming the center’s own limited resources, the burden of caring for these individuals will shift to local medical facilities. The few facilities will likely not be able to provide care to all infected individuals with serious cases. Statewide, Pennsylvania is facing a shortage the technology it needs to care for infected individuals. The state has only 2,000, ventilators, according to the state Health Department, but the state could need three times as many at the apex of the virus’ spread, according to a study from the Harvard Global Health Institute.⁶⁵ If the virus spreads through county jails, it is likely that many individuals will need to be transferred (while in isolation) to community hospitals, and this system will be even more taxed. The inability for overwhelmed community hospitals to provide necessary care will increase the likelihood that individuals with COVID-19 will not be able to get proper care and die.⁶⁶

⁶⁴ <https://www.prisonpolicy.org/health.html> accessed March 26, 2020.

⁶⁵ <https://www.inquirer.com/health/coronavirus/ventilator-coronavirus-hospital-covid-pennsylvania-new-jersey-health-20200324.html> accessed March 28, 2020.

⁶⁶ See <https://www.post-gazette.com/news/health/2020/03/20/Rural-counties-in-Pennsylvania-struggle-on-their-own-as-COVID-19-spreads/stories/202003180034> accessed March 23, 2020. Even in regions with highly developed

Conclusions

45. CDC guidance on correctional and detention facilities,⁶⁷ reiterates many of the points previously made in this declaration, including: 1) Incarcerated/detained persons are at “heightened” risk for COVID-19 infection once the virus is introduced; 2) There are many opportunities for COVID-19 to be introduced into a correctional or detention facility, including from staff and transfer of incarcerated/detained persons; 3) Options for medical isolation of COVID-19 cases are limited; 4) Incarcerated/detained persons and staff may have medical conditions that increase their risk of severe disease from COVID-19; 5) The ability of incarcerated/detained persons to exercise disease prevention measures (e.g., frequent handwashing) may be limited and many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants; and 6) Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to co-pay requirements and fear of isolation.
46. Under these circumstances, the only viable public health strategy available is risk mitigation. Even with the best-laid plans to address the spread of COVID-19 in detention facilities, measures will be insufficient when crowding makes social distancing measures impossible. Facilities cannot follow CDC guidelines where people are double and triple-celled, housed in large rooms where people are forced into close contact, and where people are sharing common facilities like bathrooms that cannot be properly sanitized given the sheer numbers of people using them in a day. Where quarantine is necessary, it will not be possible to isolate individuals from each other where there are so many people in a confined space.
47. To effectively mitigate risk of infection and subsequent spread, the population will need to be reduced. Reducing the overall number of individuals in detention facilities will facilitate social distancing for remaining detainees, and allow individuals who are infected, and their close contacts, to be properly isolated or quarantined in individual rooms, according to the CDC’s preferred practices, and properly monitored for health complications that may require transfer to a local hospital. It will also lessen the risk to corrections officers, who if short staffed, will have difficulty maintaining order and proper personal protective measures. Protecting corrections staff in turn protects the communities they come from.
48. The release of individuals who can be considered at high-risk of severe disease if infected with COVID-19 is also a key part of a risk mitigation strategy. In my opinion, the public health recommendation is to release high-risk people from detention, given the heightened risks to their health and safety, especially given the lack of a viable vaccine for prevention or effective treatment at this stage.
49. To the extent that vulnerable detainees have had exposure to known cases with

health systems, COVID-19 is straining ability to care, creating cause for alarm for less-equipped health care systems in regions that do not act to mitigate risk of infection. See

<https://www.nytimes.com/2020/03/12/world/europe/12italy-coronavirus-health-care.html> accessed March 23, 2020

⁶⁷ See: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> accessed March 23, 2020

laboratory-confirmed infection with the virus that causes COVID-19, they should be tested immediately in concert with the local health department. Those who test positive should be continuously monitored in individual rooms, released to home quarantine or transferred to local hospitals if medically indicated. Those who test negative should be released to home quarantine for 14 days while awaiting symptoms or a positive test result. Where there is not a suitable location for home quarantine available, these individuals could be released to housing identified by the county or state Department of Health.

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

Executed this 29th day in March 2020 in Princeton, New Jersey.

A handwritten signature in black ink, appearing to read "Joseph Amon". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Joseph J. Amon, PhD MSPH