

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS**

Souleymane Dembele, *et al.*,

Petitioners-Plaintiffs,

v.

Bill Prim, *et al.*,

Respondents-Defendants.

Case No. \_\_\_\_\_

Hon. \_\_\_\_\_

**DECLARATION OF NUSRAT J. CHOUDHURY  
IN SUPPORT OF PETITIONERS' EMERGENCY PETITION  
FOR A WRIT OF HABEAS CORPUS AND MOTION FOR A TEMPORARY  
RESTRAINING ORDER AND/OR PRELIMINARY INJUNCTION**

I, Nusrat J. Choudhury, declare as follows:

1. I am the Legal Director of the American Civil Liberties Union of Illinois ("ACLU of IL"), and I serve as counsel for the Plaintiffs in this action.

2. I make this Declaration based on personal knowledge, and I am competent to testify regarding the following facts.

3. On April 15, 2020, I visited the Coronavirus dashboard of the World Health Organization, which is located at <https://covid19.who.int>. According to this website, as of April 15, 2020, there were 1,918,138 people with confirmed cases of COVID-19 worldwide and 123,126 confirmed deaths from this disease. A true and correct copy of this webpage last visited on April 15, 2020 is attached as Exhibit A to this declaration.

4. Attached hereto as exhibits are true and correct copies of the following:

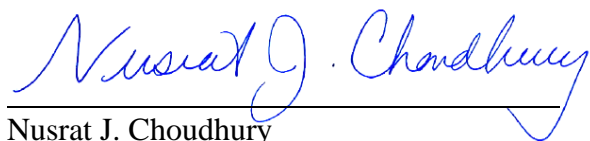
Ex.	Document
B	Ill. Exec. Order in Response to COVID-19 (COVID-19 Exec. Order No. 8), Ill. Exec. Order No. 2020-10, (Mar. 20, 2020), <a href="https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-10.pdf">https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-10.pdf</a> .

Ex.	Document
C	Ill. Exec. Order in Response to COVID-19 (COVID-19 Exec. Order No. 11), Ill. Exec. Order 2020-13, (Mar. 26, 2020), <a href="https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-13.pdf">https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-13.pdf</a> .
D	Catherine E. Shoichet, <i>Doctors Warn of ‘Tinderbox Scenario’ If Coronavirus Spreads in ICE Detention</i> , CNN (Mar. 20, 2020, 8:21 PM), <a href="https://www.cnn.com/2020/03/20/health/doctors-ice-detention-coronavirus/index.html">https://www.cnn.com/2020/03/20/health/doctors-ice-detention-coronavirus/index.html</a> .
E	World Health Org., <i>Coronavirus Disease (COVID-19) Pandemic</i> , <a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019">https://www.who.int/emergencies/diseases/novel-coronavirus-2019</a> (last visited Apr. 15, 2020).
F	Ctrs. for Disease Control and Prevention, <i>Coronavirus Disease 2019 (COVID-19): Cases in the US</i> , <a href="https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html">https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html</a> (last visited Apr. 15, 2020).
G	State of Ill., <i>Coronavirus (COVID-19) Response, Coronavirus Disease 2019 (COVID-19)</i> , <a href="https://coronavirus.illinois.gov/s/">https://coronavirus.illinois.gov/s/</a> (last visited Apr. 15, 2020).
H	Ctrs. for Disease Control and Prevention, <i>Coronavirus Disease 2019 (COVID-19): How It Spreads</i> , <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html</a> (last visited Apr. 15, 2020).
I	Ctrs. for Disease Control and Prevention, <i>Coronavirus Disease 2019 (COVID-19): Protect Yourself</i> , <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html</a> (last visited Apr. 15, 2020).
J	Valentina Di Donato et al., <i>All of Italy Is in Lockdown as Coronavirus Cases Rise</i> , CNN (Mar. 13, 2020, 2:50 PM), <a href="https://www.cnn.com/2020/03/09/europe/coronavirus-italy-lockdown-intl/index.html">https://www.cnn.com/2020/03/09/europe/coronavirus-italy-lockdown-intl/index.html</a> .
K	Sarah Mervosh et al., <i>See Which States and Cities Have Told Residents to Stay Home</i> , N.Y. Times (Apr. 7, 2020), <a href="https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html">https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html</a> .
L	Siobhan Roberts, <i>Flattening the Coronavirus Curve</i> , N.Y. Times (Mar. 27, 2020), <a href="https://www.nytimes.com/article/flatten-curve-coronavirus.html">https://www.nytimes.com/article/flatten-curve-coronavirus.html</a> .
M	Timothy Williams and Danielle Ivory, <i>Chicago’s Jail is Top U.S. Hot Spot as Virus Spreads Behind Bars</i> , N.Y. Times (Apr. 8, 2020), <a href="https://www.nytimes.com/2020/04/08/us/coronavirus-cook-county-jail-chicago.html">https://www.nytimes.com/2020/04/08/us/coronavirus-cook-county-jail-chicago.html</a> .
N	<i>Coronavirus in Illinois Updates: Here’s What Happened March 25 with COVID-19 in the Chicago Area</i> , Chi. Trib. (Mar. 25, 2020, 7:48 PM), <a href="https://www.chicagotribune.com/coronavirus/ct-coronavirus-pandemic-chicago-illinois-news-20200325-swgp5hlecrbabjqx52etj2rruq-story.html">https://www.chicagotribune.com/coronavirus/ct-coronavirus-pandemic-chicago-illinois-news-20200325-swgp5hlecrbabjqx52etj2rruq-story.html</a> .

Ex.	Document
O	Josh McGhee, <i>Stateville Prison Outbreak Signals COVID-19 Threat to Inmates, Surrounding Hospital Systems</i> , Chi. Reporter (Apr. 13, 2020), <a href="https://www.chicagoreporter.com/stateville-prison-outbreak-signals-covid-19-threat-to-inmates-surrounding-hospital-systems/">https://www.chicagoreporter.com/stateville-prison-outbreak-signals-covid-19-threat-to-inmates-surrounding-hospital-systems/</a> .
P	Ctrs. for Disease Control and Prevention, <i>Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities</i> (Mar. 23, 2020), <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf</a> .
Q	Letter from Hena Mansori & Keren Zwick, National Immigrant Justice Center, to Matthew T. Albence, Acting Director, U.S. Immigration and Customs Enforcement, et al. (Mar. 17, 2020).
R	Letter from Scott A. Allen, MD, FACP and Josiah Rich, MD, MPH to House and Senate Committees on Homeland Security (Mar. 19, 2020), <a href="https://whistleblower.org/wp-content/uploads/2020/03/Drs.-Allen-and-Rich-3.20.2020-Letter-to-Congress.pdf">https://whistleblower.org/wp-content/uploads/2020/03/Drs.-Allen-and-Rich-3.20.2020-Letter-to-Congress.pdf</a> .
S	McHenry Cty. Dep't. of Health, <i>COVID-19 (Novel Coronavirus)</i> , <a href="https://www.mchenrycountyil.gov/county-government/departments-a-i/health-department/covid-19-novel-coronavirus">https://www.mchenrycountyil.gov/county-government/departments-a-i/health-department/covid-19-novel-coronavirus</a> (last visited Apr. 15, 2020).
T	Thomas Pallini, <i>64 Global Airlines Have Completely Stopped Flying Scheduled Flights Due to Travel Bans, Airspace Closures, and Low Demand for Travel – See the Full List</i> , Bus. Insider (Apr. 1, 2020, 8:20 AM), <a href="https://www.businessinsider.com/coronavirus-global-airlines-stopping-flights-suspending-operations-2020-3">https://www.businessinsider.com/coronavirus-global-airlines-stopping-flights-suspending-operations-2020-3</a> .
U	Kelly Yamanouchi, <i>Delta Says it Still Flies to All Points in its Domestic Network</i> , Atl. Journal-Constitution (Apr. 3, 2020), <a href="https://www.ajc.com/blog/airport/delta-says-still-flies-all-airports-its-domestic-network/Rym2MyGFFHdanXuKP7VPpK/">https://www.ajc.com/blog/airport/delta-says-still-flies-all-airports-its-domestic-network/Rym2MyGFFHdanXuKP7VPpK/</a> .
V	Keith Griffin, <i>American Airlines Cuts International Flights by 90% Through May – but Vows Not to Halt Domestic Service During the Coronavirus Crisis</i> , Daily Mail (Apr. 4, 2020, 11:18 AM), <a href="https://www.dailymail.co.uk/news/article-8186105/American-Airlines-cuts-international-flights-90-May.html">https://www.dailymail.co.uk/news/article-8186105/American-Airlines-cuts-international-flights-90-May.html</a> .
W	<i>Immigration Court Backlog Tool</i> , TRAC Reports, <a href="https://trac.syr.edu/phptools/immigration/court_backlog/">https://trac.syr.edu/phptools/immigration/court_backlog/</a> (last visited Apr. 15, 2020).
X	Sheila McNulty, Assistant Chief Immigration Judge, <i>Standing Order of the Chicago Immigration Court Relating to Telephonic Appearances at Detained Juvenile Master Calendar and Individual Hearings</i> , (Apr. 14, 2020), <a href="https://www.justice.gov/eoir/page/file/1259466/download">https://www.justice.gov/eoir/page/file/1259466/download</a> .
Y	<i>Coronavirus: Travel Restrictions, Border Shutdowns by Country</i> , Al Jazeera (Apr. 13, 2020), <a href="https://www.aljazeera.com/news/2020/03/coronavirus-travel-restrictions-border-shutdowns-country-200318091505922.html">https://www.aljazeera.com/news/2020/03/coronavirus-travel-restrictions-border-shutdowns-country-200318091505922.html</a> .

Ex.	Document
Z	U.S. Embassy & Consulates in Pakistan, <i>Health Alert – Update #21 Pakistan Government Extends Lockdown until April 30</i> (Apr. 15, 2020), <a href="https://pk.usembassy.gov/health-alert-%e2%80%afupdate-21-pakistan-government-extends-lockdown-until-april-30/">https://pk.usembassy.gov/health-alert-%e2%80%afupdate-21-pakistan-government-extends-lockdown-until-april-30/</a> .
AA	Molly Parker, <i>3 Detainees, 1 Correctional Officer of Pulaski County Detention Center Diagnosed with COVID-19</i> , Southern Illinoisan (Apr. 13, 2020), <a href="https://thesouthern.com/news/local/3-detainees-1-correctional-officer-of-pulaski-county-detention-center-diagnosed-with-covid-19/article_8ce1ca7e-7b28-5884-8113-badf0e385a21.html">https://thesouthern.com/news/local/3-detainees-1-correctional-officer-of-pulaski-county-detention-center-diagnosed-with-covid-19/article_8ce1ca7e-7b28-5884-8113-badf0e385a21.html</a> .
AB	Cassie Buchman, <i>COVID-19 Concerns Abound at McHenry County Jail: Jail Workers Weigh in on COVID-19 Action; Sheriff's Office Says Precautions in Place</i> , Northwest Herald (Mar. 29, 2020), <a href="https://www.nwherald.com/2020/03/28/covid-19-concerns-abound-at-mchenry-county-jail/a2tyboc/">https://www.nwherald.com/2020/03/28/covid-19-concerns-abound-at-mchenry-county-jail/a2tyboc/</a> .
AC	<i>Arriaga v. Decker</i> , No. 20-3600 (N.D.N.J. Apr. 12, 2020).
AD	Supreme Court of N.J., Order In The Matter of the Request to Commute or Suspend County Jail Sentences, Dkt. 084230 (Mar. 22, 2020), <a href="https://njcourts.gov/notices/2020/n200323a.pdf?c=4EF">https://njcourts.gov/notices/2020/n200323a.pdf?c=4EF</a> .
AE	John Sandweg, <i>I Used to Run ICE. We Need to Release the Nonviolent Detainees</i> , Atlantic (March 22, 2020), <a href="https://www.theatlantic.com/ideas/archive/2020/03/release-ice-detainees/608536/">https://www.theatlantic.com/ideas/archive/2020/03/release-ice-detainees/608536/</a> .
AF	<i>Coronavirus (COVID-19)</i> , World Health Organization, (Apr. 17, 2020), <a href="https://covid19.who.int/region/emro/country/pk">https://covid19.who.int/region/emro/country/pk</a> .

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and that this declaration was executed in Chicago, Illinois on this 17th day of April, 2020.



Nusrat J. Choudhury  
NY Reg. No. 4538302

*Application to appear Pro Hac Vice in NDIL to be filed.*



# Exhibit A

to Choudhury Decl.



World Health  
Organization

Covid-19 Response Fund

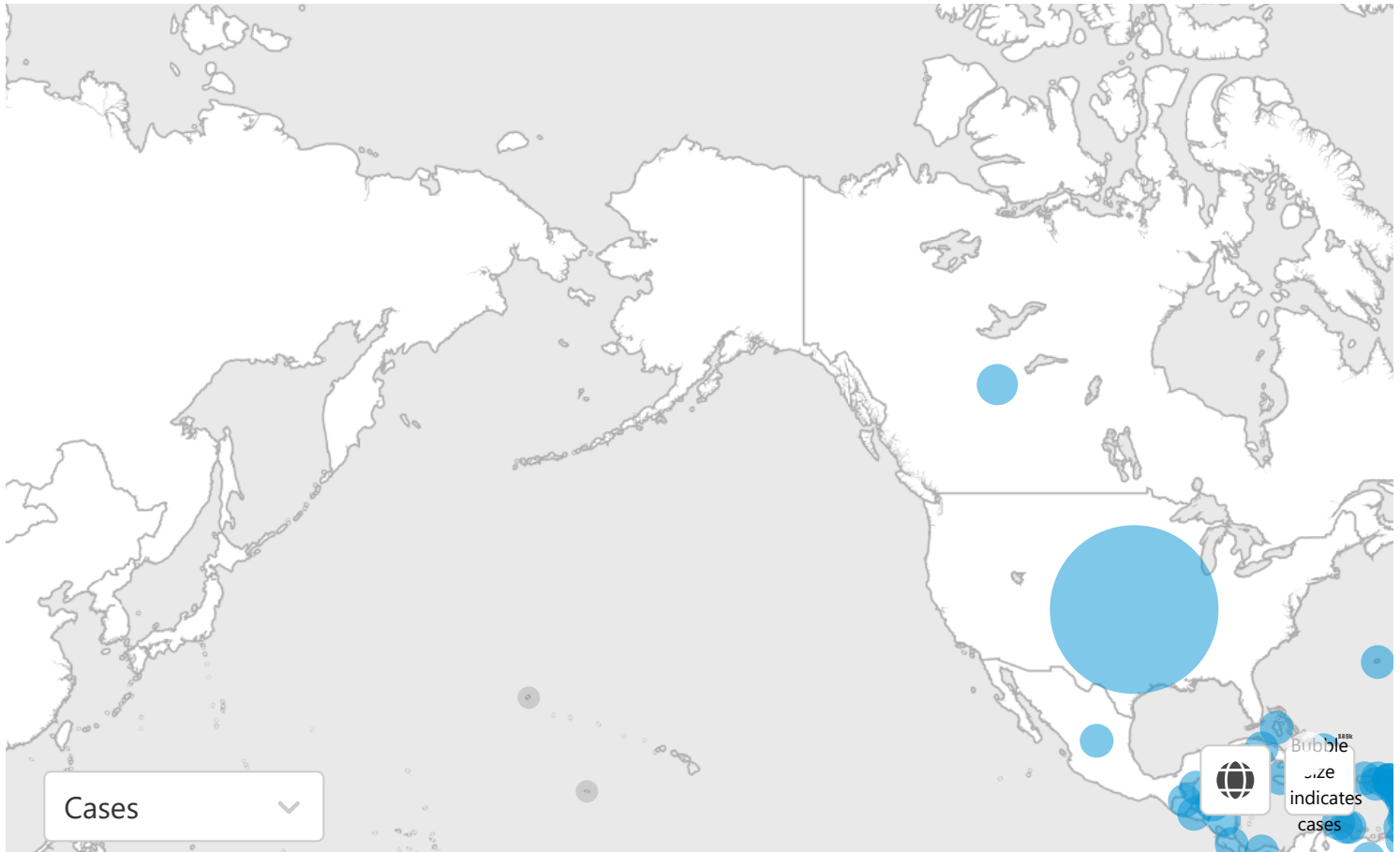
[Donate](#)

## Coronavirus (COVID-19)

Last updated: 2020/4/16, 3:00am CEST

[Overview](#)

[Explorer](#)



**71,572**

new cases

**1,918,138**

confirmed cases

**123,126**

deaths

Source: World Health Organization

**Globally**, as of **2:00am CEST, 15 April 2020**, there have been **1,918,138 confirmed cases** of COVID-19, including **123,126 deaths**, reported to WHO.

### Confirmed Cases Over Time

**1,918,138**

[Daily](#)



Covid-19 Response Fund

*i*

Donate

**Coronavirus (COVID-19)**

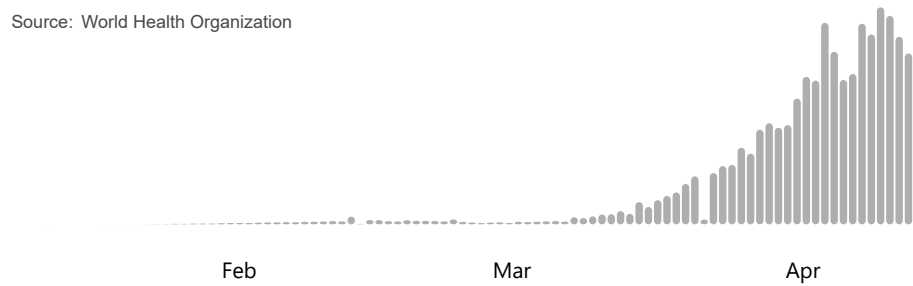
Last updated: 2020/4/16, 3:00am CEST

**Overview****Explorer****Deaths Over Time****123,126**

deaths

Source: World Health Organization

Daily





Covid-19 Response Fund

*i*

Donate

**Coronavirus (COVID-19)**

Last updated: 2020/4/16, 3:00am CEST

**Overview**

**Explorer**



WHO Health Emergency Dashboard   WHO (COVID-19) Homepage

# Exhibit B

to Choudhury Decl.



March 20, 2020

Executive Order 2020-10

**EXECUTIVE ORDER IN RESPONSE TO COVID-19**  
**(COVID-19 EXECUTIVE ORDER NO. 8)**

**WHEREAS**, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area on March 9, 2020 (Gubernatorial Disaster Proclamation) in response to the outbreak of Coronavirus Disease 2019 (COVID-19); and,

**WHEREAS**, in a short period of time, COVID-19 has rapidly spread throughout Illinois, necessitating updated and more stringent guidance from federal, state, and local public health officials; and,

**WHEREAS**, for the preservation of public health and safety throughout the entire State of Illinois, and to ensure that our healthcare delivery system is capable of serving those who are sick, I find it necessary to take additional measures consistent with public health guidance to slow and stop the spread of COVID-19;

**WHEREAS**, COVID-19 has resulted in significant economic impact, including loss of income and wages, that threaten to undermine housing security and stability;

**WHEREAS**, the enforcement of eviction orders for residential premises is contrary to the interest of preserving public health and ensuring that individuals remain in their homes during this public health emergency;

**THEREFORE**, by the powers vested in me as the Governor of the State of Illinois, and pursuant to Sections 7(1), 7(2), 7(8), 7(10), and 7(12) of the Illinois Emergency Management Agency Act, 20 ILCS 3305, and consistent with the powers in public health laws, I hereby order the following, effective March 21, 2020 at 5:00 pm and for the remainder of the duration of the Gubernatorial Disaster Proclamation, which currently extends through April 7, 2020:

**Section 1. Stay at Home; Social Distancing Requirements; and Essential Businesses and Operations**

1. **Stay at home or place of residence.** With exceptions as outlined below, all individuals currently living within the State of Illinois are ordered to stay at home or at their place of residence except as allowed in this Executive Order. To the extent individuals are using shared or outdoor spaces when outside their residence, they must at all times and as much as reasonably possible maintain social distancing of at least six feet from any other person, consistent with the Social Distancing Requirements set forth in this Executive Order. All persons may leave their homes or place of residence only for Essential Activities, Essential Governmental Functions, or to operate Essential Businesses and Operations, all as defined below.

Individuals experiencing homelessness are exempt from this directive, but are strongly urged to obtain shelter, and governmental and other entities are strongly urged to make

such shelter available as soon as possible and to the maximum extent practicable (and to use in their operation COVID-19 risk mitigation practices recommended by the U.S. Centers for Disease Control and Prevention (CDC) and the Illinois Department of Public Health (IDPH)). Individuals whose residences are unsafe or become unsafe, such as victims of domestic violence, are permitted and urged to leave their home and stay at a safe alternative location. For purposes of this Executive Order, homes or residences include hotels, motels, shared rental units, shelters, and similar facilities.

2. **Non-essential business and operations must cease.** All businesses and operations in the State, except Essential Businesses and Operations as defined below, are required to cease all activities within the State except Minimum Basic Operations, as defined below. For clarity, businesses may also continue operations consisting exclusively of employees or contractors performing activities at their own residences (i.e., working from home).

All Essential Businesses and Operations are encouraged to remain open. To the greatest extent feasible, Essential Businesses and Operations shall comply with Social Distancing Requirements as defined in this Executive Order, including by maintaining six-foot social distancing for both employees and members of the public at all times, including, but not limited to, when any customers are standing in line.

3. **Prohibited activities.** All public and private gatherings of any number of people occurring outside a single household or living unit are prohibited, except for the limited purposes permitted by this Executive Order. Pursuant to current guidance from the CDC, any gathering of more than ten people is prohibited unless exempted by this Executive Order. Nothing in this Executive Order prohibits the gathering of members of a household or residence.

All places of public amusement, whether indoors or outdoors, including but not limited to, locations with amusement rides, carnivals, amusement parks, water parks, aquariums, zoos, museums, arcades, fairs, children's play centers, playgrounds, funplexes, theme parks, bowling alleys, movie and other theaters, concert and music halls, and country clubs or social clubs shall be closed to the public.

This Executive Order supersedes Section 2 of Executive Order 2020-07 (COVID-19 Executive Order No. 5), which prohibited gatherings of 50 people or more.

4. **Prohibited and permitted travel.** All travel, including, but not limited to, travel by automobile, motorcycle, scooter, bicycle, train, plane, or public transit, except Essential Travel and Essential Activities as defined herein, is prohibited. People riding on public transit must comply with Social Distancing Requirements to the greatest extent feasible. This Executive Order allows travel into or out of the State to maintain Essential Businesses and Operations and Minimum Basic Operations.
5. **Leaving the home for essential activities is permitted.** For purposes of this Executive Order, individuals may leave their residence only to perform any of the following Essential Activities:
  - a. **For health and safety.** To engage in activities or perform tasks essential to their health and safety, or to the health and safety of their family or household members (including, but not limited to, pets), such as, by way of example only and without limitation, seeking emergency services, obtaining medical supplies or medication, or visiting a health care professional.
  - b. **For necessary supplies and services.** To obtain necessary services or supplies for themselves and their family or household members, or to deliver those services or supplies to others, such as, by way of example only and without limitation, groceries and food, household consumer products, supplies they need



to work from home, and products necessary to maintain the safety, sanitation, and essential operation of residences.

- c. **For outdoor activity.** To engage in outdoor activity, provided the individuals comply with Social Distancing Requirements, as defined below, such as, by way of example and without limitation, walking, hiking, running, or biking. Individuals may go to public parks and open outdoor recreation areas. However, playgrounds may increase spread of COVID-19, and therefore shall be closed.
  - d. **For certain types of work.** To perform work providing essential products and services at Essential Businesses or Operations (which, as defined below, includes Healthcare and Public Health Operations, Human Services Operations, Essential Governmental Functions, and Essential Infrastructure) or to otherwise carry out activities specifically permitted in this Executive Order, including Minimum Basic Operations.
  - e. **To take care of others.** To care for a family member, friend, or pet in another household, and to transport family members, friends, or pets as allowed by this Executive Order.
6. **Elderly people and those who are vulnerable as a result of illness should take additional precautions.** People at high risk of severe illness from COVID-19, including elderly people and those who are sick, are urged to stay in their residence to the extent possible except as necessary to seek medical care. Nothing in this Executive Order prevents the Illinois Department of Public Health or local public health departments from issuing and enforcing isolation and quarantine orders pursuant to the Department of Public Health Act, 20 ILCS 2305.
7. **Healthcare and Public Health Operations.** For purposes of this Executive Order, individuals may leave their residence to work for or obtain services through Healthcare and Public Health Operations.

Healthcare and Public Health Operations includes, but is not limited to: hospitals; clinics; dental offices; pharmacies; public health entities, including those that compile, model, analyze and communicate public health information; pharmaceutical, pharmacy, medical device and equipment, and biotechnology companies (including operations, research and development, manufacture, and supply chain); organizations collecting blood, platelets, plasma, and other necessary materials; licensed medical cannabis dispensaries and licensed cannabis cultivation centers; reproductive health care providers; eye care centers, including those that sell glasses and contact lenses; home healthcare services providers; mental health and substance use providers; other healthcare facilities and suppliers and providers of any related and/or ancillary healthcare services; and entities that transport and dispose of medical materials and remains.

Specifically included in Healthcare and Public Health Operations are manufacturers, technicians, logistics, and warehouse operators and distributors of medical equipment, personal protective equipment (PPE), medical gases, pharmaceuticals, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing, disinfecting or sterilization supplies, and tissue and paper towel products.

Healthcare and Public Health Operations also includes veterinary care and all healthcare services provided to animals.

Healthcare and Public Health Operations shall be construed broadly to avoid any impacts to the delivery of healthcare, broadly defined. Healthcare and Public Health Operations does not include fitness and exercise gyms, spas, salons, barber shops, tattoo parlors, and similar facilities.

8. **Human Services Operations.** For purposes of this Executive Order, individuals may leave their residence to work for or obtain services at any Human Services Operations, including any provider funded by the Illinois Department of Human Services, Illinois Department of Children and Family Services, or Medicaid that is providing services to the public and including state-operated, institutional, or community-based settings providing human services to the public.

Human Services Operations includes, but is not limited to: long-term care facilities; all entities licensed pursuant to the Child Care Act, 225 ILCS 10, except for day care centers, day care homes, group day care homes, and day care centers licensed as specified in Section 12(s) of this Executive Order; residential settings and shelters for adults, seniors, children, and/or people with developmental disabilities, intellectual disabilities, substance use disorders, and/or mental illness; transitional facilities; home-based settings to provide services to individuals with physical, intellectual, and/or developmental disabilities, seniors, adults, and children; field offices that provide and help to determine eligibility for basic needs including food, cash assistance, medical coverage, child care, vocational services, rehabilitation services; developmental centers; adoption agencies; businesses that provide food, shelter, and social services, and other necessities of life for economically disadvantaged individuals, individuals with physical, intellectual, and/or developmental disabilities, or otherwise needy individuals.

Human Services Operations shall be construed broadly to avoid any impacts to the delivery of human services, broadly defined.

9. **Essential Infrastructure.** For purposes of this Executive Order, individuals may leave their residence to provide any services or perform any work necessary to offer, provision, operate, maintain and repair Essential Infrastructure.

Essential Infrastructure includes, but is not limited to: food production, distribution, and sale; construction (including, but not limited to, construction required in response to this public health emergency, hospital construction, construction of long-term care facilities, public works construction, and housing construction); building management and maintenance; airport operations; operation and maintenance of utilities, including water, sewer, and gas; electrical (including power generation, distribution, and production of raw materials); distribution centers; oil and biofuel refining; roads, highways, railroads, and public transportation; ports; cybersecurity operations; flood control; solid waste and recycling collection and removal; and internet, video, and telecommunications systems (including the provision of essential global, national, and local infrastructure for computing services, business infrastructure, communications, and web-based services).

Essential Infrastructure shall be construed broadly to avoid any impacts to essential infrastructure, broadly defined.

10. **Essential Governmental Functions.** For purposes of this Executive Order, all first responders, emergency management personnel, emergency dispatchers, court personnel, law enforcement and corrections personnel, hazardous materials responders, child protection and child welfare personnel, housing and shelter personnel, military, and other governmental employees working for or to support Essential Businesses and Operations are categorically exempt from this Executive Order.

Essential Government Functions means all services provided by the State or any municipal, township, county, subdivision or agency of government and needed to ensure the continuing operation of the government agencies or to provide for or support the health, safety and welfare of the public, and including contractors performing Essential Government Functions. Each government body shall determine its Essential Governmental Functions and identify employees and/or contractors necessary to the performance of those functions.

This Executive Order does not apply to the United States government. Nothing in this Executive Order shall prohibit any individual from performing or accessing Essential Governmental Functions.

11. **Businesses covered by this Executive Order.** For the purposes of this Executive Order, covered businesses include any for-profit, non-profit, or educational entities, regardless of the nature of the service, the function it performs, or its corporate or entity structure.
12. **Essential Businesses and Operations.** For the purposes of this Executive Order, Essential Businesses and Operations means Healthcare and Public Health Operations, Human Services Operations, Essential Governmental Functions, and Essential Infrastructure, and the following:<sup>1</sup>
  - a. **Stores that sell groceries and medicine.** Grocery stores, pharmacies, certified farmers' markets, farm and produce stands, supermarkets, convenience stores, and other establishments engaged in the retail sale of groceries, canned food, dry goods, frozen foods, fresh fruits and vegetables, pet supplies, fresh meats, fish, and poultry, alcoholic and non-alcoholic beverages, and any other household consumer products (such as cleaning and personal care products). This includes stores that sell groceries, medicine, including medication not requiring a medical prescription, and also that sell other non-grocery products, and products necessary to maintaining the safety, sanitation, and essential operation of residences and Essential Businesses and Operations;
  - b. **Food, beverage, and cannabis production and agriculture.** Food and beverage manufacturing, production, processing, and cultivation, including farming, livestock, fishing, baking, and other production agriculture, including cultivation, marketing, production, and distribution of animals and goods for consumption; licensed medical and adult use cannabis dispensaries and licensed cannabis cultivation centers; and businesses that provide food, shelter, and other necessities of life for animals, including animal shelters, rescues, shelters, kennels, and adoption facilities;
  - c. **Organizations that provide charitable and social services.** Businesses and religious and secular nonprofit organizations, including food banks, when providing food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, individuals who need assistance as a result of this emergency, and people with disabilities;
  - d. **Media.** Newspapers, television, radio, and other media services;
  - e. **Gas stations and businesses needed for transportation.** Gas stations and auto-supply, auto-repair, and related facilities and bicycle shops and related facilities;
  - f. **Financial institutions.** Banks, currency exchanges, consumer lenders, including but not limited, to payday lenders, pawnbrokers, consumer installment lenders and sales finance lenders, credit unions, appraisers, title companies, financial markets, trading and futures exchanges, affiliates of financial institutions, entities that issue bonds, related financial institutions, and institutions selling financial products;
  - g. **Hardware and supply stores.** Hardware stores and businesses that sell electrical, plumbing, and heating material;

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<sup>1</sup> On March 19, 2020, the U.S. Department of Homeland Security, Cybersecurity & Infrastructure Security Agency, issued a *Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response*. The definition of Essential Businesses and Operations in this Order is meant to encompass the workers identified in that Memorandum.

- h. **Critical trades.** Building and Construction Tradesmen and Tradeswomen, and other trades including but not limited to plumbers, electricians, exterminators, cleaning and janitorial staff for commercial and governmental properties, security staff, operating engineers, HVAC, painting, moving and relocation services, and other service providers who provide services that are necessary to maintaining the safety, sanitation, and essential operation of residences, Essential Activities, and Essential Businesses and Operations;
- i. **Mail, post, shipping, logistics, delivery, and pick-up services.** Post offices and other businesses that provide shipping and delivery services, and businesses that ship or deliver groceries, food, alcoholic and non-alcoholic beverages, goods or services to end users or through commercial channels;
- j. **Educational institutions.** Educational institutions—including public and private pre-K-12 schools, colleges, and universities—for purposes of facilitating distance learning, performing critical research, or performing essential functions, provided that social distancing of six-feet per person is maintained to the greatest extent possible. This Executive Order is consistent with and does not amend or supersede Executive Order 2020-05 (COVID-19 Executive Order No. 3) or Executive Order 2020-06 (COVID-19 Executive Order No. 4) except that affected schools are ordered closed through April 7, 2020;
- k. **Laundry services.** Laundromats, dry cleaners, industrial laundry services, and laundry service providers;
- l. **Restaurants for consumption off-premises.** Restaurants and other facilities that prepare and serve food, but only for consumption off-premises, through such means as in-house delivery, third-party delivery, drive-through, curbside pick-up, and carry-out. Schools and other entities that typically provide food services to students or members of the public may continue to do so under this Executive Order on the condition that the food is provided to students or members of the public on a pick-up and takeaway basis only. Schools and other entities that provide food services under this exemption shall not permit the food to be eaten at the site where it is provided, or at any other gathering site due to the virus's propensity to physically impact surfaces and personal property. This Executive Order is consistent with and does not amend or supersede Section 1 of Executive Order 2020-07 (COVID-19 Executive Order No. 5) except that Section 1 is ordered to be extended through April 7, 2020;
- m. **Supplies to work from home.** Businesses that sell, manufacture, or supply products needed for people to work from home;
- n. **Supplies for Essential Businesses and Operations.** Businesses that sell, manufacture, or supply other Essential Businesses and Operations with the support or materials necessary to operate, including computers, audio and video electronics, household appliances; IT and telecommunication equipment; hardware, paint, flat glass; electrical, plumbing and heating material; sanitary equipment; personal hygiene products; food, food additives, ingredients and components; medical and orthopedic equipment; optics and photography equipment; diagnostics, food and beverages, chemicals, soaps and detergent; and firearm and ammunition suppliers and retailers for purposes of safety and security;
- o. **Transportation.** Airlines, taxis, transportation network providers (such as Uber and Lyft), vehicle rental services, paratransit, and other private, public, and commercial transportation and logistics providers necessary for Essential Activities and other purposes expressly authorized in this Executive Order;

- p. **Home-based care and services.** Home-based care for adults, seniors, children, and/or people with developmental disabilities, intellectual disabilities, substance use disorders, and/or mental illness, including caregivers such as nannies who may travel to the child's home to provide care, and other in-home services including meal delivery;
  - q. **Residential facilities and shelters.** Residential facilities and shelters for adults, seniors, children, and/or people with developmental disabilities, intellectual disabilities, substance use disorders, and/or mental illness;
  - r. **Professional services.** Professional services, such as legal services, accounting services, insurance services, real estate services (including appraisal and title services);
  - s. **Day care centers for employees exempted by this Executive Order.** Day care centers granted an emergency license pursuant to Title 89, Section 407.400 of the Illinois Administrative Code, governing Emergency Day Care Programs for children of employees exempted by this Executive Order to work as permitted. The licensing requirements for day care homes pursuant to Section 4 of the Child Care Act, 225 ILCS 10/4, are hereby suspended for family homes that receive up to 6 children for the duration of the Gubernatorial Disaster Proclamation.
  - t. **Manufacture, distribution, and supply chain for critical products and industries.** Manufacturing companies, distributors, and supply chain companies producing and supplying essential products and services in and for industries such as pharmaceutical, technology, biotechnology, healthcare, chemicals and sanitization, waste pickup and disposal, agriculture, food and beverage, transportation, energy, steel and steel products, petroleum and fuel, mining, construction, national defense, communications, as well as products used by other Essential Businesses and Operations.
  - u. **Critical labor union functions.** Labor Union essential activities including the administration of health and welfare funds and personnel checking on the well-being and safety of members providing services in Essential Businesses and Operations – provided that these checks should be done by telephone or remotely where possible.
  - v. **Hotels and motels.** Hotels and motels, to the extent used for lodging and delivery or carry-out food services.
  - w. **Funeral services.** Funeral, mortuary, cremation, burial, cemetery, and related services.
13. **Minimum Basic Operations.** For the purposes of this Executive Order, Minimum Basic Operations include the following, provided that employees comply with Social Distancing Requirements, to the extent possible, while carrying out such operations:
- a. The minimum necessary activities to maintain the value of the business's inventory, preserve the condition of the business's physical plant and equipment, ensure security, process payroll and employee benefits, or for related functions.
  - b. The minimum necessary activities to facilitate employees of the business being able to continue to work remotely from their residences.
14. **Essential Travel.** For the purposes of this Executive Order, Essential Travel includes travel for any of the following purposes. Individuals engaged in any Essential Travel must comply with all Social Distancing Requirements as defined in this Section.



- a. Any travel related to the provision of or access to Essential Activities, Essential Governmental Functions, Essential Businesses and Operations, or Minimum Basic Operations.
- b. Travel to care for elderly, minors, dependents, persons with disabilities, or other vulnerable persons.
- c. Travel to or from educational institutions for purposes of receiving materials for distance learning, for receiving meals, and any other related services.
- d. Travel to return to a place of residence from outside the jurisdiction.
- e. Travel required by law enforcement or court order, including to transport children pursuant to a custody agreement.
- f. Travel required for non-residents to return to their place of residence outside the State. Individuals are strongly encouraged to verify that their transportation out of the State remains available and functional prior to commencing such travel.

15. **Social Distancing Requirements.** For purposes of this Executive Order, Social Distancing Requirements includes maintaining at least six-foot social distancing from other individuals, washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands.

- a. **Required measures.** Essential Businesses and Operations and businesses engaged in Minimum Basic Operations must take proactive measures to ensure compliance with Social Distancing Requirements, including where possible:
  - i. **Designate six-foot distances.** Designating with signage, tape, or by other means six-foot spacing for employees and customers in line to maintain appropriate distance;
  - ii. **Hand sanitizer and sanitizing products.** Having hand sanitizer and sanitizing products readily available for employees and customers;
  - iii. **Separate operating hours for vulnerable populations.** Implementing separate operating hours for elderly and vulnerable customers; and
  - iv. **Online and remote access.** Posting online whether a facility is open and how best to reach the facility and continue services by phone or remotely.

16. **Intent of this Executive Order.** The intent of this Executive Order is to ensure that the maximum number of people self-isolate in their places of residence to the maximum extent feasible, while enabling essential services to continue, to slow the spread of COVID-19 to the greatest extent possible. When people need to leave their places of residence, whether to perform Essential Activities, or to otherwise facilitate authorized activities necessary for continuity of social and commercial life, they should at all times and as much as reasonably possible comply with Social Distancing Requirements. All provisions of this Executive Order should be interpreted to effectuate this intent.

17. **Enforcement.** This Executive Order may be enforced by State and local law enforcement pursuant to, *inter alia*, Section 7, Section 18, and Section 19 of the Illinois Emergency Management Agency Act, 20 ILCS 3305.

18. **No limitation on authority.** Nothing in this Executive Order shall, in any way, alter or modify any existing legal authority allowing the State or any county, or local government

body from ordering (1) any quarantine or isolation that may require an individual to remain inside a particular residential property or medical facility for a limited period of time, including the duration of this public health emergency, or (2) any closer of a specific location for a limited period of time, including the duration of this public health emergency. Nothing in this Executive Order shall, in any way, alter or modify any existing legal authority allowing a county or local government body to enact provisions that are stricter than those in this Executive Order.

**Section 2. Order ceasing evictions.**

Pursuant to the Illinois Emergency Management Agency Act, 20 ILCS 3305/7(2), (8), and (10), all state, county, and local law enforcement officers in the State of Illinois are instructed to cease enforcement of orders of eviction for residential premises for the duration of the Gubernatorial Disaster Proclamation. No provision contained in this Executive Order shall be construed as relieving any individual of the obligation to pay rent, to make mortgage payments, or to comply with any other obligation that an individual may have under tenancy or mortgage.

**Section 3. Savings clause.**

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

  
JB Pritzker, Governor

Issued by the Governor March 20, 2020

Filed by the Secretary of State March 20, 2020

**FILED**  
INDEX DEPARTMENT  
MAR. 20 2020  
IN THE OFFICE OF  
SECRETARY OF STATE



# Exhibit C

to Choudhury Decl.



March 26, 2020

Executive Order 2020-13

**EXECUTIVE ORDER IN RESPONSE TO COVID-19**  
**(COVID-19 EXECUTIVE ORDER NO. 11)**

WHEREAS, I, JB Pritzker, Governor of Illinois, declared all counties in the State of Illinois as a disaster area on March 9, 2020 ("Gubernatorial Disaster Proclamation") in response to the outbreak of Coronavirus Disease 2019 ("COVID-19"); and,

WHEREAS, in a short period of time, COVID-19 has rapidly spread throughout Illinois, necessitating updated and more stringent guidance from federal, state, and local public health officials; and,

WHEREAS, for the preservation of public health and safety throughout the entire State of Illinois, and to ensure that our healthcare delivery system is capable of serving those who are sick, I find it necessary to take additional measures consistent with public health guidance to slow and stop the spread of COVID-19; and,

WHEREAS, social distancing, which consists of maintaining at least a six-foot distance between people, is the paramount strategy for minimizing the spread of COVID-19 in our communities; and,

WHEREAS, certain populations are at a higher risk of experiencing more severe illness as a result of COVID-19, including older adults and people who have serious chronic health conditions such as heart disease, diabetes, lung disease or other mental or physical conditions; and,

WHEREAS, the Illinois Department of Corrections ("IDOC") currently has a population of more than 37,000 male and female inmates in 28 facilities, the vast majority of whom, because of their close proximity and contact with each other in housing units and dining halls, are especially vulnerable to contracting and spreading COVID-19; and,

WHEREAS, the IDOC currently has limited housing capacity to isolate and quarantine inmates who present as symptomatic of, or test positive for, COVID-19; and,

WHEREAS, inmates in county jails awaiting transfer to the IDOC facilities, because of their close proximity to and contact with each other, may be or may become symptomatic of COVID-19; and,

WHEREAS, the IDOC receives daily transfers of inmates from county jails who have been convicted of criminal offenses and sentenced by Illinois courts to the custody and control of the IDOC; and,

WHEREAS, to ensure that the Director of the IDOC may take all necessary steps, consistent with public health guidance, to prevent the spread of COVID-19 in the IDOC facilities and provide necessary healthcare to those impacted by COVID-19, it is critical to limit any increases in the number of inmates in the IDOC facilities;

THEREFORE, by the powers vested in me as the Governor of the State of Illinois, and pursuant to Sections 7(1), 7(2), 7(8), and 7(12) of the Illinois Emergency Management Agency Act, 20 ILCS 3305, and consistent with the powers set forth in the State's public health laws, I hereby

order the following, effective March 26, 2020 at 5:00 pm and for the remainder of the duration of the Gubernatorial Disaster Proclamation, which currently extends through April 7, 2020:

Section 1. All admissions to the Illinois Department of Corrections from all Illinois county jails are suspended, with exceptions at the sole discretion of the Director of the Illinois Department of Corrections for limited essential transfers. The Director of the Illinois Department of Corrections will work closely with county Sheriffs and other partners in the criminal justice system to discuss any potential exceptions that may be necessary.

  
JB Pritzker, Governor

Issued by the Governor March 26, 2020

Filed by the Secretary of State March 26, 2020

**FILED**  
INDEX DEPARTMENT  
MAR 26 2020  
IN THE OFFICE OF  
SECRETARY OF STATE

# Exhibit D

to Choudhury Decl.

## Doctors warn of 'tinderbox scenario' if coronavirus spreads in ICE detention

 [cnn.com/2020/03/20/health/doctors-ice-detention-coronavirus/index.html](https://www.cnn.com/2020/03/20/health/doctors-ice-detention-coronavirus/index.html)

March 21,  
2020

(CNN)Two doctors who are medical experts for the Department of Homeland Security are sending a warning to members of Congress.

The department should consider releasing all immigrant detainees who don't pose a risk to public safety, the doctors argue, before it's too late.

There's an "imminent risk to the health and safety of immigrant detainees" and to the general public if the novel coronavirus spreads in ICE detention, Dr. Scott Allen and Dr. Josiah Rich wrote in a letter sent to lawmakers Friday.

The doctors, contracted experts for the Department of Homeland Security's Office for Civil Rights and Civil Liberties, say they're "gravely concerned" about the risks the novel coronavirus poses.

"They are essentially the medical experts for DHS, who want to make sure they're sounding the alarm and weighing in on this significant threat to public health," said Dana Gold, senior counsel at the Government Accountability Project.

Read More

The organization, known for its work protecting whistleblowers, is representing the doctors and released their letter to CNN. The doctors are co-founders and co-directors of the Center for Prisoner Health and Human Rights.

"They are not speaking as DHS, but they are speaking in their capacity as medical experts for DHS who have a duty to warn," Gold said.

The doctors could not immediately be reached for comment.

### At least one ICE staffer has tested positive for coronavirus

The doctors' letter comes a day after ICE informed members of Congress that a member of the medical administrative staff of an ICE detention center in Elizabeth, New Jersey, tested positive for coronavirus, fueling already growing fears about a potential outbreak in that facility and others in ICE's sprawling detention system.

"Currently, no ICE detainees or other staff are symptomatic for COVID-19 at this facility," ICE said in a statement obtained by CNN. "Despite the personal risk to themselves, the dedicated professionals of ICE -- including the medical professionals at (ICE Health Service Corps) continue to carry out their duties to keep the public and our detainees safe during this unprecedented pandemic."

This week numerous immigrant advocacy organizations and human rights groups have been pushing for ICE to release detainees in its custody as the virus spreads.

Some are asking for the agency to release detainees with underlying medical conditions. Others are pushing even further, saying all detainees should be let out. The idea of releasing detained immigrants as coronavirus spreads has drawn criticism from organizations who support the US government's crackdown on illegal immigration. Some have argued the US should instead increase the pace of deportations to decrease the number of people detained.

#### What coronavirus means for tens of thousands of people in ICE custody

Asked for a response to the concerns raised in the doctors' letter, an ICE spokeswoman pointed to the site where ICE is posting coronavirus updates, which describes the health and safety of detainees as a top priority and details how the agency plans to mitigate the spread of the virus.

"ICE epidemiologists have been tracking the outbreak, regularly updating infection prevention and control protocols, and issuing guidance to ICE Health Service Corps (IHSC) staff for the screening and management of potential exposure among detainees," the website says. "ICE continues to incorporate CDC's COVID-19 guidance, which is built upon the already established infectious disease monitoring and management protocols currently in use by the agency. In addition, ICE is actively working with state and local health partners to determine if any detainee requires additional testing or monitoring to combat the spread of the virus."

The Department of Homeland Security did not immediately respond to a request for comment.

The doctors' letter raises many of the same concerns advocates have been highlighting, such as the fact that the "social distancing" practices that authorities around the world say are essential to slowing the spread of coronavirus are essentially impossible in immigrant detention.

The letter also highlights an issue that hasn't gotten as much public attention: Outbreaks inside detention facilities, they say, pose serious risks to the general public as well.

"It's much bigger than just what happens to the immigrants in detention," Gold said.

## A 'tinderbox scenario'

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In their letter, the doctors outline what they describe as a "tinderbox scenario."

#### New coronavirus cases in US jails heighten concerns about an unprepared system

"As local hospital systems become overwhelmed by the patient flow from detention center outbreaks, precious health resources will be less available for people in the community," the letter says. "To be more explicit, a detention center with a rapid outbreak could result in multiple detainees — five, ten or more — being sent to the local community hospital where there may only be six or eight ventilators over a very short period.

"As they fill up and overwhelm the ventilator resources, those ventilators are unavailable when the infection inevitably is carried by staff to the community and are also unavailable for all the usual critical illnesses (heart attacks, trauma, etc)."

In an alternate scenario, the doctors write, detainees are released from "high risk congregate settings" and the volume of patients sent to community hospitals would level out.

"In the first scenario, many people from the detention center *and the community* die unnecessarily for want of a ventilator," the letter says. "In the latter, survival is maximized as the local mass outbreak scenario is averted."

Allen and Rich say they first raised their concerns with the Office of Civil Rights and Civil Liberties on February 25, then again in a subsequent letter on March 13. The doctors' letter to Congress does not detail how DHS officials responded to the concerns they raised.

Allen has conducted numerous investigations of immigrant detention facilities on behalf of the office over the past five years, according to the letter. Rich recently signed on to be a subject matter expert for the office, Gold said. He is currently providing care to coronavirus infected patients, the letter says.

## One of the doctors has raised concerns about dangerous detention conditions before

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This isn't the first time Allen has sent a letter to Congress documenting his concerns over conditions in ICE detention.

In 2018, Allen and another physician sent a letter to lawmakers calling ICE family detention "a willful policy that knowingly inflicts serious harm to children, including risk of death."

These doctors risked their careers to expose the dangers children face in immigrant family detention

In response to that letter and longstanding criticisms from advocates decrying conditions in ICE family detention facilities, the agency has repeatedly stressed that it takes health and safety of immigrants in its custody seriously. ICE points to a June 2017 report from the DHS inspector general that describes family detention facilities as "clean, well-organized and efficiently run."

"ICE is committed to ensuring the welfare of all those in the agency's custody, including providing access to necessary and appropriate medical care," ICE spokeswoman Danielle Bennett said in a statement sent to CNN earlier this week, noting that the agency spends more than \$269 million annually on detainee healthcare.

## Recommendations and next steps

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In their letter, Allen and Rich recommend three key proactive steps they say officials should take before coronavirus spreads through immigrant detention: "1) Processes for screening, testing, isolation and quarantine; 2) Limiting transport and transfer of immigrant detainees; and 3) Implementing alternatives to detention to facilitate as much social distancing as possible."

"The nationwide network of detention centers, where frequent and routine inter-facility



transfers occur, represents a frighteningly efficient mechanism for rapid spread of the virus to otherwise remote areas of the country where many detention centers are housed," the letter says.

At minimum, DHS "should consider releasing all detainees in high risk medical groups such as older people and those with chronic diseases," the doctors write.

"In addition, given the low risk of releasing detainees who do not pose a threat to public safety -- i.e., those only charged with immigration violations -- releasing all immigration detainees who do not pose a security risk should be seriously considered in the national effort to stop the spread of the coronavirus."

CNN's Priscilla Alvarez contributed to this report.

# Exhibit E

to Choudhury Decl.



# Coronavirus disease (COVID-19) Pandemic

Public Advice

Country & technical guidance

Latest updates - Live press conference (Geneva)

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Live from WHO Headquarters - COVID-19 daily press ...



15 April 2020

**WHO Director-General's opening remarks at the media briefing on COVID-19 - 15 April 2020**

**WHO Strategies and Plans**

**Rolling updates on coronavirus disease (COVID-19)**

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# Coronavirus disease (COVID-19) outbreak situation

[View dashboard →](#)

# 1 918 138

## Confirmed cases

Last update: 14 April 2020, 19:00 GMT-5

# 123 126

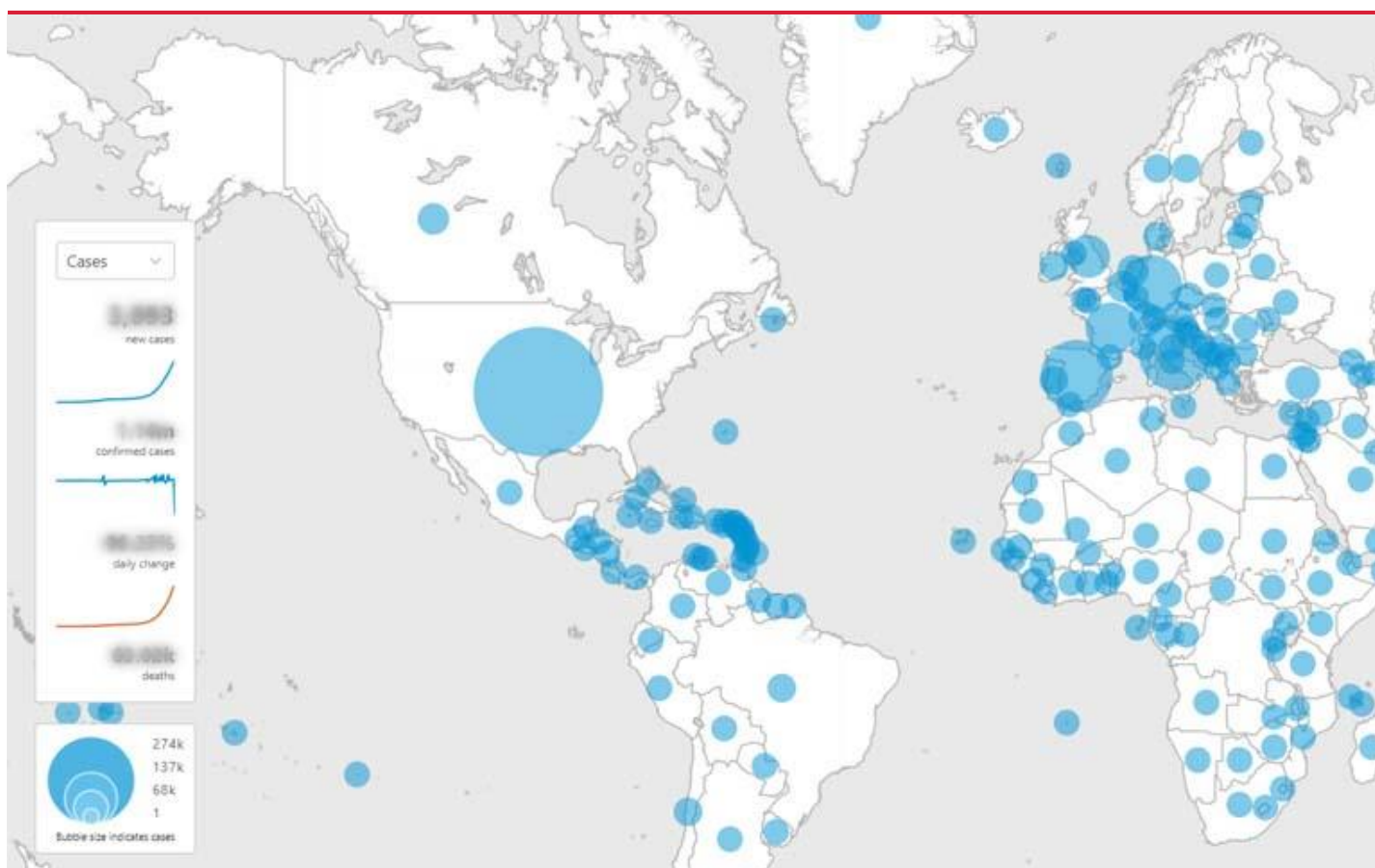
## Confirmed deaths

Last update: 14 April 2020, 19:00 GMT-5

# 213

## Countries, areas or territories with cases

Last update: 14 April 2020, 19:00 GMT-5



# COVID-19 Country Missions

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25 March 2020

**WHO delegation concludes COVID-19 technical mission to Egypt**

15 March 2020

**WHO and Iraq: Stepping up detection and response**

12 March 2020

**Azerbaijan steps up COVID-19 preparedness and readiness measures, welcoming WHO mission**

6 March 2020

**WHO deploys rapid response teams to Italy**

28 February 2020

**WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)**



[All videos →](#)

### How to protect yourself against COVID-19

[Online training →](#)

### Novel coronavirus (2019-nCoV)



## Take part in WHO campaigns to combat coronavirus



## Donors & Partners

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[See progress of contributions](#)

[WHO's response in countries](#)

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[Partners and Networks](#) →

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[United Nations website on coronavirus](#) →

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**WHO Director General's Special Envoys on COVID-19 →**

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## Situation updates

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## Research & Development

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### **Situation reports**

Here you will find the latest situation updates and data regarding the COVID-19 outbreak.

### **Research activities for novel coronavirus**

WHO's R&D Blueprint has been activated to accelerate diagnostics, vaccines and therapeutics for this outbreak.

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**Global situation dashboard →**

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**COVID-19 situation update for the WHO European Region →**

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**International Clinical Trials Registry Platform →**

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# Exhibit F

to Choudhury Decl.



# Coronavirus Disease 2019 (COVID-19)

## Cases in U.S.

Updated April 15, 2020

This page will be updated daily. Numbers close out at 4 p.m. the day before reporting.

\*\*\*On Saturday and Sunday, the numbers in [COVID-19: U.S. at a Glance](#) will be updated. These numbers are preliminary and have not been confirmed by state and territorial health departments. CDC will update weekend numbers the following Monday to reflect health department updates.\*\*\*

**New Data Available:** Demographic characteristics of COVID-19 cases in the United States

### COVID-19: U.S. at a Glance\*†

- Total cases: 605,390
- Total deaths: 24,582
- Jurisdictions reporting cases: 55 (50 states, District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands)

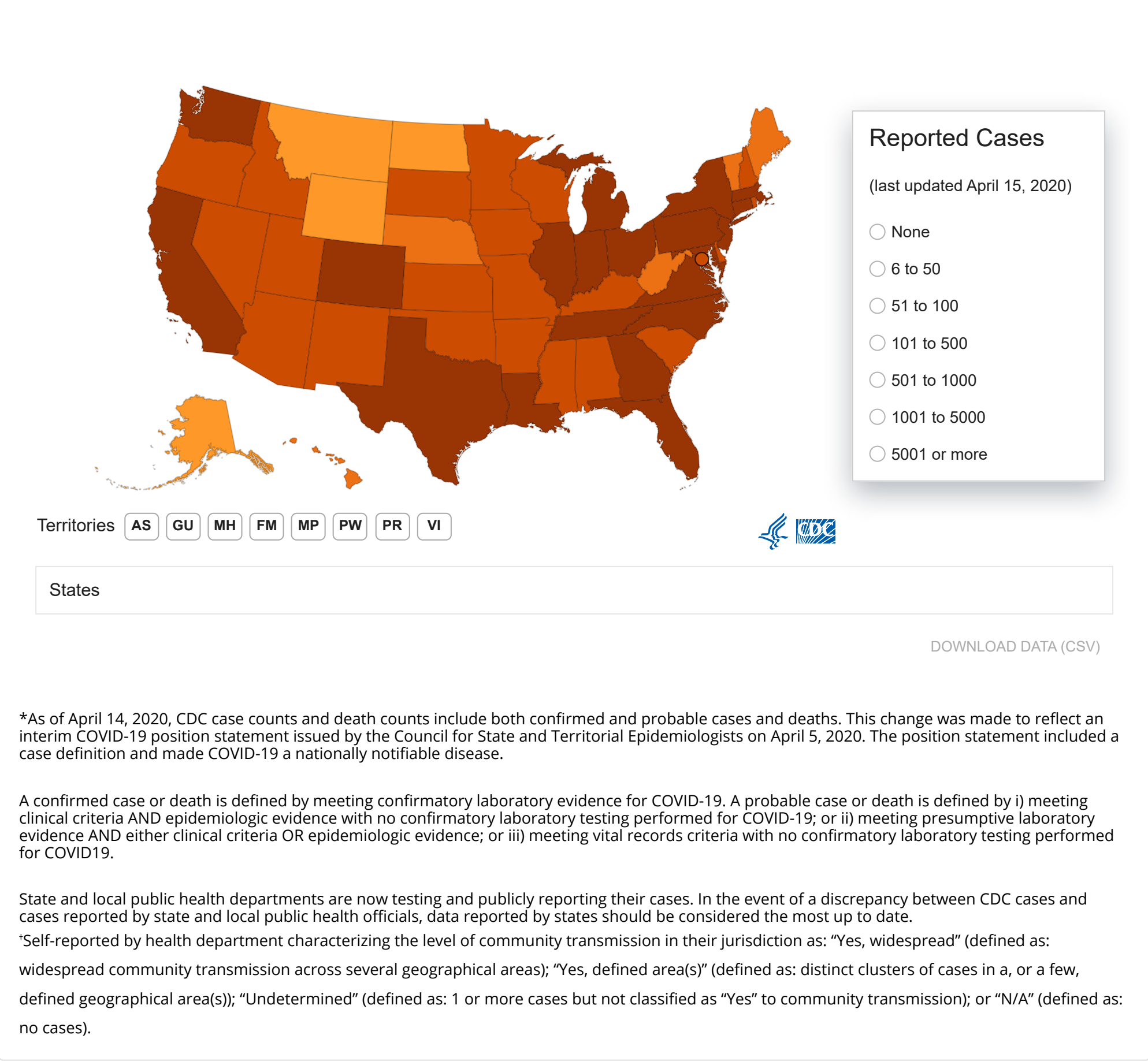
\*As of April 14, 2020, CDC case counts and death counts include both confirmed and probable cases and deaths. This change was made to reflect an interim COVID-19 position statement issued by the Council for State and Territorial Epidemiologists on April 5, 2020. The position statement included a case definition and made COVID-19 a nationally notifiable disease.

A confirmed case or death is defined by meeting confirmatory laboratory evidence for COVID-19. A probable case or death is defined by i) meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; or ii) meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence; or iii) meeting vital records criteria with no confirmatory laboratory testing performed for COVID19.

State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

† Numbers updated Saturday and Sunday are not confirmed by state and territorial health departments. These numbers will be modified when numbers are updated on Monday.

### States Reporting Cases of COVID-19 to CDC\*



See also: [Cases, Surveillance & Data Webpage](#)

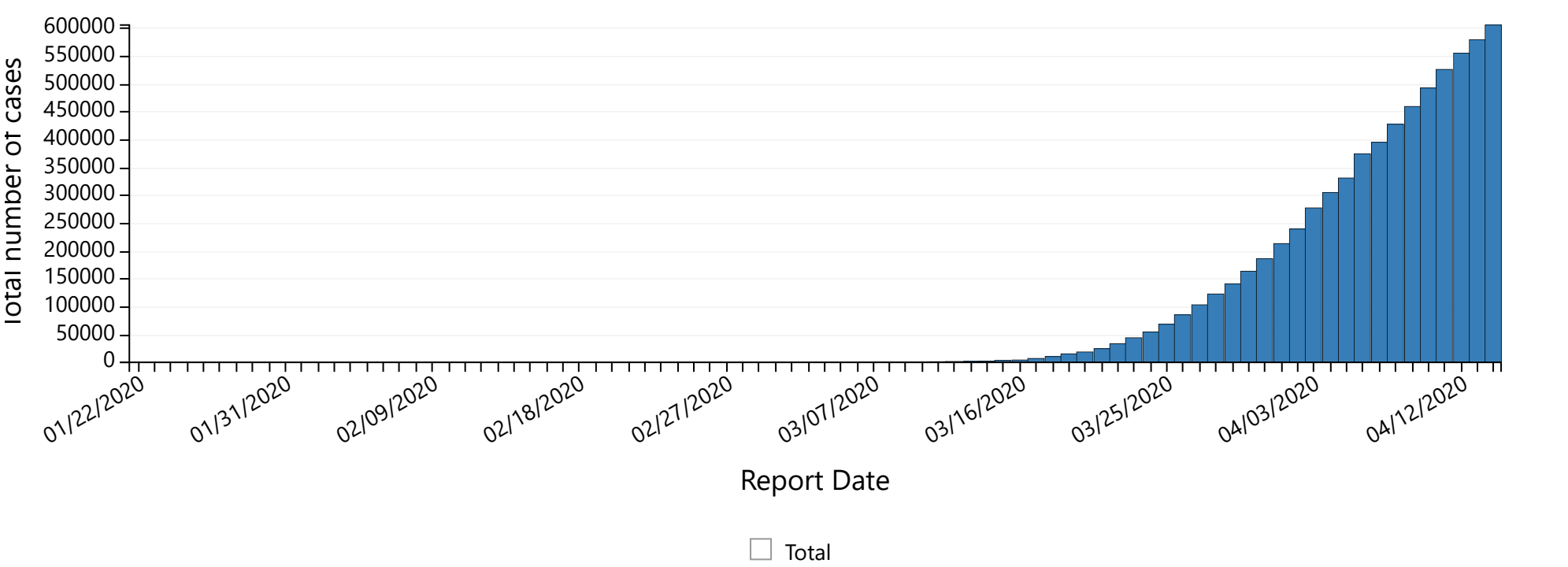
# Demographic characteristics of COVID–19 cases in the United States, as of April 14, 2020\*

	No. of cases (% of total)					
Age group (years)	< 18	18-44	45-64	65+	Unknown	Total
Totals	7,001	145,499	147,003	90,619	8,730	398,852
Race missing/unspecified	5,958 (85%)	119,683 (82%)	115,997 (79%)	63,449 (70%)	5,687 (65%)	310,774 (78%)
Race specified	1,043 (15%)	25,816 (18%)	31,006 (21%)	27,170 (30%)	3,043 (35%)	88,078 (22%)
Among those with race specified						
American Indian or Alaska Native	2 (0.2%)	128 (0.5%)	106 (0.3%)	54 (0.2%)	3 (0.1%)	293 (0.3%)
Asian	41 (4%)	1,238 (5%)	1,368 (4%)	826 (3%)	217 (7%)	3,690 (4%)
Black or African American	301 (29%)	8,092 (31%)	10,666 (34%)	7,729 (28%)	374 (12%)	27,162 (31%)
Native Hawaiian or other Pacific Islander	4 (0.4%)	131 (0.5%)	114 (0.4%)	57 (0.2%)	10 (0.3%)	316 (0.4%)
White	683 (65%)	16,120 (62%)	18,662 (60%)	18,452 (68%)	2,438 (80%)	56,355 (64%)

	No. of cases (% of total)					
Age group (years)	< 18	18-44	45-64	65+	Unknown	Total
Multiple/other	12 (1.2%)	107 (0.4%)	90 (0.3%)	52 (0.2%)	1 (0%)	262 (0.3%)
Missing/unspecified	5,962 (85%)	12,0883 (83%)	11,8912 (81%)	68,857 (76%)	4,191 (48%)	318,805 (80%)
Hispanic/Latino	315 (4%)	5911 (4%)	5108 (3%)	2097 (2%)	572 (7%)	14,003 (4%)
Non-Hispanic/Latino	724 (10%)	18,705 (13%)	22,983 (16%)	19,665 (22%)	3,967 (45%)	66,044 (17%)

\*Case notifications were received by CDC from U.S. public health jurisdictions and the National Notifiable Diseases Surveillance System (NNDSS).

Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020 to April 14, 2020, at 4pm ET (n=605,390)\*†



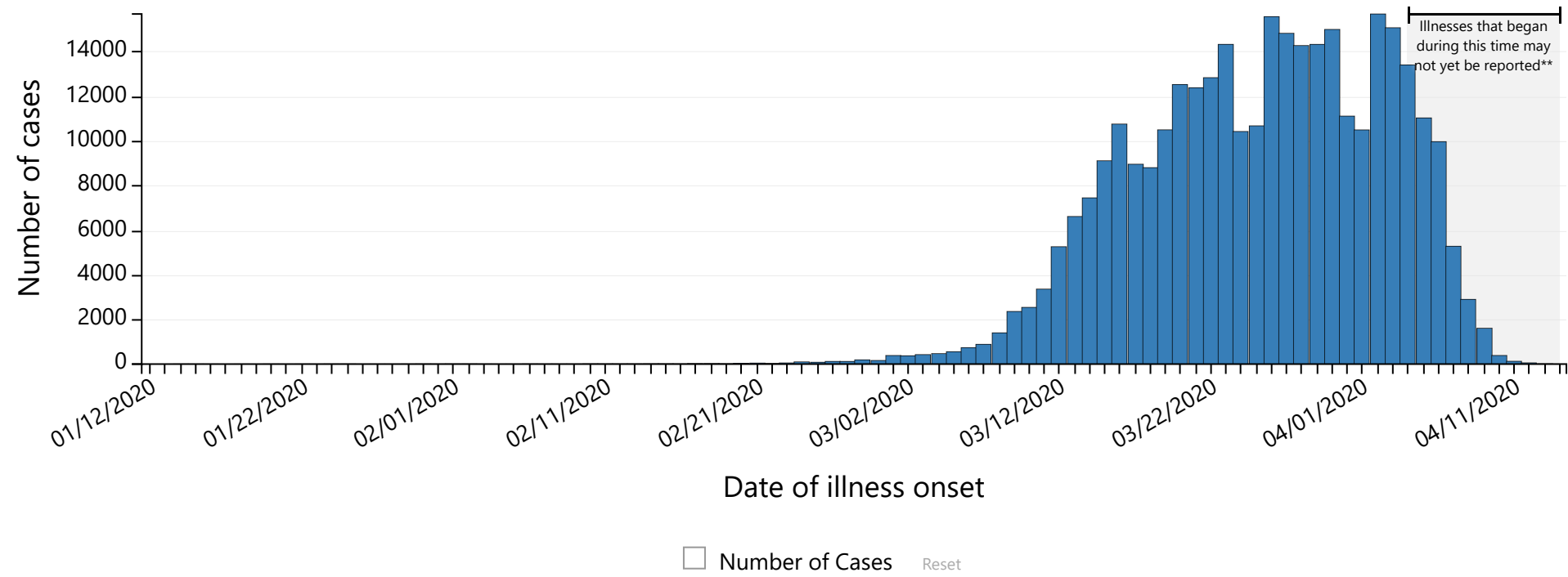
Total number of COVID-19 cases in the United States by date reported									
	01/22/2020	01/23/2020	01/24/2020	01/25/2020	01/26/2020	01/27/2020	01/28/2020	01/29/2020	01/30/2020
Total	1	1	2	2	5	5	5	5	5

Scroll for additional info

\* Does not include cases among persons repatriated to the United States from Wuhan, China and Japan.

† Numbers updated Saturday and Sunday are not confirmed by state and territorial health departments. These numbers may be updated when the official numbers are provided on Monday.

COVID-19 cases in the United States by date of illness onset, January 12, 2020, to April 14, 2020, at 4pm ET (n=325,944)\*



COVID-19 cases in the United States by date of illness onset

	01/12/2020	01/13/2020	01/14/2020	01/15/2020	01/16/2020	01/17/2020	01/18/2020	01/19/2020
Number of Cases	0	0	3	2	1	0	1	

Scroll for additional info

Region Name	Start Date	End Date
Illnesses that began during this time may not yet be reported**	04/04/2020	04/14/2020

\* Does not include cases among persons repatriated to the United States from Wuhan, China and Japan, or U.S.-identified cases where the date of illness onset or specimen collection date has not yet been reported. Date is calculated as illness onset date if known. If not, an estimated illness onset date was calculated using specimen collection date.

Note: On March 24, CDC updated the data included in this figure to include estimated illness onset date.

Cases of COVID-19 Reported in the US, by Source of Exposure\*†

Travel-related	6,814
Close contact	14,728
Under investigation	583,848
Total cases	605,390

\*As of April 14, 2020, CDC case counts and death counts include both confirmed and probable cases and deaths. This change was made to reflect an interim COVID-19 position statement issued by the Council for State and Territorial Epidemiologists on April 5, 2020. The position statement included a case definition and made COVID-19 a nationally notifiable disease.

A confirmed case or death is defined by meeting confirmatory laboratory evidence for COVID-19. A probable case or death is defined by i) meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; or ii) meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence; or iii) meeting vital records criteria with no confirmatory laboratory testing performed for COVID19.

State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

† CDC is no longer reporting the number of persons under investigation (PUIs) that have been tested, as well as PUIs that have tested negative. Now that states are testing and reporting their own results, CDC’s numbers are not representative of all testing being done nationwide.

Related Pages



[Testing in the U.S.](#)

[Confirmed COVID-19 Cases Global Map](#)

[About Coronavirus Disease 2019 \(COVID-19\)](#)

[Information for Healthcare Professionals](#)

[Travel in the United States](#)

[Situation Summary](#)

Page last reviewed: April 15, 2020

# Exhibit G

to Choudhury Decl.

[DPH.SICK@ILLINOIS.GOV](mailto:DPH.SICK@ILLINOIS.GOV) (<mailto:DPH.SICK@ILLINOIS.GOV>),

1-800-889-3931

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[About Coronavirus \(/s/about-coronavirus\)](/s/about-coronavirus)



Watch live at 2:30pm: The Pritzker administration's daily COVID-19 update ([watch live](#)  
(<https://www.illinois.gov/livevideo>) or [listen to audio-only](#) (<https://www.illinois.gov/liveaudio>))



## Coronavirus Disease 2019 (COVID-19)

### What Illinois is Doing

Protecting the health, safety, and wellbeing of Illinoisans is Governor Pritzker's top priority. The administration continues to work closely with local health departments, county officials and federal partners to put systems in place to respond to COVID-19. This website will provide the latest news releases related to coronavirus, video archives of press conferences and tips from leading experts to keep you and your family safe.

Illinois has seen an unprecedented number of unemployment claims during this challenging time — over half a million claims in the five-week period from March 1 to April 4. The administration has moved swiftly to meet this increased demand and expand access to benefits during this time. Read about the [Administration's Efforts to Expand Access and Eligibility for Unemployment Insurance](#) (<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download?operationContext=S1>).

View a larger version of the [county map](#)  
(<https://coronavirus.illinois.gov/s/county-map>).

[Best Ways to Prevent](#)[Frequently Asked Questions](#)[\(/s/prevention-main\)](#)[\(/s/faqs\)](#)[Volunteer Opportunities](#)[\(/s/volunteer-opportunities\)](#)

# 24,593

## Positive Tests Confirmed

# 948

## Deaths

# 116,929

## Total Tests Performed

\*Numbers updated daily by 5pm. Last updated 4/15/2020 2:30 P.M.

\*\*Total tests performed and reported electronically for testing of COVID-19 at IDPH, commercial or hospital laboratories. Deaths are included in the number of positive cases. All numbers displayed are provisional and subject to change. Information regarding the number of people under investigation updated on 4/15/2020. Information to be updated daily.

## Governor Issues Disaster Proclamation

JB Pritzker, Governor of the State of Illinois, in the interest of aiding the people of Illinois and the local governments responsible for ensuring public health and safety issues a Gubernatorial Disaster Proclamation in response to the ongoing coronavirus (COVID-19) situation.

This proclamation will assist Illinois agencies in coordinating State and Federal resources, including the Strategic National Stockpile of medicines and protective equipment, to support local governments in preparation for any action that may be necessary related to the potential impact of COVID-19 in the State of Illinois.

[Read proclamation](#)

(<https://www2.illinois.gov/sites/gov/Documents/APPROVED%20-%20Coronavirus%20Disaster%20Proc%20WORD.pdf>) (Arabic

(<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000Ai9d7AAB?operationContext=S1>)) (Polish

(<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000Ai9c9AAB?operationContext=S1>)) (Chinese

(<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000Ai9cTAAR?operationContext=S1>)) (Spanish

(<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000Ai9bGAAR?operationContext=S1>)) (Hindi

(<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000Ai9cJAAR?operationContext=S1>))

## Latest Executive Orders Related to COVID-19

### Executive Order Number 25

CIVIL PROCEDURE — Suspends sections in the Illinois Code of Civil Procedure that permit the service of a garnishment summons, wage deduction summons, or a citation to discover assets on a consumer debtor or consumer garnishee. It shall not be construed to apply to domestic support obligations or relieving a debtor of any liability.

[Executive Order 2020-25 \(HTML\)](#)

(<https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-25.aspx>) (English)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-25.pdf>) (Arabic)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Arabic.pdf>) (Polish)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Polish.pdf>) (Chinese)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Chinese.pdf>)

[r-2020-25-Chinese.pdf](#)) (Spanish)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Spanish.pdf>) (Hindi)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Hindi.pdf>)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Hindi.pdf>)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Hindi.pdf>)

### **Executive Order Number 24**

FORENSIC SERVICES — Suspends admissions to Illinois

Department of Human Services Forensic Treatment Programs from

Illinois county jails. Suspends certain provisions: 1) Employees that

are being investigated for conduct that would not result in their

termination or placement on the HCWR or 2) Employees who are the

subject of an OIG investigation that is either complete or materially

complete.

[Executive Order 2020-24 \(HTML\)](#)

(<https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-24.aspx>) (English)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-24.pdf>) (Arabic)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Arabic.pdf>) (Polish)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Polish.pdf>) (Chinese)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Chinese.pdf>) (Spanish)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Spanish.pdf>) (Hindi)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Hindi.pdf>)

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(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Hindi.pdf>)

### **Executive Order Number 23**

PROFESSIONAL REGULATION LAW — Suspends the Secretary of

the Department of Financial and Professional Regulation from taking

certain actions to increase the number of licensed professionals

responding to the disaster, to the extent that it limits the Secretary's

authority to those working under the direction of IEMA and IDPH.

Ensures any impacted licensed professionals are aiding in the

response to the disaster.

[Executive Order 2020-23 \(HTML\)](#)

(<https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-23.aspx>) (English)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-23.pdf>) (Arabic)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Arabic.pdf>) (Polish)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Polish.pdf>) (Chinese)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Chinese.pdf>) (Spanish)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Spanish.pdf>) (Hindi)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Hindi.pdf>)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Hindi.pdf>)

(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Hindi.pdf>)

[r-2020-23-Chinese.pdf](#)) (Spanish)  
(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Chinese.pdf>) (Hindi)  
(<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Hindi.pdf>)

[View all Executive Orders related to COVID-19](#)  
(<https://coronavirus.illinois.gov/s/resources-for-executive-orders>)

## News Updates



[Public Health Officials Announce 1,346 New Cases of Coronavirus Disease](#)  
(<https://www2.illinois.gov/Pages/news-item.aspx?ReleaseID=21402>)

Wed, 15 Apr 2020

SPRINGFIELD - The Illinois Department of Public Health (IDPH) today announced 1,346 new cases of coronavirus disease (COVID-19) in Illinois, including 80 additional deaths.



[Gov. Pritzker Provides Updated Revenue Projections Amid COVID-19 Crisis](#)

(<https://www2.illinois.gov/Pages/news-item.aspx?ReleaseID=21401>).

Wed, 15 Apr 2020

Chicago - Building on measures to address the unprecedented economic challenges facing Illinois as a result of the COVID-19 pandemic, Governor JB Pritzker provided an update on the state's revenue forecast outlook and efforts to provide fiscal stability during these unprecedented times.



IDHS to close remaining local office lobbies as Covid-19 peaks in Illinois; all benefits remain available  
(<https://www2.illinois.gov/Pages/news-item.aspx?ReleaseID=21400>).

Tue, 14 Apr 2020

CHICAGO/SPRINGFIELD - Today, the Illinois Department of Human Services (IDHS) is taking another step to protect its staff and residents of Illinois by temporarily closing 11 Family Community Resource Centers (FCRCs) to the public, starting Thursday, April 16. In ordinary times, IDHS operates 75 FCRCs, the public facing offices individuals and families can use to secure essential nutrition, income and medical supports.

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[View all Illinois news relating to the coronavirus \(COVID-19\) \(news\)](#)

Stay Informed



- > [Amber Alerts](http://www.amberillinois.org/) (<http://www.amberillinois.org/>).
- > [Emergencies & Disasters](https://www.illinois.gov/ready) (<https://www.illinois.gov/ready>).
- > [Flag Honors](https://www2.illinois.gov/Pages/News/flag-honors.aspx) (<https://www2.illinois.gov/Pages/News/flag-honors.aspx>).
- > [Road Conditions](http://www.gettingaroundillinois.com/) (<http://www.gettingaroundillinois.com/>).
- > [Traffic Alerts](http://www.iltrafficalert.com/) (<http://www.iltrafficalert.com/>).

## Helpful Links

- > [Contact Us](https://www2.illinois.gov/sites/gov/ContactUs) (<https://www2.illinois.gov/sites/gov/ContactUs>).
- > [FOIA Contacts](https://www2.illinois.gov/Pages/FOIA-Contacts.aspx) (<https://www2.illinois.gov/Pages/FOIA-Contacts.aspx>).
- > [State Press Contacts](https://www2.illinois.gov/cms/agency/media/relations/Pages/MediaContacts.aspx) (<https://www2.illinois.gov/cms/agency/media/relations/Pages/MediaContacts.aspx>).
- > [Illinois Department of Public Health](http://www.dph.illinois.gov/) (<http://www.dph.illinois.gov/>).
- > [Illinois Emergency Management Agency](https://www2.illinois.gov/iema/Pages/default.aspx) (<https://www2.illinois.gov/iema/Pages/default.aspx>).
- > [Centers for Disease Control and Prevention](https://www.cdc.gov/) (<https://www.cdc.gov/>).

## Stay Connected

 (<https://twitter.com/govpritzker>)
  (<https://www.facebook.com/govpritzker>)
  (<http://instagram.com/govpritzker>)
  [News Sign Up](https://www2.illinois.gov/sites/gov/pages/communicationsoptin.aspx) (<https://www2.illinois.gov/sites/gov/pages/communicationsoptin.aspx>)





 (<https://www.cdc.gov/>)
  (<http://www.dph.illinois.gov/>)

 (<https://www2.illinois.gov/iema>)

[DPH.SICK@ILLINOIS.GOV](mailto:DPH.SICK@ILLINOIS.GOV) (<mailto:DPH.SICK@ILLINOIS.GOV>).

[1-800-889-3931](tel:18008893931) (<tel:18008893931>).

<https://www2.illinois.gov>

 [Web Accessibility](http://www.dhs.state.il.us/page.aspx?item=32765) (<http://www.dhs.state.il.us/page.aspx?item=32765>)
  [Missing & Exploited Children](http://www.missingkids.com/) (<http://www.missingkids.com/>)
  [Amber Alerts](http://www.amberillinois.org/) (<http://www.amberillinois.org/>)
 
  
[Illinois Privacy Info](https://www2.illinois.gov/Pages/About/Privacy.aspx) (<https://www2.illinois.gov/Pages/About/Privacy.aspx>)

[Governor JB Pritzker](https://www2.illinois.gov/sites/gov/Pages/default.aspx) (<https://www2.illinois.gov/sites/gov/Pages/default.aspx>)

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# Exhibit H

to Choudhury Decl.



# Coronavirus Disease 2019 (COVID-19)

## How COVID-19 Spreads

COVID-19 is thought to spread mainly through close contact from person-to-person in respiratory droplets from someone who is infected. People who are infected often have symptoms of illness. Some people without symptoms may be able to spread virus.

COVID-19 is a new disease and **we are still learning about how it spreads** and the severity of illness it causes.

### Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

[Maintaining good social distance](#) (about 6 feet) is very important in preventing the spread of COVID-19.

### Spread from contact with contaminated surfaces or objects

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. This is not thought to be the main way the virus spreads, but we are still learning more about this virus.

[Wash your hands](#) often with soap and water. If soap and water are not available, use an alcohol-based hand rub. Also, [routinely clean](#) frequently touched surfaces.

### How easily the virus spreads

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping.

**The virus that causes COVID-19 is spreading very easily and sustainably between people.** Information from the ongoing COVID-19 pandemic suggest that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious.

#### More Information

- [ASL Video Series: How does COVID-19 Spread?](#)

# Exhibit I

to Choudhury Decl.



# Coronavirus Disease 2019 (COVID-19)

## How to Protect Yourself & Others

[Printer-friendly version](#) 



Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing serious complications from COVID-19 illness. More information on [Are you at higher risk for serious illness?](#)

## Know How it Spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
  - Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

More details: [How COVID-19 Spreads](#)

## Everyone Should







### Clean your hands often

- [Wash your hands](#) often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.



### Avoid close contact

- **Avoid close contact** with people who are sick
- [Stay home as much as possible](#).   | [\[Español\]](#)  
- Put **distance between yourself and other people**.
  - Remember that some people without symptoms may be able to spread virus.

- Keeping distance from others is especially important for [people who are at higher risk of getting very sick](#).



## Cover your mouth and nose with a cloth face cover when around others

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
  - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.

More details: [Cloth Face Covers](#)



## Cover coughs and sneezes

- If you are in a private setting and do not have on your cloth face covering, remember to **always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.



## Clean and disinfect

- **Clean AND disinfect frequently touched surfaces daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them.** Use detergent or soap and water prior to disinfection.
- **Then, use a household disinfectant.** Most common [EPA-registered household disinfectant](#) [↗](#) will work.

More details: [Cleaning And Disinfecting Your Home](#)

Related: [More handwashing tips](#)

Related: [Hand Hygiene in Healthcare Settings](#)

<a href="#">Symptoms</a>	
<a href="#">What to do if you are sick</a>	<a href="#">Healthcare Professionals</a>
<a href="#">If someone in your house gets sick</a>	<a href="#">6 Steps to Prevent COVID-19</a>
<a href="#">Frequently asked questions</a>	<a href="#">6 Steps to Prevent COVID-19 (ASL Version)</a>
<a href="#">Travelers</a>	<a href="#">Social Distancing (ASL Video)</a>
<a href="#">Individuals, schools, events, businesses and more</a>	<a href="#">ASL Video Series: What You Need to Know About Handwashing</a>

Page last reviewed: April 13, 2020

# Exhibit J

to Choudhury Decl.



## All of Italy is in lockdown as coronavirus cases rise

 [cnn.com/2020/03/09/europe/coronavirus-italy-lockdown-intl/index.html](https://www.cnn.com/2020/03/09/europe/coronavirus-italy-lockdown-intl/index.html)

March 9,  
2020



(CNN)Italy has been put under a dramatic total lockdown, as the coronavirus spreads in the country. Prime Minister Giuseppe Conte announced that he is extending restrictions already in place in the north.

"All the measure of the red zones are now extended to all of the national territory," Conte said at a press conference on Monday evening as he also announced a ban on all public events.

The Prime Minister said the move was taken in order to protect the population, and especially the most fragile individuals. His announcement came at the end of a chaotic day that saw prison riots across the country.

Smoke billows from a rooftop of the Regina Coeli prison in central Rome on Monday. Ninety-seven people have died of the novel coronavirus since Sunday in Italy, bringing its total number of deaths to 463. The country has 9,172 cases so far, the most of any European country.

### Your top 6 coronavirus questions from the weekend -- answered

Over the weekend, blanket travel restrictions were announced in just certain areas. The rest of the country will now join the northern provinces under lockdown -- one of the toughest responses implemented outside of mainland China to get the Covid-19 pandemic under

control.

Read More

The coordinator for intensive care in the crisis unit for the northern Lombardy region told CNN that Lombardy's health care system was "one step from collapse" despite efforts to free up hospital beds.

"We are now being forced to set up intensive care treatment in corridors," Antonio Pesenti said. "We've emptied entire hospital sections to make space for seriously sick people." He described seeing "a tsunami of patients," adding that there could be 18,000 patients in hospital by the end of the month if the virus continues to spread.

"I've never seen anything like this," he said. "Italians should be worried."

Lombardy President Attilio Fontana said in a statement said the new lockdown measures may not be enough.

"A necessary step but, I fear, still insufficient," Fontana said. "The numbers in Lombardy and in the rest of the country show that the contagion is constantly expanding, with all consequences we know starting with the overload of work in hospitals, in particular in intensive care."

Under the previous north-only lockdown, checks on compliance with the movement ban were to be carried out on main highways and along smaller roads by the Carabinieri (military police) and municipal police forces, while railway police, health authority workers and civil protection staff using thermoscan appliances will enforce the travel ban on the state's railways.

Travelers, including those departing or arriving in the containment regions by airplane, were to be checked to see whether they have a self-declared travel exemption.

Checks were also introduced for cruise ship passengers arriving in Venice, who will not be able to disembark to visit the city, but will only be able to return to their place of residence or country of origin.

Michele De Marsico told CNN at a Milan train station on Sunday that he was trying to work out how to return to southern Italy. "I was worried, so I came here to the train station to check out the situation," said the 55-year-old.

Prison officers stand guard as an ambulance enters SantAnna prison in Modena, inside one of Italy's quarantine red zones, following a disturbance there.

## Protests in Italian prisons

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The lockdown so far has already produced damaging ripple effects in the country. Inmates overran a number of prisons on Monday, escaping their facilities and kidnapping officers, after visitors were banned in an effort to curb the spread of the virus, the Justice Ministry said in a statement.

Multiple inmates have died in the uproar, which swept 22 prisons. Some continue to occupy their facilities, even reaching the roof in some cases.

In the southern city of Foggia, inmates occupied the entire compound and 43 detainees

escaped, before being captured by the prison's police force and other law enforcement agencies, the statement said.

In Modena, in the north, inmates are "still occupying two sections of the prison." There some inmates broke into the infirmary, where they got hold of various drugs, including methadone, the director of the Italian penitentiary system Francesco Basentini, said in a TV interview.

Six inmates died there, he added. Two of the dead died of an overdose, and another from the inhalation of toxic smoke. Basentini said the cause of the three remaining deaths was under investigation.

Meanwhile, in Rome's Rebibbia prison, inmates reached an external area and badly damaged an entire pavilion. And four prison officers were kidnapped in Bologna, where 350 inmates managed to occupy two sections of the facility. Almost all of the jails are "seriously damaged," according to the ministry statement.

## Quarantine zone stretches across country

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There have been more than 108,000 confirmed cases and 3,821 deaths related to the novel coronavirus worldwide. Despite signs of improvement in Asia -- with China and South Korea recording a slowdown in the number of new cases -- the situation in Europe and North America appears to be worsening.

People wear masks while shopping at a supermarket in Milan, after Italy announced a sweeping quarantine zone covering its northern regions.

Under the initial lockdown rules, schools, universities, theaters, cinemas, bars and nightclubs were closed in Italy's north. Religious ceremonies, including funerals and weddings, and sporting events were suspended or postponed. Restaurants and bars were allowed to be open from 6am to 6pm, and malls and markets could open on weekdays if they could assure a meter (three feet) of distance between each client.

Cars line up to cross the Italy-Switzerland border at the Ponte Chiasso customs post north of Milan, on Monday.

"This is of the utmost importance not only from a healthcare point of view but also economically. A temporary downturn in some sectors or areas of the country is preferable to a longer crisis that could spread to the whole economy via demand and supply effects," the original statement read.

Hotel worker Alice Baldisserri, 38, told CNN that "Milan's hotels are empty, so the jobs are at risk." Baldisserri said Italy's tourism industry had been "hit the hardest" by the outbreak. The restrictions could take a toll on Italy's already fragile economy. Italian tourism representatives warned last month that 200 million euros (\$260 million) in bookings had been canceled since the outbreak was first announced.

Live updates: Global markets plunge amid coronavirus fears and oil price drop

The Italian government is preparing measures to support workers and firms across the

country, particularly in sectors and areas most affected by the outbreak to try to prevent "lasting damage to the supply side of the Italian economy and permanent employment losses."

The World Health Organization (WHO) has called on "all countries to continue efforts that have been effective in limiting the number of cases and slowing the spread of the virus."

In a statement, the WHO said: "Allowing uncontrolled spread should not be a choice of any government, as it will harm not only the citizens of that country but affect other countries as well."

CNN's Hada Messia and Livia Borghese contributed to this report.

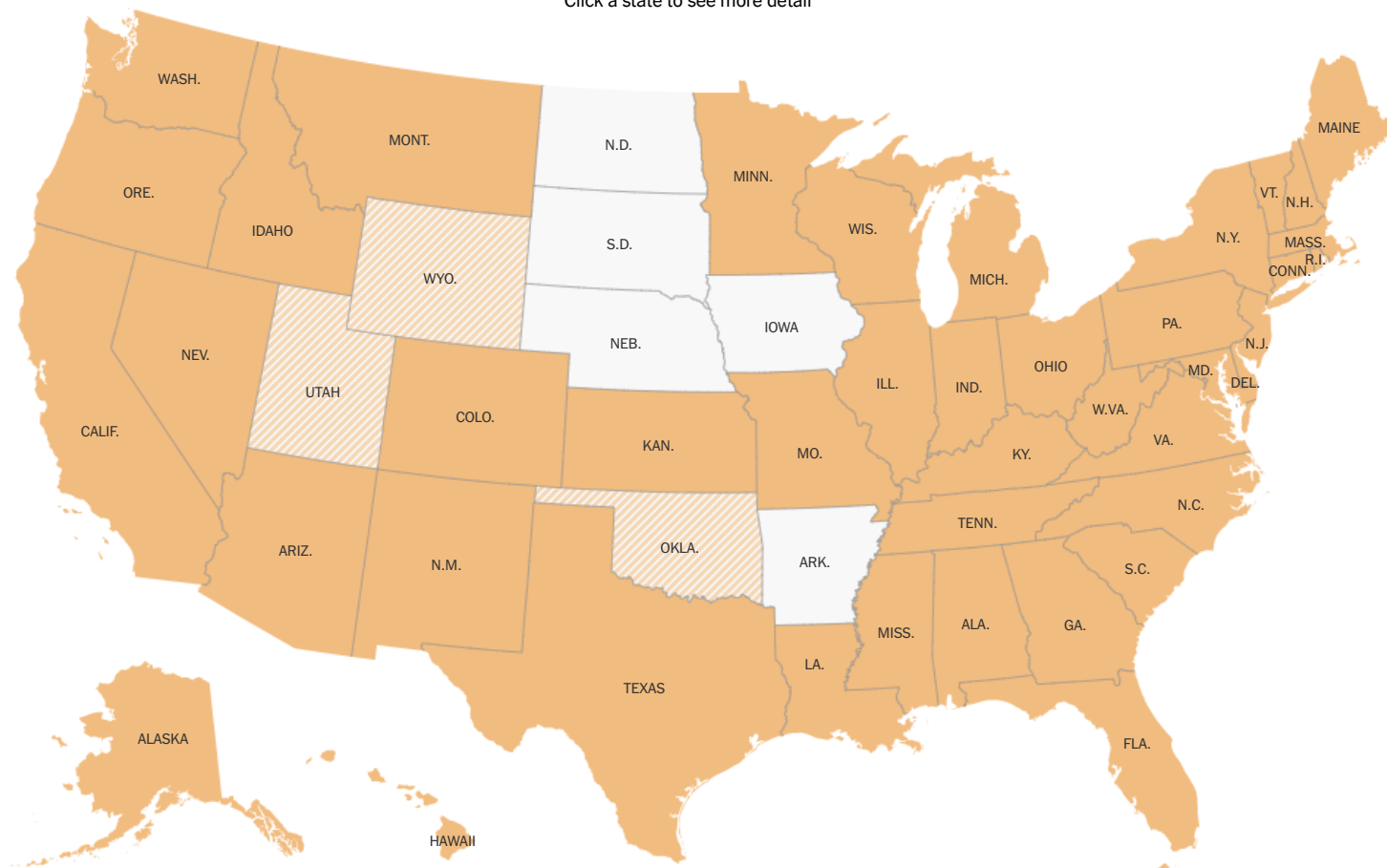
# Exhibit K

to Choudhury Decl.

## See Which States and Cities Have Told Residents to Stay at Home

By Sarah Mervosh, Denise Lu and Vanessa Swales Updated April 7, 2020

Statewide order    Order in parts of state

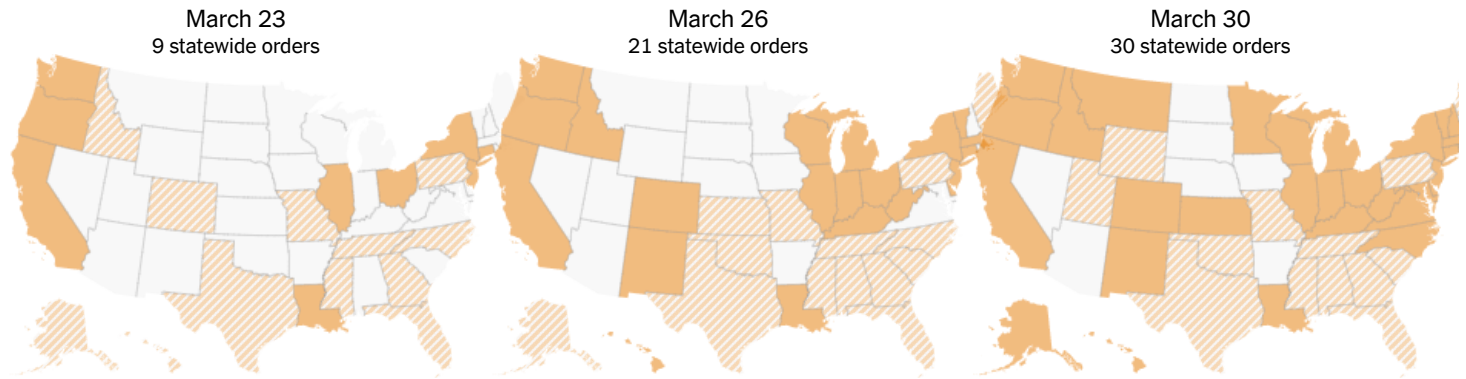


In a matter of weeks, millions of Americans have been asked to do what would have been unthinkable only a few months ago: Don't go to work, don't go to school, don't leave the house at all, unless you have to.

The directives to keep people at home, which began in California in mid-March, have quickly swept the nation. Today, a vast majority of states, the Navajo Nation and many cities and counties have instructed residents to stay at home in a desperate race to stunt the spread of the coronavirus.

This means at least **316 million people** in at least **42 states, three counties, nine cities, the District of Columbia and Puerto Rico** are being urged to stay home.

See how the directives spread across the country:



Source: Times research, local governments and news reports.

Under a mass of state and local directives that use a variety of definitions, like “shelter in place” or “safer at home,” people can generally still leave their homes for necessities — to go to the grocery store, to go to the doctor and to get fresh air.

Still, the changes so fundamentally alter life and the economy that some states have resisted increasingly urgent calls to shut down.

A handful of more rural states — Arkansas, Iowa, Nebraska, North Dakota, and South Dakota — did not have statewide stay-at-home orders in place as of Tuesday. A few others had only partial orders, issued locally by cities or counties.

Still, the number of Americans under instructions to stay at home has steadily surged upwards in recent weeks, now accounting for a stunning 95 percent of the population.

Here is a guide to how the orders affect each state in the list below.

## Choose a state

### **Alabama** About 4.9 million people

Gov. Kay Ivey had resisted a statewide order, saying that she wanted to balance the health of the state's residents with the health of the economy. “We are not California,” she said on a conference call with reporters, according to AL.com. But after Birmingham, the largest city in the state, issued a shelter-in-place order for its residents, and amid growing pressure, the governor issued a statewide order. “You need to understand we are past urging people to stay at home,” she said. “It is now the law.”

Stay at home, effective April 4 at 5 p.m.

[Read local coverage](#)

### **Alaska** About 737,000 people

“We crossed a line today,” Gov. Mike Dunleavy said, issuing instructions for people to stay home or remain six feet or more from one another when outside. The mayor of Anchorage had previously asked residents to “hunker down.”

Stay at home, effective March 28 at 5 p.m.

[See announcement](#) | [Read local coverage](#)



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**Arizona** About 7.2 million people

Gov. Doug Ducey said he issued the order at the recommendation of health officials. "I'm grateful to everyone making adjustments to fight this virus and protect others," he said. "We need to keep these efforts up."

Stay at home, effective March 31 at 5 p.m.

[See announcement](#) | [Read local coverage](#)

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**California** About 39.6 million people

California, America's most populous state, was the first to order all residents to stay home. Others quickly followed suit. "This is not a permanent state, this is a moment in time," Gov. Gavin Newsom said. "We will look back at these decisions as pivotal."

Stay at home, effective March 19

[See announcement](#) | [Read local coverage](#)

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**Colorado** About 5.7 million people

A number of counties and cities in the state, including Denver and Boulder, had issued their own stay-at-home orders, but Gov. Jared Polis also issued a statewide order, reiterating the need for everyone to stay at home. "We owe it to ourselves and our fellow Americans in order to save lives," he said.

Stay at home, effective March 26 at 6 a.m.

[See announcement](#) | [Read local coverage](#)

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**Connecticut** About 3.6 million people

"At this critical time it is essential that everyone just stay home," Gov. Ned Lamont said.

Stay at home, effective March 23 at 8 p.m.

[See announcement](#) | [Read local coverage](#)

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**Delaware** About 973,000 people

"I don't want Delaware to be the example of what not to do in response to this crisis," Gov. John Carney said.

Shelter in place, effective March 24 at 8 a.m.

[See announcement](#) | [Read local coverage](#)

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**District of Columbia** About 702,000 people

Mayor Muriel E. Bowser issued a stay-at-home order for all residents, joining the nearby states of Maryland and Virginia in a move that virtually shut down the nation's capital region. "Many people want to know how they can help right now," the mayor said. "For most people this is how — by staying home."

Stay at home, effective April 1 at 12:01 a.m.

[See announcement](#) | [Read local coverage](#)



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**Florida** About 21.5 million people

Gov. Ron DeSantis, who for weeks resisted more stringent statewide measures even as cities and counties took action, announced that he would order the state's more than 21 million residents to largely stay at home. The governor said he started coming around to the necessity of a statewide order once the White House extended national guidelines to combat the coronavirus until April 30. "To me, that was, 'People aren't just going to back to work,'" Mr. DeSantis said at a news conference in Tallahassee, the state capital. "That's a national pause button."

Stay at home, effective April 3 at 12:01 a.m.

[Read local coverage](#)

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**Georgia** About 10.6 million people

Gov. Brian Kemp announced that he would issue a statewide order for all residents to shelter in place, following a similar stay-at-home order in Atlanta and other areas. He said he made the decision, in part, after learning that many people without symptoms are transmitting the virus. "At this point," he said, "I think it's the right thing to do."

Shelter in place, effective April 3

[Read local coverage](#)

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**Hawaii** About 1.4 million people

As in other states, there are exceptions to the stay-at-home order in Hawaii, including leaving the house to go surfing and swimming. But the governor's office said violations could be punishable by a fine of up to \$5,000, or as much as one year in jail. "The threat of COVID-19 is unprecedented and requires aggressive action," Gov. David Ige said.

Stay at home, effective March 25 at 12:01 a.m.

[See announcement](#) | [Read local coverage](#)

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**Idaho** About 1.8 million people

"Our health care and public safety workers are putting themselves in harm's way to respond to the coronavirus emergency, and we owe it to them to do our part by following this statewide stay-home order," Gov. Brad Little said.

Stay at home, effective March 25 at 1:30 p.m.

[See announcement](#) | [Read local coverage](#)

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**Illinois** About 12.7 million people

"I don't come to this decision easily," Gov. J.B. Pritzker said. "I fully recognize that, in some cases, I am choosing between people's lives and saving people's livelihood. But ultimately, you can't have a livelihood if you don't have your life."

Stay at home, effective March 21 at 5 p.m.

[See announcement](#) | [Read local coverage](#)

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**Indiana** About 6.7 million people

Gov. Eric J. Holcomb asked "Hoosiers to hunker down." He added: "You must be part of the solution, not the problem."

Stay at home, effective March 24 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

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**Kansas** About 2.9 million people

After several municipalities in Kansas issued stay-at-home instructions in quick succession, including in the greater Kansas City region, Gov. Laura Kelly issued a statewide order. "While I left these decisions to local health departments as long as possible," she said, "the reality is that the patchwork approach that has developed is inconsistent and is a recipe for chaos."

Stay at home, effective March 30 at 12:01 a.m.

[See announcement](#) | [Read local coverage](#)

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**Kentucky** About 4.5 million people

Gov. Andy Beshear ordered all non-essential businesses to stop operating in-person services by March 26 and urged residents to stay "healthy at home." In a news conference on March 27, he clarified that the state's campaign amounted to telling residents to stay home. "That doesn't mean you need to cower down in your home," he said. But "you stay at home, unless you are getting groceries or other supplies that you may need."

Healthy at home, effective March 26 at 8 p.m.

[See announcement](#) | [Read local coverage](#)

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**Louisiana** About 4.6 million people

"If we want to flatten the curve, we have to take action today," Gov. John Bel Edwards said. New Orleans had previously issued its own order.

Stay at home, effective March 23 at 5 p.m.

[See announcement](#) | [Read local coverage](#)

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**Maine** About 1.3 million people

"We are in the midst of one of the greatest public health crises this world has seen in more than a century," Gov. Janet Mills said. "This virus will continue to sicken people across our state; our cases will only grow, and more people will die. I say this to be direct, to be as honest with you as I can. Because saving lives will depend on us."

Stay at home, effective April 2 at 12:01 a.m.

[See announcement](#) | [Read local coverage](#)

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**Maryland** About 6 million people

Citing a drastic uptick in cases and deaths in Maryland and the United States, Gov. Larry Hogan issued a statewide stay-at-home order. "We are no longer asking or suggesting that Marylanders stay home," he said. "We are directing them to do so."

Stay at home, effective March 30 at 8 p.m.

[See announcement](#) | [Read local coverage](#)

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## **Massachusetts** About 6.9 million people

Gov. Charlie Baker stopped short of declaring a formal order, but announced an advisory for residents to stay home. "I do not believe I can or should order U.S. citizens to be confined to their home for days on end," he said. "It doesn't make sense from a public health point of view, and it's not realistic."

Stay at home advisory, effective March 24 at 12 p.m.

[See announcement](#) | [Read local coverage](#)

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## **Michigan** About 10 million people

"Without a comprehensive national strategy, we, the states, must take action," Gov. Gretchen Whitmer said, urging residents to stay home.

Stay at home, effective March 24 at 12:01 a.m.

[See announcement](#) | [Read local coverage](#)

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## **Minnesota** About 5.6 million people

Gov. Tim Walz emphasized the need to slow the spread of the virus over time and not overwhelm hospitals in Minnesota. "We are asking you — because it is going to take cooperation and collaboration — stay home," he said.

Stay at home, effective March 27 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

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## **Mississippi** About 3 million people

Gov. Tate Reeves announced a shelter-in-place order and asked all residents to take enforcement seriously. "If you will self-enforce this, it will go a long way to slowing the spread," he said.

Shelter in place, effective April 3 at 5 p.m.

[See announcement](#) | [Read local coverage](#)

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## **Missouri** About 6.1 million people

Residents in the Kansas City, St. Louis and St. Louis County areas were among those under instructions to stay at home before Gov. Mike Parson issued a statewide order. The governor had previously rejected the step, but issued the order to "stay ahead of the battle."

Stay at home, effective April 6 at 12:01 a.m.

[See announcement](#) | [Read local coverage](#)

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**Montana** About 1.1 million people

"We cannot rebuild our economic strength without doing everything we can now to flatten the curve and slow the spread of this virus," Gov. Steve Bullock said.

Stay at home, effective March 28 at 12:01 a.m.

[See announcement](#) | [Read local coverage](#)

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**Nevada** About 3.1 million people

Gov. Steve Sisolak had shut down all nonessential businesses and encouraged residents to stay home for weeks before issuing a formal order, codifying a message he had been trying to send for weeks: "STAY HOME for our State," he said on Twitter.

Stay at home, effective April 1

[See announcement](#) | [Read local coverage](#)

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**New Hampshire** About 1.4 million people

Gov. Chris Sununu had earlier described a stay-at-home order as not a "practical ask" of residents, but later put one in place. "We can't stress this enough — you should stay at your house unless absolutely necessary," he said.

Stay at home, effective March 27 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

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**New Jersey** About 8.9 million people

"We know the virus spreads through person-to-person contact, and the best way to prevent further exposure is to limit our public interactions," Gov. Phil Murphy said.

Stay at home, effective March 21 at 9 p.m.

[See announcement](#) | [Read local coverage](#)

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**New Mexico** About 2.1 million people

Addressing questions about whether she was issuing a shelter-in-place order, Gov. Michelle Lujan Grisham said that "the tantamount effect of what we're doing is basically the same." She added: "This is quite frankly an instruction to stay home."

Stay at home, effective March 24 at 8 a.m.

[See announcement](#) | [Read local coverage](#)

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**New York** About 19.5 million people

Gov. Andrew M. Cuomo has shied away from the language of a shelter-in-place order, which he said evoked images of shooter situations or nuclear war. "Words matter," the governor said, instead describing it as putting all of New York on pause. "This is the most drastic action we can take," he said.

Stay at home, effective March 22 at 8 p.m.

[See announcement](#) | [Read local coverage](#)

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**North Carolina** About 10.4 million people

A number of cities and counties in North Carolina had already ordered their residents to stay home, but Gov. Roy Cooper made it official statewide. "Even if you don't think you have to worry about yourself, consider our nurses, doctors, custodial staff & other hospital workers who will be stretched beyond their capacity if we are unable to slow the spread of this disease," he said on Twitter.

Stay at home, effective March 30 at 5 p.m.

[See announcement](#) | [Read local coverage](#)

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**Ohio** About 11.7 million people

Gov. Mike DeWine has been notably aggressive in his response to the coronavirus, and Ohio was among the first wave of states to adopt this measure. "We haven't faced an enemy like we are facing today in 102 years," he said. "We are at war."

Stay at home, effective March 23 at 11:59 pm.

[See announcement](#) | [Read local coverage](#)

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**Oklahoma**

Gov. Kevin Stitt has told older and vulnerable people across Oklahoma to stay home, but mayors in the state's major cities, including Oklahoma City, Tulsa and Norman, ordered all residents to do so. "We want to leave no doubt," Mayor David Holt of Oklahoma City said. "The safest course of action during this public health crisis is to stay home."

**Claremore** About 19,000 people

Stay at home, effective April 6 at 8 a.m.

[See announcement](#) | [Read local coverage](#)

**Edmond** About 93,000 people

Shelter in place, effective March 30 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

**Moore** About 62,000 people

Shelter in place, effective April 4 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

**Norman** About 123,000 people

Stay at home, effective March 25 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

**Oklahoma City** About 649,000 people

Shelter in place, effective March 28 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

**Sallisaw** About 9,000 people

Shelter in place, effective April 4 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

**Stillwater** About 50,000 people

Shelter in place, effective March 30 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

**Tulsa** About 401,000 people  
Shelter in place, effective March 28 at 11:59 p.m.  
[See announcement](#) | [Read local coverage](#)

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**Oregon** About 4.2 million people  
Gov. Kate Brown took the action after seeing the state's scenic trails and beaches packed with people over the weekend. "If you're still not sure about an activity, skip it," she said. "Staying home will save lives."  
Stay at home, effective March 23  
[See announcement](#) | [Read local coverage](#)

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**Pennsylvania** About 12.8 million people  
Starting March 23, Gov. Tom Wolf began ordering an expanding number of counties to stay at home, including in the Philadelphia and Pittsburgh regions. On April 1, he announced he was enacting the order statewide. "We appreciate the shared sacrifice of all 12.8 million Pennsylvanians," he said. "We are in this together."  
Stay at home, effective April 1 at 8 p.m.  
[See announcement](#) | [Read local coverage](#)

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**Puerto Rico** About 3.2 million people  
Gov. Wanda Vázquez issued an order imposing a nightly curfew and allowing people to leave their homes during the day only to buy groceries or medicine, go to the bank, attend medical appointments, tend to caregiving responsibilities or work in businesses deemed essential. "All citizens will have to stay home to stop the spread of this virus," she said.  
Curfew, effective March 15 at 6 p.m.  
[See announcement](#) | [Read local coverage](#)

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**Rhode Island** About 1.1 million people  
Gov. Gina Raimondo issued a stay-at-home order in a state that has gone to great lengths to protect itself from outsiders, especially people fleeing New York City. She said a surge in cases was inevitable. "This is going to get very real very fast for all of us," she said.  
Stay at home, effective March 28  
[See announcement](#) | [Read local coverage](#)

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**South Carolina** About 5.1 million people  
Charleston and Columbia had previously ordered residents in those cities to stay at home before Gov. Henry McMaster issued a statewide "home or work order," which requires all South Carolinians to limit movement outside their home or place of work except for essential activities. South Carolina became the last state on the East Coast to issue such an order.

Stay at home , effective April 7 at 5 p.m.

[See announcement](#) | [Read local coverage](#)

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## **Tennessee** About 6.8 million people

Residents in the Nashville and Memphis areas were already under instructions to stay at home as much as possible when Gov. Bill Lee issued statewide guidelines urging everyone to do so. "We need you to do that to protect the lives of your neighbors," he said.

Stay at home, effective March 31 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

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## **Texas** About 29 million people

For weeks, Gov. Greg Abbott left it to local officials to impose the most restrictive orders. Millions of people in certain cities and counties were told to stay home, including in Harris County, which includes Houston; Dallas and Tarrant Counties in the Dallas-Fort Worth region; and Bexar County, which includes San Antonio. On March 31, Mr. Abbott tightened guidelines, but said that "this is not a stay-at-home strategy." The next day, he released a video message to Texans, saying he had ordered "all Texans to stay at home, except to provide essential services or do essential things like going to the grocery store." A spokesman for Mr. Abbott later confirmed that Texas was under a statewide stay-at-home mandate.

Stay at home, effective April 2 at 12:01 a.m.

[See announcement](#) | [Read local coverage](#)

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## **Utah**

Summit County, a popular area for skiing and tourism, became the first in Utah to issue such a restriction, The Salt Lake Tribune reported. Salt Lake County also issued a similar order. "The goals are to save lives and stop our hospital system from being overrun," Mayor Jenny Wilson of Salt Lake County said.

**Davis County** About 352,000 people

Stay at home, effective April 1 at 11:59 p.m.

[See announcement](#) | [Read local coverage](#)

**Salt Lake County** About 1.2 million people

Stay at home, effective March 30 at 12:01 a.m.

[See announcement](#) | [Read local coverage](#)

**Summit County** About 42,000 people

Stay at home, effective March 27 at 12:01 a.m.

[See announcement](#) | [Read local coverage](#)

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## **Vermont** About 626,000 people

"I need all Vermonters to understand that the more quickly and closely we follow these stay-at-home measures, the faster and safer we can get through this and get our daily lives, and our economy, moving again," Gov. Phil Scott said.

Stay at home, effective March 25 at 5 p.m.

[See announcement](#) | [Read local coverage](#)

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## **Virginia** About 8.5 million people

Gov. Ralph Northam, who shut down schools and nonessential businesses and banned gatherings of more than 10 people, had said that issuing a stay-at-home order was a matter of semantics. But after seeing beaches and other public areas packed with people, he issued a formal order. "It is clear more people still need to hear this basic message: Stay home."

Stay at home, effective March 30

[See announcement](#) | [Read local coverage](#)

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## **Washington** About 7.5 million people

Gov. Jay Inslee tried begging people to stay at home in Washington State, which has among the worst outbreaks of the virus in the country. Then he made it mandatory. "The fastest way to get back to normal is to hit this hard," he said.

Stay at home, effective March 23

[See announcement](#) | [Read local coverage](#)

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## **West Virginia** About 1.8 million people

West Virginia was the last state to have a confirmed case of the virus, but Gov. Jim Justice quickly joined a chorus of other governors calling on residents to stay inside. "A stay-at-home order is not martial law," he said, reminding residents that they could still leave their homes for food and outdoor activity. But he warned: "The magnitude of this is unbelievable."

Stay at home, effective March 24 at 8 p.m.

[See announcement](#) | [Read local coverage](#)

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## **Wisconsin** About 5.8 million people

Gov. Tony Evers initially thought he would not have to issue such an order, but later changed his mind. "You can still get out and walk the dogs — it's good exercise and it's good for everyone's mental health — but please don't take any other unnecessary trips," he said. "Limit your travel to essential needs like going to the doctor, grabbing groceries or getting medication."

Stay at home, effective March 25 at 8 a.m.

[See announcement](#) | [Read local coverage](#)

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## **Wyoming**

Jackson, a popular tourist destination for skiers in the Jackson Hole valley, was the first town in the state to issue a stay-at-home order, according to the Casper Star-Tribune.

**Jackson** About 10,000 people

Stay at home, effective March 28



[See announcement](#) | [Read local coverage](#)

Note: All times are local. Sources: State and local governments, local news reports, Census Bureau

Vanessa Swales, Patricia Mazzei and Mike Baker contributed reporting.

**Correction:** March 31, 2020

A label on some maps in an earlier version of this article incorrectly included a U.S. territory in the total number of statewide orders. While Puerto Rico did have a stay-at-home order in place, it is a territory, not a state.

# Exhibit L

to Choudhury Decl.

## *Flattening the Coronavirus Curve*

One chart explains why slowing the spread of the infection is nearly as important as stopping it.

**By Siobhan Roberts**

March 27, 2020

At the end of February, Drew Harris, a population health analyst at Thomas Jefferson University in Philadelphia, had just flown across the country to visit his daughter in Eugene, Ore., when he saw an article on his Google news feed. It was from The Economist, and was about limiting the damage of the coronavirus.

The accompanying art, by the visual-data journalist Rosamund Pearce, based on a graphic that had appeared in a C.D.C. paper titled “Community Mitigation Guidelines to Prevent Pandemic Influenza,” showed what Dr. Harris called two epi curves. One had a steep peak indicating a surge of coronavirus outbreak in the near term; the other had a flatter slope, indicating a more gradual rate of infection over a longer period of time.

The gentler curve results in fewer people infected at this critical moment in time — preventing a surge that would inundate the healthcare system and ultimately, one hopes, resulting in fewer deaths. “What we need to do is flatten that down,” said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, during the coronavirus task force briefing at the White House on a Tuesday evening in early March. “You do that with trying to interfere with the natural flow of the outbreak.”

The infographic reminded Dr. Harris of something similar that he had designed years earlier for a pandemic preparedness training program. “Folks in the preparedness and public health community have been thinking about all of these issues for many years,” Dr. Harris said in an email. “Understanding and managing surge is an important part of preparedness.” But during the training course, Dr. Harris’s students had struggled with the concept of reducing the epidemic curve, so he added a dotted line indicating hospital capacity — “to make clear what was at stake,” he said.

After his visit with his daughter, Dr. Harris was waiting for his return flight in Portland when the first Oregon coronavirus case was announced; he had dinner at a busy airport bar and thought about how quiet the place would be in a week or two when the reality of the

outbreak set in. Once home, he recreated his graphic and posted it on Twitter and LinkedIn, and was pleased to see the enthusiastic interest in flattening the curve.

### Latest Updates: Coronavirus Outbreak in the U.S.

- Workers have “nowhere to hide” as unemployment permeates the economy.
- The \$349 billion lending program for small businesses has run out of funds.
- The Trump administration pushes to restart the economy, but shortages of tests complicate efforts.

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“Now I know what going viral means,” Dr. Harris said. (For a more detailed analysis, see a recent paper in The Lancet, “How will country-based mitigation measures influence the course of the COVID-19 epidemic?”)

The following is an edited version of our email conversation.

## What does it mean to “flatten the curve”?

The ideal goal in fighting an epidemic or pandemic is to completely halt the spread. But merely slowing it — mitigation — is critical. This reduces the number of cases that are active at any given time, which in turn gives doctors, hospitals, police, schools and vaccine-manufacturers time to prepare and respond, without becoming overwhelmed. Most hospitals can function with 10 percent reduction in staff, but not with half their people out at once.

Some commentators have argued for getting the outbreak over with quickly. That is a recipe for panic, unnecessary suffering and death. Slowing and spreading out the tidal wave of cases will save lives. Flattening the curve keeps society going.

## What exactly do those two curves show?

Both curves add up the number of new cases over time. The more people reporting with the virus on a given day, the higher the curve; a high curve means the virus is spreading fast. A low curve shows that the virus is spreading slower — fewer people are diagnosed with the

disease on any given day. Keeping the curve down — diminishing the rate at which new cases occur — prevents overtaxing the finite resources (represented by the dotted line) available to treat it.

Think of the health care system capacity as a subway car that can only hold so many people at once. During rush hour, that capacity is not enough to handle the demand, so people must wait on the platform for their turn to ride. Staggering work hours diminishes the rush hour and increases the likelihood that you will get on the train and maybe even get a seat. Avoiding a surge of coronavirus cases can ensure that anyone who needs care will find it at the hospital.

## **What sorts of mitigation measures help transform the red curve into the blue curve?**

Diseases spread when one person gives it to one or more others, who go on to give it to more people, and so on. How fast this occurs depends on many factors, including how contagious the disease is, how many people are vulnerable and how quickly they get sick.

The difference between seasonal flu and coronavirus is that many people have full or partial immunity to the flu virus because they have had it before or were vaccinated against it. Far more people are vulnerable to coronavirus, so it has many more targets of opportunity to spread. Keeping people apart in time and space with social distancing measures, self-isolation and actual quarantine decreases opportunities for transmission.

To take the subway example again, a packed car — or a packed subway platform — is a great place to spread the virus. But reducing the number of people on the train or platform, by asking people to work from home or to stagger their working hours, enables individuals to stay farther apart, limiting the spread of the virus. That is social distancing in action.

Mitigation efforts keep people farther apart, making every transmission opportunity marginally less likely. This slows the spread. We should, and will, take the most vulnerable people out of the population altogether by keeping them totally separate. This is what Washington State is trying to do by limiting visitors to nursing homes. Think of this as a reverse quarantine.

## **What are you doing day-to-day in response to these unusual times?**

Like most everyone else, I'm more aware of my surroundings and behaviors. I try to use a sleeve or elbow to open doors, and I wash my hands or use hand sanitizers after I touch a surface that might be contaminated. And I made sure to have a good supply of my prescription and nonprescription medications, just in case any shortages occur after the

shutdown of Chinese pharmaceutical suppliers. I'm following the lead of my public health officials here in Philadelphia, where there is only one case as of Tuesday, and travel isn't restricted. I'm avoiding crowds and sick people. I am going out, and will continue to do so unless a quarantine is ordered or public places are closed.

I know there is a good chance that I will catch the virus before a vaccine becomes available, but I also believe I'm very likely to do fine. I'm not in any high-risk group. But I worry about the more vulnerable folks and want to do what I can to prevent the spread. I also worry about people who lack the resources I have. What happens to the self-employed, hourly workers and people in the gig economy when business stops? What about the homeless who depend upon charity and services for support? It's these second-order effects that could be just as devastating if this epidemic really takes off.

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The Coronavirus Outbreak >

## Frequently Asked Questions and Advice

Updated April 11, 2020

- **When will this end?**

This is a difficult question, because a lot depends on how well the virus is contained. A better question might be: "How will we know when to reopen the country?" In an American Enterprise Institute report, Scott Gottlieb, Caitlin Rivers, Mark B. McClellan, Lauren Silvis and Crystal Watson staked out four goal posts for recovery: Hospitals in the state must be able to safely treat all patients requiring hospitalization, without resorting to crisis standards of care; the state needs to be able to at least test everyone who has symptoms; the state is able to conduct monitoring of confirmed cases and contacts; and there must be a sustained reduction in cases for at least 14 days.

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# Exhibit M

to Choudhury Decl.

## Chicago's Jail Is Top U.S. Hot Spot as Virus Spreads Behind Bars

At least 1,324 confirmed coronavirus cases are tied to prisons and jails across the United States, according to data tracked by The Times, including at least 32 deaths.

By Timothy Williams and Danielle Ivory

April 8, 2020

It started small. On March 23, two inmates in the sprawling Cook County jail, one of the nation's largest, were placed in isolation cells after testing positive for the coronavirus. In a little over two weeks, the virus exploded behind bars, infecting more than 350 people.

The jail in Chicago is now the nation's largest-known source of coronavirus infections, according to data compiled by The New York Times, with more confirmed cases than the U.S.S. Theodore Roosevelt, a nursing home in Kirkland, Wash., or the cluster centered on New Rochelle, N.Y.

The Cook County Sheriff's Office, which operates the jail, said Wednesday that 238 inmates and 115 staff members had tested positive for the virus. But those figures most likely downplay the actual problem, the jail acknowledged, because the vast majority of the jail's 4,500 inmates have not been tested.

"This has been a difficult time for everyone," said Thomas J. Dart, the county sheriff, who has decided to stay away from his wife and children because he fears spreading the virus to them.

Sheriff Dart has established a quarantine area for inmates who have tested positive, and another to monitor those showing symptoms. The most serious cases — about 17 on Wednesday — have been admitted to hospitals. One jail inmate has died of what officials believe is complications from the coronavirus, although the medical examiner's office has not yet determined an official cause of death.

"I'm confident we're going to get through this," Sheriff Dart said, "but I could really use some more definition about how long the virus can last in an environment like this."

### Latest Updates: Coronavirus Outbreak in the U.S.

- [Trump tweets call to "LIBERATE" states where people are protesting virus restrictions.](#)
- [Trump and Cuomo spar over the federal response to the outbreak.](#)
- [At least 6,900 people in the U.S. living in or connected to nursing homes have died of the virus.](#)

[See more updates](#)

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The ballooning outbreak at the jail, southwest of downtown Chicago, appears to confirm the fears of many health officials, who warned that America's overcrowded and unsanitary prisons and jails would likely be a significant source of the virus's spread.

The New York Times has identified at least 1,324 confirmed coronavirus cases tied to U.S. prisons and jails, including at least 32 deaths. Those numbers are most likely a vast undercount, because some state and local agencies have not released information, and others, including the federal Bureau of Prisons, which has had 337 positive cases and eight deaths, are not testing everyone who falls ill.



Concerns about the virus's spread have prompted authorities across the country to release thousands of inmates, many of whom were awaiting trial or serving time for nonviolent crimes. But those measures have not prevented a dizzying pace of infection among a population in which social distancing is virtually impossible and access to soap and water is not guaranteed.

The rapid transmission has left prisons across the nation in a heightened state of fear, tension and mistrust. Some facilities have placed inmates with fevers in solitary confinement, while some federal prisons and certain state facilities have kept prisoners locked inside their cells for more than 22 hours a day to restrict movement and possible transmission. Still others are shipping prisoners who test positive to hastily established micropisons.

But the greatest concern might be in facilities where little has been done to stop the virus's spread.

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**coronavirus outbreak.**

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"I'm worried sick. If I get this, I'm dead," said Thomas Balsiger, 67, an inmate at the La Tuna federal prison in Texas who has a history of coronary heart disease. He said there are too few protections in place for inmates, and that guards do not always wear masks.

"This is outright reckless endangerment," he said.

The Times has identified at least 41 clusters of two or more coronavirus cases centered on prisons or jails. In addition to Cook County, other large clusters include the Parnall Correctional Facility in Jackson, Mich., which is tied to more than 100 cases; the Stateville Correctional Center in Crest Hill, Ill., linked to more than 90 cases; and the Federal Medical Center in Butner, N.C., where at least 58 inmates and staff have tested positive.

In New York City, which has borne the brunt of the U.S. outbreak, more than half of the jail population had been quarantined by Wednesday as the virus continued to spread through the jails on Rikers Island and in neighboring boroughs. The Department of Correction said 287 inmates, 441 correction staff and 75 health care workers had tested positive, and nearly 1,600 inmates had been released to try to reduce the toll.

The disease has killed seven correction employees and one detainee in New York. More than 10 percent of correction officers have had to quarantine themselves.

In Chicago, Sheriff Dart acknowledged that his attempts to halt the proliferation of the virus, including the release of several hundred inmates charged with or convicted of nonviolent crimes, had failed.

About 86 percent of the jail's remaining inmates are being held on charges related to violent crimes, he said. "We have very little wiggle room."

Sheriff Dart said he had also overridden longstanding rules forbidding hand sanitizer, which has a high alcohol content, among inmates and had ensured that there was sufficient soap and bleach for cleaning.

Some inmates and family members say the sheriff's efforts have not been enough. On Tuesday, in the midst of a ban on gatherings in Chicago, protesters drove around the jail, honking horns and demanding the release of their loved ones.

Advocates and family members have filed a federal lawsuit seeking the early release of older Cook County inmates and those who have chronic medical conditions like respiratory illnesses and diabetes, which may make them particularly vulnerable to the virus.

Similar suits are being filed across the country. On Monday, the A.C.L.U. sought the release of inmates at the Oakdale federal prison in Louisiana who are at a higher risk of serious illness or death from the virus. The Oregon Justice Resource Center filed a federal class-action lawsuit accusing the state's Department of Corrections of ignoring the public health threat. And on Wednesday, the A.C.L.U. announced that it was seeking an emergency order to force a sheriff in Colorado to comply with social distancing for all high-risk people in the Weld County jail.

Jodi Zils Gagne, an inmate at the federal prison camp in Danbury, Conn., said she had not had symptoms of the virus, but was concerned she may be vulnerable because she has multiple sclerosis. Danbury's prison complex currently has at least 46 cases among inmates and employees.

Ms. Zils Gagne, who was convicted in a fraud case, has asked for release from the prison facility, based on her medical condition. She recently wrote in an email, "I have a motion before my judge, and I am hoping she will see that I do not deserve a death sentence."

Last week, the judge denied her request.

Jan Ransom and Adeel Hassan contributed.

#### The Coronavirus Outbreak >

## Frequently Asked Questions and Advice

Updated April 11, 2020

### ● When will this end?

This is a difficult question, because a lot depends on how well the virus is contained. A better question might be: "How will we know when to reopen the country?" In [an American Enterprise Institute report](#), Scott Gottlieb, Caitlin Rivers, Mark B. McClellan, Lauren Silvis and Crystal Watson [staked out four goal posts for recovery](#): Hospitals in the state must be able to safely treat all patients requiring hospitalization, without resorting to crisis standards of care; the state needs to be able to at least test everyone who has symptoms; the state is able to conduct monitoring of confirmed cases and contacts; and there must be a sustained reduction in cases for at least 14 days.

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# Coronavirus in Illinois updates: Here's what happened March 25 with COVID-19 in the Chicago area

By CHICAGO TRIBUNE STAFF  
CHICAGO TRIBUNE | MAR 25, 2020

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Cardiac sonographer Ceara Homb, foreground left, surgical tech Jelena Hinkovic, far left, registered nurse Megan Cron, background left, and registered nurse Hailee Forberg screen employees to make sure they are healthy and give out hand sanitizer and face masks as employees arrive to work at Lurie Children's Hospital in Chicago on April 15, 2020. (Antonio Perez / Chicago Tribune)

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Illinois officials announced on Wednesday three more deaths related to the new coronavirus and 330 additional cases, bringing the state's [death toll to 19 and the total number of cases to 1,865](#).

Also Wednesday, Gov. J.B. Pritzker announced Illinois is [delaying the state income tax filing deadline until July 15](#), while Mayor Lori Lightfoot [threatened to shut down](#) the city's parks and the entire lakefront if the city's residents don't obey Pritzker's stay-at-home order.

"I personally have been concerned with what I've seen in our parks. People playing basketball," Lightfoot said. "And what I've seen on the lakefront, way too many people gathering like it's just another day. This is not another day."

Meanwhile, the White House and Senate leaders of both parties struck an agreement just after midnight Wednesday on a [sweeping \\$2 trillion measure](#) to aid workers, businesses and a strained health care system. Here's what we know so far about [what's in the stimulus bill](#).

As the virus continues to spread, the Tribune is keeping a [running list of Chicago-area closings and cancellations](#), [tracking cases across the state](#) and [asking experts to answer your questions about COVID-19](#).

*Here are the latest updates Wednesday on the coronavirus in the Chicago area and Illinois:*

### **7:30 p.m.: Sharp uptick in Cook County Jail COVID-19 cases as 17 detainees, 5 staffers confirmed stricken**

As of 5 p.m., 17 detainees, four department of correction staffers and one sheriff's police officer have all tested positive for coronavirus, a statement from the Cook County Jail said.

The numbers show a sharp uptick from Tuesday, when there were only five: two detainees and three other staffers including a jail guard who tested positive, an earlier statement said.

Staff at Cermak Hospital, located at the jail, are closely monitoring the detainees on the living units where they were housed and will test any detainees who are symptomatic. —Rosemary Sobol

### **6:39 p.m.: Lightfoot on stay-at-home order: Violators could face major fines**

Four days into a statewide stay-at-home order, Mayor Lori Lightfoot on Wednesday scolded restless Chicagoans who have taken advantage of spring weather and packed local parks, trails and the city's lakefront despite growing numbers of people infected by the coronavirus disease.

Standing alongside interim police Superintendent Charlie Beck and public health Commissioner Dr. Allison Arwady, the mayor threatened to "shut down our parks and the entire lakefront" if residents continue to flout Illinois Gov. J.B. Pritzker's stay-at-home order aimed at getting people to practice social distancing. Lightfoot and Beck also warned residents that those who don't listen could be ticketed \$500 for a first offense while repeat offenders could be arrested. [Read more here](#).

### **6:18 p.m.: DuPage coronavirus cases climbs to 134, up 28 since Tuesday**

There have been 28 new confirmed cases of coronavirus in DuPage County in the last 24 hours, according the county health department, bringing the total number to 134.

The count is based on people who reside in DuPage County regardless of where they may have been diagnosed. There has been one fatality in the county because of the virus, a woman in her 90s with underlying health problems residing in the Chateau Nursing and Rehabilitation Center in Willowbrook, the health department statement said. Officials said Tuesday another staff worker has been diagnosed, bringing to 47 the number of cases connected to the facility. [Read more here](#).

## **6:18 p.m.: Chinn's 34th Street Fishery in Naperville area closing after 25-year run; owners cite coronavirus crisis' 'crippling blow'**

After 25 years in business, Chinn's 34th Street Fishery announced Wednesday it would be closing at the end of business Saturday, one of the first business victims of the coronavirus outbreak in the Naperville area.

"Like many small businesses we have seen our share of ups and downs, but this challenging time has delivered a crippling blow from which we will not be able to recover," a post on the restaurant's Facebook page reads.

Chinn's was opened in September 1995 by Stan Chinn and his family, according to its website. The restaurant is located at 3011 Ogden Ave., on the border of Naperville and Lisle. [Read more here.](#) —Erin Hegarty

## **5:15 p.m.: Social distancing tips for joggers, parents, shoppers and transit riders**

Mayor Lori Lightfoot threatened Wednesday to shut down parks and the lakefront if residents didn't practice more responsible social distancing rules. What should one do while jogging, shopping or riding transit?

The Tribune asked Dr. Benjamin Singer, an assistant professor of medicine in pulmonary and critical care at Northwestern University Feinberg School of Medicine for some advice. [Here are his answers.](#)

## **5:11 p.m.: Illinois General Assembly cancels scheduled session days for 3rd straight week**

Both chambers of the Illinois General Assembly have canceled session days that were scheduled for next week, marking the third straight week lawmakers have been told to stay home from Springfield in an effort to prevent the spread of the new coronavirus.

House members were supposed to be at the Capitol from March 31 through April 3, and the Senate was to be in session March 31 through April 2. The last session day was held March 5.

Legislators were scheduled to have a break the weeks of April 5 and 12. But House Speaker Michael Madigan and Senate President Don Harmon have asked members to keep their calendars clear in case they need to come back for urgent business.

If they aren't called back until April 21 as currently scheduled, legislators will have just six weeks to approve a state budget before their May 31 deadline. —Dan Petrella

## **5:09 p.m.: 2 cases confirmed among residents of North Lawndale Adult Transition Center**

The Illinois Department of Corrections also is reporting two confirmed cases of COVID-19 among residents of the North Lawndale Adult Transition Center, a state-funded facility that provides housing and support for people recently released from prison.

"The facility has been placed on lockdown and all workplaces of the incarcerated individuals are being notified," Department of Corrections spokeswoman Lindsey Hess said in an email. —Dan Petrella and Annie Sweeney

## **4:45 p.m.: Are you an essential worker? Says who? And what if you don't think your job is worth the coronavirus risk?**

So you're an essential worker. That means you can go to work while the rest of Illinois abides by a mandate to stay home in hopes of minimizing the spread of the coronavirus.

Some people are grateful for the continued paycheck. Others worry their own safety concerns aren't being considered, and dispute how indispensable they really are.



“There are certainly going to be instances where employees who are deemed essential will be concerned about going to work,” said Lauren Novak, a partner in the labor and employment practice at Chicago-based Schiff Hardin. “Employers will need to be flexible but also be very clear that they have to show up. It is going to be very difficult for employers in essential industries to strike that balance.”

Gov. J.B. Pritzker’s order, in effect from last Saturday through April 7, lists dozens of business categories considered essential, from gas stations, hardware stores and banks to food production and accounting services. Such companies are encouraged to remain open while other businesses were told to cease operations unless their employees can work from home.

It’s up to employers to determine if their business falls under an “essential” category and to inform their employees. [Read more here.](#) —Alexia Elejalde-Ruiz

#### **4:12 p.m.: Morton Arboretum staying open, with new restrictions**

Morton Arboretum, the last major Chicago cultural institution to remain open, is tightening its policies so that visitors can continue to enjoy its 1,700-acre campus in west suburban Lisle.

“New procedures and operational limitations” announced Wednesday include no longer providing access to indoor bathrooms, shortening hours (to 7 a.m. to 6 p.m. daily, with last admission at 5 p.m.), limiting the number of people allowed in, and having admission gates no longer accept cash.

The new rules take effect Thursday and are designed to keep attendance moderate and help ensure appropriate social distancing. “If it becomes evident that visitors do not maintain six feet of distance, the Arboretum will have no choice but to close,” CEO Gerard Donnelly said in a statement. —Steve Johnson

#### **3:49 p.m.: 4 residents at Oak Forest group home for adults with developmental disabilities test positive**

Residents of Bjorklund House, an Oak Forest group home for adults with intellectual and developmental disabilities, are isolating in their rooms to prevent further spread of the coronavirus after four residents recently tested positive for COVID-19.

Two residents who contracted the virus are quarantining at their guardians’ homes, one is being cared for at Palos Community Hospital and one remains in isolation at the Oak Forest residence, Bjorklund House executive director Nicolette Lahman said. [Read more here.](#) —Zak Koeske

#### **3:38 p.m.: State Street to undergo extra cleaning**

Crews hired by the Chicago Loop Alliance will conduct their usual weekly power washing of State Street Wednesday night, but they are taking extra steps because of the COVID-19 outbreak.

The cleaning process by Pressure Washing Systems will include a weekly power washing of sidewalks, trash cans and other surfaces along the street, according a news release from the merchants group. The process uses a cleaner that kills bacteria and viruses such as COVID-19, the alliance said.

Power washing begins at Ida B. Wells Drive (formerly Congress Parkway) and continues to Wacker Drive.

The vendor’s equipment prevents the cleaning solution from flowing into storm sewers, according to the alliance. The process typically is used to clean up after natural disasters such as fires, hurricanes and floods.

The release did not indicate how long the weekly sidewalk cleanings will continue.

The group said the Loop has seen a 70% decline in pedestrian activity from a year ago. The association said its street ambassadors are shifting their focus from customer service to cleaning street furniture and other surfaces with cloths and

disinfectant spray. —*Ryan Ori*

### **3:35 p.m.: Interim Superintendent Charlie Beck says he will stay on as top cop ‘as long as Chicago needs me’**

Interim Chicago Police Superintendent Charlie Beck said Tuesday he will stay on as the city’s top cop “as long as Chicago needs me,” as the police department and the city try to navigate the COVID-19 pandemic.

A former Los Angeles police chief who still calls LA home, Beck was hired in December and was only expected to lead Chicago’s 13,000-plus police force for about three months before Mayor Lori Lightfoot picked a permanent replacement.

“I hope that in the last four months you have come to know that I care about this city and I would never leave it in a time of crisis like this,” Beck said at a City Hall press conference on the virus response, flanked by Lightfoot and the city’s public health commissioner. “My family and I want my return to California to be soon, but obviously this is the priority.”

Beck’s comments come nearly a week after the Chicago Police Board — the city panel tasked with choosing three superintendent finalists for Lightfoot to consider for her permanent choice — announced it was bringing its search process to a halt in light of city officials’ efforts to concentrate on the COVID-19 pandemic.

Also Tuesday, Beck told reporters that his officers would step up its efforts to write citations to anyone violating Gov. J.B. Pritzker’s stay-at-home order amid concerns by Lightfoot and others that too many people were still congregating along the lakefront and other spots around the city.

Beck said one can be fined for up to \$500 for violating the order and “if you continue to violate it, you will be subject to physical arrest.”

“Whenever a new order, new law, new direction is put in place there’s three phases: There’s the educational phase. There’s a warning phase. And then there’s the enforcement phase,” he said. “The educational phase of these public health orders is over.”

At a meeting Tuesday morning with his command staff, Beck said he directed them to have officers write citations after one warning.

“If people do not heed the warnings of our police department to not congregate, to stay at home if they at all possibly can, then we’re going to start issuing citations. Not because we want to but because we must,” said Beck. “Because if we do not do this, Chicago is at risk. Your families are at risk. The seniors in this city are at risk. And this is something that your police department has to do.” —*Jeremy Gorner*

### **3:35 p.m.: 3 federal employees in building across street from Dirksen U.S. Courthouse test positive**

Three federal employees who work in the high-rise office building across the street from the Dirksen U.S. Courthouse have tested positive for COVID-19, the chief judge announced in a letter to employees today.

The cases were discovered at the Kluczynski Building at 230 S. Dearborn St., a 45-story skyscraper on Federal Plaza that houses the U.S. Probation Department, IRS offices, the General Services Administration as well as offices for U.S. Sens. Tammy Duckworth and Dick Durbin.

In a letter sent to Probation Department employees, U.S. District Chief Judge Rebecca Pallmeyer said there was no indication any probation employees have tested positive. Still, Pallmeyer reminded court personnel to “take great care with any interaction” and comply with Gov. J.B. Pritzker’s stay-home order if possible.

“You should continue to monitor yourselves for symptoms associated with the virus and contact your healthcare provider with any questions,” Pallmeyer said.



The exposure of the virus at the Kluczynski Building follows a report from Pallmeyer last week that an employee who works on the 8th floor of the Dirksen U.S. Courthouse had tested positive for COVID-19.

Virtually all court activity has been suspended at the courthouse until at least April 6 amid the spreading pandemic. —*Jason Meisner*

### **2:44 p.m.: 330 additional cases and 3 more deaths**

Officials on Wednesday announced three more deaths from the new coronavirus and 330 additional cases in Illinois, bringing the state's death toll to 19 and the total number of cases to 1,865.

The latest fatalities were a Kane County man in his 90s, a Cook County man in his 60s, and a Will County woman in her 50s.

There have now been cases in 35 of the state's 102 counties.

Among the new cases are two correctional officers and one prisoner incarcerated at Stateville Correctional and a contractual worker at Sheridan Correctional Center.

The two correctional officers are in self-isolation at home and the prisoner is in isolation at the hospital. Those who were potentially exposed are being quarantined, and the prison is on a 14-day lockdown.

The Department of Corrections, in consultation with the Illinois Department of Public Health, has determined that staff and inmates at the Sheridan facility are at low to medium risk for exposure. The prison also is on 14-day lockdown. —*Dan Petrella*

### **2:30 p.m.: Pritzker announces delay to state income tax filing deadline**

Gov. J.B. Pritzker on Wednesday announced Illinois is delaying the state income tax filing deadline until July 15, aligning with the new federal deadline, in response to the coronavirus outbreak. —*Dan Petrella*

### **2:18 p.m.: 40 inmates released from Lake County jail**

With the Lake County jail "an ideal place" for the novel coronavirus to spread quickly, 40 non-violent inmates have had their sentences reduced and have been released, a Lake County Sheriff's Office spokesman said.

It's not enough, according to Black Lives Matter Lake County founder Clyde McLemore. He wants to see more people charged or convicted of non-violent offenses placed on either house arrest or just released, in particular those who are older or have underlying health conditions.

"This is a scary time right now," McLemore said.

The Lake County Sheriff's Office primarily looked at what inmates were charged with, their criminal histories and how much time remained on their sentences in making its recommendations for release, Sgt. Christopher Covelli, the department's spokesman, said.

He emphasized that the sheriff's office would not recommend anyone convicted of a violent offense for release. [Read more here.](#) —*Emily Coleman*

The empty United Center on Wednesday, March 25, 2020, amid the coronavirus pandemic.(Brian Cassella / Chicago Tribune)

### **2:03 p.m.: United Center transforming into logistics hub**

The United Center will be transformed into a logistics hub for the city, the Bulls and Blackhawks announced in a joint statement.

The arena — home to both sports teams — and outside campus will be used to help front line food distribution, first responder staging and the collection of medical supplies.

“Together, we will get through this,” the statement ended.

On March 14, the Bulls and Blackhawks announced in a joint statement that they would pay their staff of approximately 1,200 game-day employees through the remainder of their originally scheduled seasons. [Read more here.](https://www.chicagotribune.com/coronavirus/ct-coronavirus-pandemic-chicago-illinois-news-20200325-swgp5hlecrbabjqx52etj2rruq-story.html)

## 1:27 p.m.: Police will start ticketing people who don't abide stay-at-home order, interim superintendent says

Chicago interim police Superintendent Charlie Beck says that police will begin ticketing people who do not obey the state's stay at home order.

"If people do not heed the warnings of our police department to not congregate, to stay at home if they at all possibly can, then we are going to start issuing citations," Beck said.

People who violate social distancing orders could be fined up to \$500 and be arrested if they continue to break the rules, Beck said.

"Beginning today, one warning," Beck said. "After that, you will be cited." —*Gregory Pratt*

## 1:09 p.m.: Lightfoot threatens to shut down city's parks and lakefront

Mayor Lori Lightfoot threatened to shut down the city's parks and lakefront if the city's residents don't obey Gov. J.B. Pritzker's stay at home order.

"If we have to because you are not educating yourself into compliance, and if you are not abiding by these very clear but necessary stay at home orders, we will be forced to shut down our parks and entire lakefront if people continue to flout these social distancing" rules, a visibly frustrated Lightfoot said.

Lightfoot started her remarks by praising most Chicagoans, who she said have "been doing well and maintaining safe distancing but we are concerned with what we've seen in recent days, both outdoors and indoors."

But, she said, too many people are playing basketball in the parks and congregating in large numbers around the lakefront, she said.

"I personally have been concerned with what I've seen in our parks. People playing basketball," Lightfoot said. "And what I've seen on the lakefront, way too many people gathering like it's just another day. This is not another day."

People also shouldn't be playing in playgrounds, Lightfoot said.

"The playgrounds under Gov. Pritzker's order are shut down, folks."

She added: "You must abide by the order." —*Gregory Pratt*

## 12:54 p.m.: Health official: Chicago's 'A' grade is nice, but city needs to do even better

Despite Chicago getting an "A" grade on social distancing in one analysis, that is still not good enough, the city's point person on the coronavirus pandemic said Wednesday.

Dr. Allison Arwady, director of the Chicago Department of Public Health, noted that the [study conducted by Unacast](#) using cell phone GPS data indicated that the movement of people in Chicago had been reduced by 40% as more residents stay at home.

"I'm glad we're in better shape than the rest of the country, but it is not enough," Arwady said on her daily Facebook Live show called "The Doc Is In: Ask Dr. Arwady." The goal, Arwady said, is to get to a 75% reduction to flatten the curve enough to prevent city hospitals from being overwhelmed with COVID-19 patients.

The city has 730 cases of known infection involving the new coronavirus sweeping through human populations across the world. So far, five people have died, she said.

That's up from 45 cases just 10 days ago, indicating Chicago is on a "big, steep, upward trajectory" in the number of confirmed cases. "We'll put in additional orders if we need to," she said, referring to the stay-at-home order issued by Gov. J.B. Pritzker's administration.

Arwady, Mayor Lori Lightfoot and Interim Police Superintendent Charlie Beck, meanwhile, have called a news conference for this afternoon "to address compliance to the statewide 'stay at home' order for Illinois residents." —*Hal Dardick*

### **12:04 p.m.: Illinois Secretary of State's office still waiting on new Real ID deadline**

Illinois Secretary of State Jesse White said Wednesday that he is waiting for the U.S. Department of Homeland Security to set a new deadline for Americans to obtain a Real ID. The deadline, previously Oct. 1, was extended by President Donald Trump earlier this week.

White had previously joined other state leaders and the travel industry in asking the federal government to postpone the Real ID deadline because of disruptions caused by the COVID-19 pandemic.

"The decision to extend the enforcement date of Real ID is the proper and necessary action during this time of uncertainty and crisis," White said in a statement Wednesday. "The guiding principle of my decision making will, and must, continue to focus on the health and safety of all Illinoisans. This move by the federal government embraces this philosophy and I commend them for it."

All Driver Services facilities in Illinois have been closed to the public since March 17 and are not scheduled to reopen until April 8, when Gov. J.B. Pritzker's stay-at-home order is expected to lift. In the meantime, the secretary of state's office implemented an emergency rule that extends the expiration dates on all driver's licenses, identification cards, and vehicle registrations by 30 days.

Before the federal deadline was extended, Americans would have needed a Real ID to travel domestically or enter federal buildings, such as courthouses, after October 1. Until a new deadline is announced, current Illinois driver's licenses and ID cards will continue to be accepted at airports and secure federal facilities, White said. —*Antonia Ayres-Brown*

### **11:53 a.m.: Chicago has 730 coronavirus cases and 5 deaths**

The city of Chicago's number of coronavirus cases has risen to 730 lab confirmed cases, with 5 deaths from COVID-19, public health commissioner Allison Arwady said.

That's up from 598 lab confirmed cases of COVID-19 in Chicago with four deaths on Tuesday. Arwady made the announcement on her daily "Ask the Doc" Internet show, streamed on Mayor Lori Lightfoot's [@chicagomayor account](#).

On Tuesday, Illinois officials also announced four more deaths related to the new coronavirus and 250 new cases, bringing the state's death toll to 16 and the [total number of cases since the start of the outbreak in the state to 1,535](#). — *Gregory Pratt*

### **11:40 a.m.: Coronavirus stimulus package 'answers the highest priorities,' Illinois U.S. Sen. Dick Durbin says**

Illinois U.S. Sen. Dick Durbin said he was happy with the agreement struck in the Senate early Wednesday morning on an approximately \$2 trillion federal stimulus package aimed at offsetting some of the nation's economic damage caused by the coronavirus pandemic.

Noting that the measure still needs Senate approval before it heads back to the House for consideration, Durbin said that the package satisfied Democrats' desire to help hospitals with more than \$100 billion for medical facilities on the front lines of fighting the disease.

"We came together on a bipartisan basis with the White House and really struck an agreement that we think answers the highest priorities," Durbin said on MSNBC Wednesday morning.

Among other things, the plan would give one-time payments of \$1,300 to individual adults making up to \$75,000 a year and \$2,400 payments to married couples who make up to \$150,000, as well as \$500 payments per child.

Durbin said the plan calls for increased funding for unemployment insurance along with \$150 billion "for state and local governments which have been spending money right and left to try to keep up with this public health crisis. There are other provisions in there, too, to provide aid to 50-60 million small businesses.

"I think the history will judge the last 72 (hours) were essential to get America back on its feet and moving forward," Durbin said on MSNBC, referring to the wrangling to work out a deal that still needs congressional approval.

Asked when residents eligible for those \$1,200 checks built into the stimulus package might see the money, Durbin said it was up to President Donald Trump's administration. "I'm sure the folks in the White House will want to move quickly on that cash payment. I hope they do."

On Twitter, Lightfoot thanked Durbin and U.S. Sen. Tammy Duckworth, both Illinois Democrats, for "fighting the good fight to take care of working Chicagoans and families across the country with \$2 (trillion) in proposed relief."

"Chicago is feeling the urgency of this situation and we applaud this deal and urge swift passage and the President's signature," Lightfoot said.

The mayor also noted that the agreement would include unemployment insurance for 4 months as well as money to help small businesses.

"I'm going to keep working with our IL Congressional delegation to fight for more as this crisis unfolds. Paired with the relief my administration is providing and the generosity of philanthropy, businesses and individuals, we're showing that we can make it through this." — *Lisa Donovan, Gregory Pratt*

## **10:55 a.m.: Poll shows Americans more worried about loved ones catching coronavirus than themselves**

While many Americans are anxious about catching the coronavirus, even more are worried about the health and safety of their loved ones, according to a poll by the American Psychiatric Association.

In a survey of more than 1,000 people in the United States, the association found that 62% were experiencing anxiety over the possibility of their family and loved ones contracting the virus. Nearly half of those surveyed were anxious about contracting the virus themselves.

Overall, more than a one-third reported that the coronavirus outbreak was having a serious impact on their mental health, the association said.

But most people reported they had not yet experienced significant impacts on their behavior. Only 19% of respondents reported having trouble sleeping, and only 8% said they have been consuming more alcohol or drugs.

Clinical psychologist Karen Cassiday estimated that, earlier this month, three-quarters of her patients in recent therapy sessions described heightened anxiety stemming from the coronavirus epidemic.

Cassiday advised those with anxiety symptoms to follow guidelines from the Centers for Disease Control and Prevention and their local health department guidelines, but cautioned not to check those sources to excess or take more precautions than recommended. — *Sophie Sherry*

## 10:08 a.m.: State Senate GOP asks for Illinois income tax filing deadline to be extended

Illinois Senate Republicans sent a letter Wednesday to Gov. J.B. Pritzker requesting that the state's income tax filing deadline be extended from April 15 to the new federal deadline, July 15.

U.S. Treasury Secretary Steve Mnuchin announced last week that Americans would have until July 15 to file their tax returns — a 90-day delay from the original April 15 federal deadline — because of economic strain caused by the coronavirus pandemic.

In their letter to Pritzker asking for the federal deferral to be emulated in Illinois, Senate Republicans wrote that an extension “will help residents maintain the recommended social-distancing practices while also providing some liquidity to those who need it most.”

Pritzker said during a news briefing Sunday that his administration was evaluating whether the state income tax filing deadline could be extended, possibly with the help of federal borrowing or federal aid.

“You know there are challenges for the state of just cash flow, right,” Pritzker said. “I mean obviously we receive a lot of those revenues typically in April, and they’re planned for spending related to those revenues that come in in April.” —*Antonia Ayres-Brown*

## 9:12 a.m.: Houses of worship, forced to close due to COVID-19, get inventive to stay connected with their congregations

Houses of worship are adapting and working to keep their faithful connected during social distancing directives. Their primary tools? A camera, the internet and messages of positivity.

Across the Chicago area, Sunday services are being streamed online, either live or recorded, so self-isolating congregants can participate from their own homes, watching the clergy they know. The videos are appearing on sites like YouTube, Facebook, Instagram, Vimeo, or directly on the congregation's website.

At St. Paul of the Cross, a Park Ridge parish with more than 4,600 families, the Rev. Britto Berchmans still starts his homily with a short joke — even if the chuckles he usually gets from a church full of parishioners are absent.

But people are watching from afar. The first recorded video of a Sunday mass drew more than 5,000 views online, Berchmans said.

“That was very rewarding,” he said. [Read more here.](#) —*Jennifer Johnson and Daniel Dorfman*

## 9:12 a.m.: National Restaurant Association cancels May exhibition set for McCormick Place

The National Restaurant Association has canceled the NRA Show originally scheduled May 16 to 19 at McCormick Place in Chicago.

“If you're an exhibitor or registered attendee, you will have received an email with this information and further instructions will follow on April 7,” according to the association website.

The annual trade show is billed as the largest single gathering of restaurant and foodservice professionals. Last year, 65,526 people registered for the show, according to the group. —*Louisa Chu*

## 8:30 a.m.: Asians in Chicago worry about damage done after Trump repeatedly called COVID-19 the ‘Chinese virus’

Ro Nguyen thought it would play out differently.

The 30-year-old had just watched a movie at a Streeterville cinema with a friend on March 12 and was strolling down East Grand Avenue around 8 p.m., the two of them marveling at the deserted streets.

As they headed toward the Red Line station, Nguyen said a man walking nearby saw them and yelled out, “F--- China!”

Then the man spat on Nguyen, he said. The saliva splattered on his jacket.

Nguyen, who is of Vietnamese and Filipino descent, had imagined this moment. Having read news stories about harassment and attacks against Asians as coronavirus cases rose, he wondered if he would be next. If he was, he thought he would take a stand on behalf of himself and other Asians.

But as he wiped the spit off with his sleeve, he and his friend — of South Asian descent — hurried away without a word to the assailant. “In that instance, I was just kind of shocked, or dumbfounded, of what occurred.” [Read more here.](#) —Alice Yin

## **7 a.m.: Some Olympic hopefuls with Chicago ties might not be able to wait a year to fulfill their dreams**

The Tokyo Olympics have been delayed for a year because of the coronavirus pandemic, but another year of training and hoping isn’t an option for all Olympic hopefuls.

Some can’t put the rest of their lives on hold for another year, some don’t know if they can sustain the physical demands, others could lose sponsorships.

“There are a lot of athletes facing tough decisions right now. That’s the hard truth,” said Tyrone Smith, a long jumper raised in North Chicago. [Read more here.](#) —Stacy St. Clair

## **6:35 a.m.: Chicago says it has received nearly 200 complaints this month about price gouging tied to coronavirus**

Chicago’s Department of Business Affairs and Consumer Protection has received nearly 200 complaints of price gouging so far this month, most of them about toilet paper, tissues and hand sanitizer, officials said Wednesday.

The announcement comes after state officials said [they have received 700 such coronavirus-related complaints](#). Such reports have become common across the country since the coronavirus outbreak. The department urged anyone with complaints about price gouging or other consumer fraud to call 311.

It also released some “tips to keep scammers at bay.”

- Report businesses and third-party sellers of face masks, hand sanitizer, disinfecting wipes, toilet paper and other essential goods that are being charged for a high mark-up.
- Remember that at this time, there are no FDA-authorized home test kits for COVID-19. Similarly, there are currently no vaccinations or treatments for COVID-19.
- Be suspicious of unfamiliar businesses or online sellers who claim to have in-demand products, like cleaning, household and health and medical supplies. Products may be counterfeit.

BACP Commissioner Rosa Escareno Escareno will join Chicago Health Commissioner Allison Arwady on her “Ask Dr. Arwady” podcast at 11 a.m. Wednesday. People can submit their questions by tweeting with the hashtag #AskDrArwady or by commenting on the livestream. —Chicago Tribune staff

## **6:30 a.m.: CPS board to vote on \$75 million for coronavirus response in body’s first remote meeting**



The Chicago Board of Education was scheduled to meet Wednesday to vote on \$75 million for the Chicago Public Schools' emergency coronavirus response. The board meeting, scheduled for 4 p.m., will be the board's first with members and the public attending remotely. The \$75 million will go for areas such as extra pay for emergency personnel, meals programs, remote learning, and additional products and maintenance for facilities.

The meeting will be will be streamed live on the [board's website](#) and [YouTube page](#). [Read more here](#). —Hannah Leone

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## Breaking coronavirus news

Stay up to date with the latest information on coronavirus with our [breaking news alerts](#).

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## Tuesday, March 24

Here's a recap of coronavirus updates in the Chicago area and Illinois from Tuesday:

- Illinois would have [run out of hospital beds](#) if not for the stay-at-home order, Gov. J.B. Pritzker said
- State officials announced [four more deaths](#) related to the new coronavirus and 250 new cases
- Did you know loss of smell is one of the first symptoms of COVID-19? [More answers from experts](#)
- The face of Chicago's fight against a pandemic, [Dr. Allison Arwady](#), remains accessible in difficult times
- One of Chicago's biggest hotels will shut down as the coronavirus [upends the industry with closures and job losses](#)
- Family of Will County man who died from coronavirus: ["Realize this is real and very serious"](#)
- Midway Airport's air traffic control tower [has reopened](#)
- Face masks and thermometers are among the supplies [Illinois manufacturers are racing to produce](#)
- Mayor Lori Lightfoot [warned against misinformation about so-called cures](#): "Be careful. There's no cure for coronavirus"
- Forget bourbon and gin. In the era of coronavirus, distilleries (and even some breweries) [go all in on hand sanitizer](#). Yes, [Malort too](#)
- Here's a look at the [empty windows and boarded-up storefronts dotting the Magnificent Mile](#) during the coronavirus shutdown
- A nurse said she was [fired by Northwestern Memorial Hospital after warning co-workers](#) that face masks being used would not properly protect them against the coronavirus
- How much did you pay for hand sanitizer? Illinois consumers file [700 coronavirus price gouging complaints](#)
- Think you're going to find online the frozen vegetables and toilet paper you can't find in stores? Think again. Here's why [online shopping won't get you hard-to-find items](#)
- The top official at a Willowbrook nursing home with 46 cases of coronavirus — and one death — [denied a claim of shortages of staff and supplies](#)
- The city announced [a variety of financial breaks on transportation](#), including discounted Divvy memberships and credits for unused CTA passes

## Monday, March 23

Here's a recap of coronavirus updates in the Chicago area and Illinois from Monday:

- 236 new cases reported in Illinois, [as well as 3 more deaths](#)
- School time lost to the coronavirus shutdown don't have to be made up — [but how long can that go on?](#)
- Just as the need soars for health care workers to fight coronavirus, Chicago-area medical schools [are sidelined from seeing patients](#)
- In email exchange, Mayor Lori Lightfoot [offers to withhold Chicago alderman's pay](#) to help buy equipment for first responders amid coronavirus outbreak



- Pace [cuts some service](#) amid continued ridership drop
- Lightfoot says [Chicago's 'stepping up' without federal help](#) amid coronavirus pandemic
- Two COVID-19 cases identified at Cook County Jail [as calls increase for early releases](#)
- New Illinois National Guard coronavirus testing site for first responders and health care workers [reaches capacity after four hours](#)
- Chicago homeless shelters [get beds at YMCAs](#) to ease coronavirus-related overcrowding
- Man charged with aggravated battery for allegedly [yelling 'corona' and coughing in cop's face](#)
- Chicago plans [to rent thousands of hotel rooms for coronavirus isolation](#) in move to preserve space in hospitals
- [Indiana governor orders residents to stay home](#) due to coronavirus as state reports 7 deaths
- Kane County religious school moves to e-learning [as sheriff's deputies prepare to bring the school into compliance](#) with stay-at-home mandate
- As campuses empty, officials in college towns worry [students will be missed by census](#)
- Chicagoans [break out their sewing machines](#) to make homemade masks for doctors, nurses

## Sunday, March 22

Here's a recap of coronavirus updates in the Chicago area and Illinois from Sunday:

- State officials called for volunteers to step up and serve their communities as [nearly 300 new cases and three more deaths were announced in Illinois](#)
- Gov. J.B. Pritzker [sparked a Twitter spat with President Trump](#) after the governor claimed that the lack of federal action has made it harder and costlier for Illinois to fight the coronavirus outbreak
- A Chicago man [shares his bout with COVID-19](#): He's been suffering through "hell," but he believes he's recovering
- From baking to online Zumba classes, [here's how Olympic hopefuls](#) are dealing with uncertainty and training interruptions

## Saturday, March 21

Here's a recap of coronavirus updates in the Chicago area and Illinois from Saturday:

- Illinois' stay-at-home order [took effect Saturday](#), while Gov. J.B. Pritzker asked former medical personnel to [return and "join the fight"](#)
- State officials [announced 168 new cases](#), and one more death. That brought the state's tally to 753 known cases and six deaths.
- Cashiers. Janitors. CTA employees. While much of the public hunkers down at home, [some people must still show up for work](#).
- The coronavirus is having a major impact on Chicago organizations assisting those in need. [Here's how you can help](#).

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# Exhibit O

to Choudhury Decl.

## CORONAVIRUS

# Stateville prison outbreak signals COVID-19 threat to inmates, surrounding hospital systems

Gov. J.B. Pritzker is deploying medics from the Illinois National Guard to the Illinois Department of Corrections facility, where advocates have declared a ‘disaster.’

By  Josh McGhee | April 3, 2020



Photo by Bill Healy

### Logan Correctional Center

An outbreak of COVID-19 at a suburban Illinois prison could strain the hospital system of the surrounding community and wreak havoc on the state’s interconnected corrections system, experts warn.

Though it will take several days to screen service members, Gov. J.B. Pritzker announced Wednesday he would deploy [30 medics from the Illinois Army National Guard’s](https://chicago.suntimes.com/coronavirus/2020/4/1/21202995/coronavirus-covid-19-illinois-prison-stateville-national-guard-field-hospital) to the Stateville Correctional Center, located 30 miles from Chicago, which has had one inmate death from COVID-19.

The medics were slated to arrive by the end of the week and will be setting up medical tents, triaging and providing medical care for the inmates, Gov. JB Pritzker's office told the *Chicago Sun-Times*. (<https://chicago.suntimes.com/coronavirus/2020/4/1/21202995/coronavirus-covid-19-illinois-prison-stateville-national-guard-field-hospital>)

The facility had more than 4,100 inmates (<https://www2.illinois.gov/idoc/reportsandstatistics/Pages/Prison-Population-Data-Sets.aspx>) as of January 2020 and has 49 inmates and 17 staff members who have tested positive for the virus as of Friday. Throughout Illinois' prison system, which houses nearly 40,000 inmates, there have been 53 inmates and 27 staff members who have tested positive. Another 187 tests are still pending, according to numbers from the Illinois Department of Corrections. (<https://www2.illinois.gov/idoc/facilities/Pages/Covid19Response.aspx>)

"Our response to COVID-19 continues to be deliberate and aggressive. We are taking vigorous steps to protect our staff and men and women in custody from this disease, including thoroughly reviewing those who are eligible for early release, appropriately quarantining or isolating men and women in custody, and equipping staff with personal protective equipment," a department spokesperson said in a statement Friday.

In response to a FOIA request from The Chicago Reporter, the Department of Corrections provided copies of memos showing escalating concerns about coronavirus in early March, but refused to release the agency's pandemic plan response plan citing security concerns.

"Records that relate to or affect the security of correctional institutions and detention facilities" are exempt from Freedom of Information Act disclosure, the agency said.

The department suspended visitation to all facilities on March 14 and a week later all facilities were put on quarantine, where movement was restricted. Any facility with a confirmed case is being placed on lockdown where the only movement allowed is for emergency medical situations.

Across the nation, inmates at jails and prisons are considered particularly vulnerable to the virus. In New York City jails, there are mounting fears of a public health catastrophe where at least 167 inmates and 137 staff members have tested positive for the virus at Rikers Island, according to the New York Times. (<https://www.nytimes.com/2020/03/30/nyregion/coronavirus-rikers-nyc-jail.html>)

The number of coronavirus cases has also exploded at Cook County Jail, one of the largest jails in the country, in the last few weeks. As of Friday, 167 detainees and 46 correctional staff members had tested positive for the virus, according to Injustice Watch's tracker for the facility ([https://datastudio.google.com/reporting/1A14THiXJ\\_6Nt-9NXwE0MfO\\_DUaa1Koxi/page/hcyJB?s=oQGghs5nYPk](https://datastudio.google.com/reporting/1A14THiXJ_6Nt-9NXwE0MfO_DUaa1Koxi/page/hcyJB?s=oQGghs5nYPk)) and reporting from the Chicago Sun-Times. (<https://chicago.suntimes.com/coronavirus/2020/4/1/21203767/cook-county-jail-coronavirus-positive-covid-19>)

The first two cases of COVID-19 at Cook County Jail occurred on March 23, according to the Sun-Times. (<https://chicago.suntimes.com/2020/3/23/21191438/two-cook-county-jail-detainees-test-positive-covid-19-coronavirus>)

Nurses are also sounding the alarm, warning state and healthcare officials that the outbreak will strain the supply of personal protective equipment at hospitals near Stateville. Alice Johnson, executive director of the Illinois Nurses Association, said they already have concerns over rationing of the equipment at AMITA Health St. Joseph's Medical Center in Joliet.

Earlier this week, the hospital was treating all inmates with COVID-19, eight of which were on ventilators. An emergency room physician described the hospital as a "war zone," according to WJOL. (<https://www.wjol.com/st-joseph-medical-center-described-as-a-war-zone/>)

"Nurses have been instructed to re-use their masks for their entire shift or until they lose integrity," Johnson said in a statement Wednesday. "A shortage of personal protective equipment and ventilators at St. Joseph's and surrounding hospitals puts additional pressure on nurses and health care workers and providing them adequate protection is essential."

Along with equipment, there's also not enough staff to handle the patients.

"There are not enough nurses in the ER, ICU and the COVID-19 unit," Pat Meade, a registered nurse at the hospital, said in a press release. "Runners are needed to assist the nurse because we can't leave the critical patients."

## COMMENTARY:

(<https://www.chicagoreporter.com/illinois-prisons-and-rural-healthcare-systems-facing-crisis-due-to-slow-covid-19-response/>) Illinois prisons — and rural healthcare systems — facing crisis due to slow COVID-19 response  
(<https://www.chicagoreporter.com/illinois-prisons-and-rural-healthcare-systems-facing-crisis-due-to-slow-covid-19-response/>)

-  
(<https://www.chicagoreporter.com/illinois-prisons-and-rural-healthcare-systems-facing-crisis-due-to-slow-covid-19-response/>)

The situation was also caught by the attention of civil rights groups who are now suing the state of Illinois to force the release of vulnerable inmates, according to [WBEZ](https://www.wbez.org/shows/wbez-news/civil-rights-groups-sue-for-immediate-release-of-illinois-inmates-at-risk-from-covid19/db26aa64-7748-4e8a-8ad6-8b797cf45ad7?utm_source=twitter&utm_medium=referral&utm_campaign=Web-Share) ([https://www.wbez.org/shows/wbez-news/civil-rights-groups-sue-for-immediate-release-of-illinois-inmates-at-risk-from-covid19/db26aa64-7748-4e8a-8ad6-8b797cf45ad7?utm\\_source=twitter&utm\\_medium=referral&utm\\_campaign=Web-Share](https://www.wbez.org/shows/wbez-news/civil-rights-groups-sue-for-immediate-release-of-illinois-inmates-at-risk-from-covid19/db26aa64-7748-4e8a-8ad6-8b797cf45ad7?utm_source=twitter&utm_medium=referral&utm_campaign=Web-Share)).

“Stateville’s reality might have been avoided if the governor and [the Illinois Department of Corrections] had acted with the urgency and scope required to mitigate the oncoming harm,” reads [the lawsuit filed by multiple groups including Uptown People’s Law Center and the law firm Loevy and Loevy](https://loevy-content-uploads.s3.amazonaws.com/uploads/2020/04/001-2020-04-02-20-Complaint.pdf). (<https://loevy-content-uploads.s3.amazonaws.com/uploads/2020/04/001-2020-04-02-20-Complaint.pdf>)

“Instead, IDOC has continued to house thousands of elderly, disabled, and medically vulnerable prisoners who could be released, many of whom are approaching their release dates and have homes in which they could more safely quarantine.”

Alan Mills, executive director of Uptown People’s Law Center, is in constant contact with families of prisoners and described the situation at Stateville as a “disaster.”

“At this point, it’s spread through a significant part of the population ... We’ve seen already as a result of how widespread it is at Stateville that the local hospital was overwhelmed,” said Mills.

While Stateville prison has seen the worst outbreak, Mills was also concerned with [Menard Correctional Center in Chester, Illinois](https://www2.illinois.gov/idoc/facilities/Pages/menardcorrectionalcenter.aspx), (<https://www2.illinois.gov/idoc/facilities/Pages/menardcorrectionalcenter.aspx>) where an employee tested positive for COVID-19 earlier this week. An outbreak in the small town would likely overwhelm the county, he said.

“This is very concerning as to how this is going to spread through the more rural prisons. Stateville has the advantage of being in a relatively large city Joliet and quite close to Chicago so there’s lots of medical stuff available. But when you go downstate, south of Springfield, it’s both both a medical desert and where most of our prisoners are,” he said.

The Southern Illinois prison [had a population of about 1,800 prisoners in 2019](https://www2.illinois.gov/idoc/facilities/Pages/menardcorrectionalcenter.aspx). (<https://www2.illinois.gov/idoc/facilities/Pages/menardcorrectionalcenter.aspx>) Randolph County, where the prison is located, hasn’t had any COVID-19 related deaths, but has 12 confirmed cases, according to the [Chicago Reporter’s tracker](https://www.chicagoreporter.com/tracking-coronavirus-cases-in-illinois-daily/) (<https://www.chicagoreporter.com/tracking-coronavirus-cases-in-illinois-daily/>) . (<http://www.randolphcountyheraldtribune.com/news/20200401/randolph-county-reports-6-covid-19-cases-most-in-southern-illinois>)



# Exhibit P

to Choudhury Decl.



# Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of **March 23, 2020**.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the following CDC website periodically for updated interim guidance: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

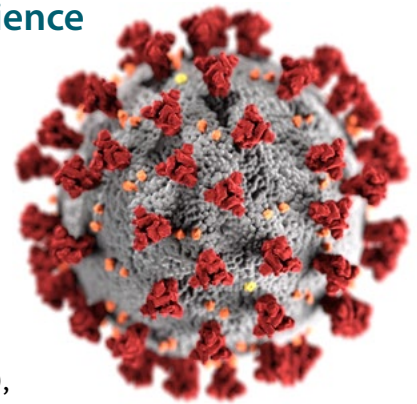
This document provides interim guidance specific for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors. Recommendations may need to be revised as more information becomes available.

## In this guidance

- Who is the intended audience for this guidance?
- Why is this guidance being issued?
- What topics does this guidance include?
- Definitions of Commonly Used Terms
- Facilities with Limited Onsite Healthcare Services
- COVID-19 Guidance for Correctional Facilities
- Operational Preparedness
- Prevention
- Management
- Infection Control
- Clinical Care of COVID-19 Cases
- Recommended PPE and PPE Training for Staff and Incarcerated/Detained Persons
- Verbal Screening and Temperature Check Protocols for Incarcerated/Detained Persons, Staff, and Visitors

## Who is the intended audience for this guidance?

This document is intended to provide guiding principles for healthcare and non-healthcare administrators of correctional and detention facilities (including but not limited to federal and state prisons, local jails, and detention centers), law enforcement agencies that have custodial authority for detained populations (i.e., US Immigration and Customs Enforcement and US Marshals Service), and their respective health departments, to assist in preparing for potential introduction, spread, and mitigation of COVID-19 in their facilities. In general, the document uses terminology referring to correctional environments but can also be applied to civil and pre-trial detention settings.



This guidance will not necessarily address every possible custodial setting and may not use legal terminology specific to individual agencies' authorities or processes. **The guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions.** Facilities should contact CDC or their state, local, territorial, and/or tribal public health department if they need assistance in applying these principles or addressing topics that are not specifically covered in this guidance.



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)



## Why is this guidance being issued?

Correctional and detention facilities can include custody, housing, education, recreation, healthcare, food service, and workplace components in a single physical setting. The integration of these components presents unique challenges for control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors. Consistent application of specific preparation, prevention, and management measures can help reduce the risk of transmission and severe disease from COVID-19.

- Incarcerated/detained persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced.
- In most cases, incarcerated/detained persons are not permitted to leave the facility.
- There are many opportunities for COVID-19 to be introduced into a correctional or detention facility, including daily staff ingress and egress; transfer of incarcerated/detained persons between facilities and systems, to court appearances, and to outside medical visits; and visits from family, legal representatives, and other community members. Some settings, particularly jails and detention centers, have high turnover, admitting new entrants daily who may have been exposed to COVID-19 in the surrounding community or other regions.
- Persons incarcerated/detained in a particular facility often come from a variety of locations, increasing the potential to introduce COVID-19 from different geographic areas.
- Options for medical isolation of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.
- Adequate levels of custody and healthcare staffing must be maintained to ensure safe operation of the facility, and options to practice social distancing through work alternatives such as working from home or reduced/alternate schedules are limited for many staff roles.
- Correctional and detention facilities can be complex, multi-employer settings that include government and private employers. Each is organizationally distinct and responsible for its own operational, personnel, and occupational health protocols and may be prohibited from issuing guidance or providing services to other employers or their staff within the same setting. Similarly, correctional and detention facilities may house individuals from multiple law enforcement agencies or jurisdictions subject to different policies and procedures.
- Incarcerated/detained persons and staff may have [medical conditions that increase their risk of severe disease from COVID-19](#).
- Because limited outside information is available to many incarcerated/detained persons, unease and misinformation regarding the potential for COVID-19 spread may be high, potentially creating security and morale challenges.
- The ability of incarcerated/detained persons to exercise disease prevention measures (e.g., frequent handwashing) may be limited and is determined by the supplies provided in the facility and by security considerations. Many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants.
- Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to co-pay requirements and fear of isolation.

CDC has issued separate COVID-19 guidance addressing [healthcare infection control](#) and [clinical care of COVID-19 cases](#) as well as [close contacts of cases](#) in community-based settings. Where relevant, community-focused guidance documents are referenced in this document and should be monitored regularly for updates, but they may require adaptation for correctional and detention settings.

This guidance document provides additional recommended best practices specifically for correctional and detention facilities. **At this time, different facility types (e.g., prison vs. jail) and sizes are not differentiated. Administrators and agencies should adapt these guiding principles to the specific needs of their facility.**

## What topics does this guidance include?

The guidance below includes detailed recommendations on the following topics related to COVID-19 in correctional and detention settings:

- ✓ Operational and communications preparations for COVID-19
- ✓ Enhanced cleaning/disinfecting and hygiene practices
- ✓ Social distancing strategies to increase space between individuals in the facility
- ✓ How to limit transmission from visitors
- ✓ Infection control, including recommended personal protective equipment (PPE) and potential alternatives during PPE shortages
- ✓ Verbal screening and temperature check protocols for incoming incarcerated/detained individuals, staff, and visitors
- ✓ Medical isolation of confirmed and suspected cases and quarantine of contacts, including considerations for cohorting when individual spaces are limited
- ✓ Healthcare evaluation for suspected cases, including testing for COVID-19
- ✓ Clinical care for confirmed and suspected cases
- ✓ Considerations for persons at higher risk of severe disease from COVID-19

## Definitions of Commonly Used Terms

**Close contact of a COVID-19 case**—In the context of COVID-19, an individual is considered a close contact if they a) have been within approximately 6 feet of a COVID-19 case for a prolonged period of time or b) have had direct contact with infectious secretions from a COVID-19 case (e.g., have been coughed on). Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

**Cohorting**—Cohorting refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group, or quarantining close contacts of a particular case together as a group. Ideally, cases should be isolated individually, and close contacts should be quarantined individually. However, some correctional facilities and detention centers do not have enough individual cells to do so and must consider cohorting as an alternative. See [Quarantine](#) and [Medical Isolation](#) sections below for specific details about ways to implement cohorting to minimize the risk of disease spread and adverse health outcomes.

**Community transmission of COVID-19**—Community transmission of COVID-19 occurs when individuals acquire the disease through contact with someone in their local community, rather than through travel to an affected location. Once community transmission is identified in a particular area, correctional facilities and detention centers are more likely to start seeing cases inside their walls. Facilities should consult with local public health departments if assistance is needed in determining how to define “local community” in the context of COVID-19 spread. However, because all states have reported cases, all facilities should be vigilant for introduction into their populations.

**Confirmed vs. Suspected COVID-19 case**—A confirmed case has received a positive result from a COVID-19 laboratory test, with or without symptoms. A suspected case shows symptoms of COVID-19 but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

**Incarcerated/detained persons**—For the purpose of this document, “incarcerated/detained persons” refers to persons held in a prison, jail, detention center, or other custodial setting where these guidelines are generally applicable. The term includes those who have been sentenced (i.e., in prisons) as well as those held for pre-trial (i.e., jails) or civil purposes (i.e., detention centers). Although this guidance does not specifically reference individuals in every type of custodial setting (e.g., juvenile facilities, community confinement facilities), facility administrators can adapt this guidance to apply to their specific circumstances as needed.

**Medical Isolation**—Medical isolation refers to confining a confirmed or suspected COVID-19 case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinical providers and public health officials (detailed in guidance [below](#)). In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion.

**Quarantine**—Quarantine refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days. Ideally, each quarantined individual would be quarantined in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the individual should be placed under [medical isolation](#) and evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted, and the individual can return to their previous residency status within the facility.

**Social Distancing**—Social distancing is the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals will be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Although social distancing is challenging to practice in correctional and detention environments, it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19. Additional information about social distancing, including information on its use to reduce the spread of other viral illnesses, is available in this [CDC publication](#).

**Staff**—In this document, “staff” refers to all public sector employees as well as those working for a private contractor within a correctional facility (e.g., private healthcare or food service). Except where noted, “staff” does not distinguish between healthcare, custody, and other types of staff including private facility operators.

**Symptoms**—[Symptoms of COVID-19](#) include fever, cough, and shortness of breath. Like other respiratory infections, COVID-19 can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations most at risk for disease and complications are not yet fully understood. Monitor the [CDC website](#) for updates on these topics.

## Facilities with Limited Onsite Healthcare Services

Although many large facilities such as prisons and some jails usually employ onsite healthcare staff and have the capacity to evaluate incarcerated/detained persons for potential illness within a dedicated healthcare space, many smaller facilities do not. Some of these facilities have access to on-call healthcare staff or providers who visit the facility every few days. Others have neither onsite healthcare capacity nor onsite medical isolation/quarantine space and must transfer ill patients to other correctional or detention facilities or local hospitals for evaluation and care.

The majority of the guidance below is designed to be applied to any correctional or detention facility, either as written or with modifications based on a facility's individual structure and resources. However, topics related to healthcare evaluation and clinical care of confirmed and suspected COVID-19 cases and their close contacts may not apply directly to facilities with limited or no onsite healthcare services. It will be especially important for these types of facilities to coordinate closely with their state, local, tribal, and/or territorial health department when they encounter confirmed or suspected cases among incarcerated/detained persons or staff, in order to ensure effective medical isolation and quarantine, necessary medical evaluation and care, and medical transfer if needed. The guidance makes note of strategies tailored to facilities without onsite healthcare where possible.

Note that all staff in any sized facility, regardless of the presence of onsite healthcare services, should observe guidance on [recommended PPE](#) in order to ensure their own safety when interacting with confirmed and suspected COVID-19 cases. Facilities should make contingency plans for the likely event of [PPE shortages](#) during the COVID-19 pandemic.

## COVID-19 Guidance for Correctional Facilities

Guidance for correctional and detention facilities is organized into 3 sections: Operational Preparedness, Prevention, and Management of COVID-19. Recommendations across these sections can be applied simultaneously based on the progress of the outbreak in a particular facility and the surrounding community.

- **Operational Preparedness.** This guidance is intended to help facilities prepare for potential COVID-19 transmission in the facility. Strategies focus on operational and communications planning and personnel practices.
- **Prevention.** This guidance is intended to help facilities prevent spread of COVID-19 from outside the facility to inside. Strategies focus on reinforcing hygiene practices, intensifying cleaning and disinfection of the facility, screening (new intakes, visitors, and staff), continued communication with incarcerated/detained persons and staff, and social distancing measures (increasing distance between individuals).
- **Management.** This guidance is intended to help facilities clinically manage confirmed and suspected COVID-19 cases inside the facility and prevent further transmission. Strategies include medical isolation and care of incarcerated/detained persons with symptoms (including considerations for cohorting), quarantine of cases' close contacts, restricting movement in and out of the facility, infection control practices for individuals interacting with cases and quarantined contacts or contaminated items, intensified social distancing, and cleaning and disinfecting areas visited by cases.

## Operational Preparedness

Administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the [symptoms of COVID-19](#) and how to respond if they develop symptoms. Other essential actions include developing contingency plans for reduced workforces due to absences, coordinating with public health and correctional partners, and communicating clearly with staff and incarcerated/detained persons about these preparations and how they may temporarily alter daily life.

## Communication & Coordination

### ✓ **Develop information-sharing systems with partners.**

- Identify points of contact in relevant state, local, tribal, and/or territorial public health departments before cases develop. Actively engage with the health department to understand in advance which entity has jurisdiction to implement public health control measures for COVID-19 in a particular correctional or detention facility.
- Create and test communications plans to disseminate critical information to incarcerated/detained persons, staff, contractors, vendors, and visitors as the pandemic progresses.

- Communicate with other correctional facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.
  - Where possible, put plans in place with other jurisdictions to prevent [confirmed and suspected COVID-19 cases and their close contacts](#) from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.
  - Stay informed about updates to CDC guidance via the [CDC COVID-19 website](#) as more information becomes known.
- ✓ **Review existing pandemic flu, all-hazards, and disaster plans, and revise for COVID-19.**
- Ensure that physical locations (dedicated housing areas and bathrooms) have been identified to isolate confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and to quarantine known close contacts of cases. (Medical isolation and quarantine locations should be separate). The plan should include contingencies for multiple locations if numerous cases and/or contacts are identified and require medical isolation or quarantine simultaneously. See [Medical Isolation](#) and [Quarantine](#) sections below for details regarding individual medical isolation and quarantine locations (preferred) vs. cohorting.
  - [Facilities without onsite healthcare capacity](#) should make a plan for how they will ensure that suspected COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided necessary medical care.
  - Make a list of possible [social distancing strategies](#) that could be implemented as needed at different stages of transmission intensity.
  - Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the epidemiologic context changes.
- ✓ **Coordinate with local law enforcement and court officials.**
- Identify lawful alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of COVID-19 transmission.
  - Explore strategies to prevent over-crowding of correctional and detention facilities during a community outbreak.
- ✓ **Post [signage](#) throughout the facility communicating the following:**
- **For all:** symptoms of COVID-19 and hand hygiene instructions
  - **For incarcerated/detained persons:** report symptoms to staff
  - **For staff:** stay at home when sick; if symptoms develop while on duty, leave the facility as soon as possible and follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#) including self-isolating at home, contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and tested, and contacting their supervisor.
  - Ensure that signage is understandable for non-English speaking persons and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.

## Personnel Practices

- ✓ **Review the sick leave policies of each employer that operates in the facility.**
- Review policies to ensure that they actively encourage staff to stay home when sick.
  - If these policies do not encourage staff to stay home when sick, discuss with the contract company.
  - Determine which officials will have the authority to send symptomatic staff home.



- ✓ **Identify staff whose duties would allow them to work from home. Where possible, allowing staff to work from home can be an effective social distancing strategy to reduce the risk of COVID-19 transmission.**
  - Discuss work from home options with these staff and determine whether they have the supplies and technological equipment required to do so.
  - Put systems in place to implement work from home programs (e.g., time tracking, etc.).
- ✓ **Plan for staff absences.** Staff should stay home when they are sick, or they may need to stay home to care for a sick household member or care for children in the event of school and childcare dismissals.
  - Allow staff to work from home when possible, within the scope of their duties.
  - Identify critical job functions and plan for alternative coverage by cross-training staff where possible.
  - Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.
  - Consider increasing keep on person (KOP) medication orders to cover 30 days in case of healthcare staff shortages.
- ✓ **Consider offering revised duties to staff who are at [higher risk of severe illness with COVID-19](#).** Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions including lung disease, heart disease, and diabetes. See [CDC's website](#) for a complete list, and check regularly for updates as more data become available to inform this issue.
  - Facility administrators should consult with their occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to COVID-19.
- ✓ **Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season.** Symptoms of COVID-19 are similar to those of influenza. Preventing influenza cases in a facility can speed the detection of COVID-19 cases and reduce pressure on healthcare resources.
- ✓ **Reference the [Occupational Safety and Health Administration website](#) for recommendations regarding worker health.**
- ✓ **Review [CDC's guidance for businesses and employers](#)** to identify any additional strategies the facility can use within its role as an employer.

## Operations & Supplies

- ✓ **Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.**
  - Standard medical supplies for daily clinic needs
  - Tissues
  - Liquid soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.
  - Hand drying supplies
  - Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
  - Cleaning supplies, including [EPA-registered disinfectants effective against the virus that causes COVID-19](#)

- Recommended PPE (facemasks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls). See [PPE section](#) and [Table 1](#) for more detailed information, including recommendations for extending the life of all PPE categories in the event of shortages, and when face masks are acceptable alternatives to N95s.
- Sterile viral transport media and sterile swabs [to collect nasopharyngeal specimens](#) if COVID-19 testing is indicated
- ✓ **Make contingency plans for the probable event of PPE shortages during the COVID-19 pandemic, particularly for non-healthcare workers.**
  - See CDC guidance [optimizing PPE supplies](#).
- ✓ **Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting where security concerns allow.** If soap and water are not available, [CDC recommends](#) cleaning hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty.
- ✓ **Provide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing.** (See [Hygiene](#) section below for additional detail regarding recommended frequency and protocol for hand washing.)
  - Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.
- ✓ **If not already in place, employers operating within the facility should establish a [respiratory protection program](#) as appropriate, to ensure that staff and incarcerated/detained persons are fit tested for any respiratory protection they will need within the scope of their responsibilities.**
- ✓ **Ensure that staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.** See [Table 1](#) for recommended PPE for incarcerated/detained persons and staff with varying levels of contact with COVID-19 cases or their close contacts.

## Prevention

Cases of COVID-19 have been documented in all 50 US states. Correctional and detention facilities can prevent introduction of COVID-19 from the community and reduce transmission if it is already inside by reinforcing good hygiene practices among incarcerated/detained persons, staff, and visitors (including increasing access to soap and paper towels), intensifying cleaning/disinfection practices, and implementing social distancing strategies.

Because many individuals infected with COVID-19 do not display symptoms, the virus could be present in facilities before cases are identified. Both good hygiene practices and social distancing are critical in preventing further transmission.

## Operations

- ✓ **Stay in communication with partners about your facility's current situation.**
  - State, local, territorial, and/or tribal health departments
  - Other correctional facilities
- ✓ **Communicate with the public about any changes to facility operations, including visitation programs.**

- ✓ **Restrict transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.**
  - Strongly consider postponing non-urgent outside medical visits.
  - If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the [Screening](#) section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the [protocol for a suspected COVID-19 case](#)— including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to properly isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see [Table 1](#)) and that the transport vehicle is [cleaned](#) thoroughly after transport.
- ✓ **Implement lawful alternatives to in-person court appearances where permissible.**
- ✓ **Where relevant, consider suspending co-pays for incarcerated/detained persons seeking medical evaluation for respiratory symptoms.**
- ✓ **Limit the number of operational entrances and exits to the facility.**

### Cleaning and Disinfecting Practices

- ✓ **Even if COVID-19 cases have not yet been identified inside the facility or in the surrounding community, begin implementing intensified cleaning and disinfecting procedures according to the recommendations below. These measures may prevent spread of COVID-19 if introduced.**
- ✓ **Adhere to [CDC recommendations for cleaning and disinfection during the COVID-19 response](#).** Monitor these recommendations for updates.
  - Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, and telephones).
  - Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).
  - Use household cleaners and [EPA-registered disinfectants effective against the virus that causes COVID-19](#) as appropriate for the surface, following label instructions. This may require lifting restrictions on undiluted disinfectants.
  - Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use.
- ✓ **Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.**
- ✓ **Ensure adequate supplies to support intensified cleaning and disinfection practices, and have a plan in place to restock rapidly if needed.**



## Hygiene

- ✓ **Reinforce healthy hygiene practices, and provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).**
- ✓ **Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signage throughout the facility, and communicate this information verbally on a regular basis. [Sample signage and other communications materials](#) are available on the CDC website.** Ensure that materials can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.
  - **Practice good [cough etiquette](#):** Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.
  - **Practice good [hand hygiene](#):** Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.
  - **Avoid touching your eyes, nose, or mouth without cleaning your hands first.**
  - **Avoid sharing eating utensils, dishes, and cups.**
  - **Avoid non-essential physical contact.**
- ✓ **Provide incarcerated/detained persons and staff no-cost access to:**
  - **Soap**—Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing.
  - **Running water, and hand drying machines or disposable paper towels for hand washing**
  - **Tissues** and no-touch trash receptacles for disposal
- ✓ **Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions.** Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.
- ✓ **Communicate that sharing drugs and drug preparation equipment can spread COVID-19 due to potential contamination of shared items and close contact between individuals.**

## Prevention Practices for Incarcerated/Detained Persons

- ✓ **Perform pre-intake screening and temperature checks for all new entrants. Screening should take place in the sallyport, before beginning the intake process,** in order to identify and immediately place individuals with symptoms under medical isolation. See [Screening section](#) below for the wording of screening questions and a recommended procedure to safely perform a temperature check. Staff performing temperature checks should wear recommended PPE (see [PPE section](#) below).
  - **If an individual has symptoms of COVID-19** (fever, cough, shortness of breath):
    - Require the individual to wear a face mask.
    - Ensure that staff who have direct contact with the symptomatic individual wear [recommended PPE](#).
    - Place the individual under [medical isolation](#) (ideally in a room near the screening location, rather than transporting the ill individual through the facility), and refer to healthcare staff for further evaluation. (See [Infection Control](#) and [Clinical Care](#) sections below.)
    - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care.

○ **If an individual is a [close contact](#) of a known COVID-19 case (but has no COVID-19 symptoms):**

- Quarantine the individual and monitor for symptoms two times per day for 14 days. (See [Quarantine](#) section below.)
- Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care.

✓ **Implement [social distancing](#) strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of the presence of symptoms).** Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include:

○ **Common areas:**

- Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area)

○ **Recreation:**

- Choose recreation spaces where individuals can spread out
- Stagger time in recreation spaces
- Restrict recreation space usage to a single housing unit per space (where feasible)

○ **Meals:**

- 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

○ **Group activities:**

- Limit the size of group activities
- Increase space between individuals during group activities
- Suspend group programs where participants are likely to be in closer contact than they are in their housing environment
- Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out

○ **Housing:**

- If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are [cleaned](#) thoroughly if assigned to a new occupant.)
- Arrange bunks so that individuals sleep head to foot to increase the distance between them
- Rearrange scheduled movements to minimize mixing of individuals from different housing areas

○ **Medical:**

- If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering sick call.
- Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact, before they move to other parts of the facility.

- ✓ **Communicate clearly and frequently with incarcerated/detained persons about changes to their daily routine and how they can contribute to risk reduction.**
- ✓ **Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.**
- ✓ **Consider suspending work release programs and other programs that involve movement of incarcerated/detained individuals in and out of the facility.**
- ✓ **Provide [up-to-date information about COVID-19](#) to incarcerated/detained persons on a regular basis, including:**
  - [Symptoms of COVID-19](#) and its health risks
  - Reminders to report COVID-19 symptoms to staff at the first sign of illness
- ✓ **Consider having healthcare staff perform rounds on a regular basis to answer questions about COVID-19.**

### Prevention Practices for Staff

- ✓ **Remind staff to stay at home if they are sick.** Ensure that staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.
- ✓ **Perform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all staff daily on entry.** See [Screening](#) section below for wording of screening questions and a recommended procedure to safely perform temperature checks.
  - In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone).
  - Send staff home who do not clear the screening process, and advise them to follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
- ✓ **Provide staff with [up-to-date information about COVID-19](#) and about facility policies on a regular basis, including:**
  - [Symptoms of COVID-19](#) and its health risks
  - Employers' sick leave policy
  - **If staff develop a fever, cough, or shortness of breath while at work:** immediately put on a face mask, inform supervisor, leave the facility, and follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
  - **If staff test positive for COVID-19:** inform workplace and personal contacts immediately, and do not return to work until a decision to discontinue home medical isolation precautions is made. Monitor [CDC guidance on discontinuing home isolation](#) regularly as circumstances evolve rapidly.
  - **If a staff member is identified as a close contact of a COVID-19 case (either within the facility or in the community):** self-quarantine at home for 14 days and return to work if symptoms do not develop. If symptoms do develop, follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
- ✓ **If a staff member has a confirmed COVID-19 infection, the relevant employers should inform other staff about their possible exposure to COVID-19 in the workplace, but should maintain confidentiality as required by the Americans with Disabilities Act.**
  - Employees who are [close contacts](#) of the case should then self-monitor for [symptoms](#) (i.e., fever, cough, or shortness of breath).

- ✓ **When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an individual with respiratory symptoms while interviewing, escorting, or interacting in other ways.**
- ✓ **Ask staff to keep interactions with individuals with respiratory symptoms as brief as possible.**

### Prevention Practices for Visitors

- ✓ **If possible, communicate with potential visitors to discourage contact visits in the interest of their own health and the health of their family members and friends inside the facility.**
- ✓ **Perform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all visitors and volunteers on entry.** See [Screening](#) section below for wording of screening questions and a recommended procedure to safely perform temperature checks.
  - Staff performing temperature checks should wear [recommended PPE](#).
  - Exclude visitors and volunteers who do not clear the screening process or who decline screening.
- ✓ **Provide alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances, exits, and waiting areas.**
- ✓ **Provide visitors and volunteers with information to prepare them for screening.**
  - Instruct visitors to postpone their visit if they have symptoms of respiratory illness.
  - If possible, inform potential visitors and volunteers before they travel to the facility that they should expect to be screened for COVID-19 (including a temperature check), and will be unable to enter the facility if they do not clear the screening process or if they decline screening.
  - Display [signage](#) outside visiting areas explaining the COVID-19 screening and temperature check process. Ensure that materials are understandable for non-English speakers and those with low literacy.
- ✓ **Promote non-contact visits:**
  - Encourage incarcerated/detained persons to limit contact visits in the interest of their own health and the health of their visitors.
  - Consider reducing or temporarily eliminating the cost of phone calls for incarcerated/detained persons.
  - Consider increasing incarcerated/detained persons' telephone privileges to promote mental health and reduce exposure from direct contact with community visitors.
- ✓ **Consider suspending or modifying visitation programs, if legally permissible. For example, provide access to virtual visitation options where available.**
  - If moving to virtual visitation, clean electronic surfaces regularly. (See [Cleaning](#) guidance below for instructions on cleaning electronic surfaces.)
  - Inform potential visitors of changes to, or suspension of, visitation programs.
  - Clearly communicate any visitation program changes to incarcerated/detained persons, along with the reasons for them (including protecting their health and their family and community members' health).
  - If suspending contact visits, provide alternate means (e.g., phone or video visitation) for incarcerated/detained individuals to engage with legal representatives, clergy, and other individuals with whom they have legal right to consult.

NOTE: Suspending visitation would be done in the interest of incarcerated/detained persons' physical health and the health of the general public. However, visitation is important to maintain mental health.

If visitation is suspended, facilities should explore alternative ways for incarcerated/detained persons to communicate with their families, friends, and other visitors in a way that is not financially burdensome for them. See above suggestions for promoting non-contact visits.

- ✓ **Restrict non-essential vendors, volunteers, and tours from entering the facility.**

## Management

If there has been a suspected COVID-19 case inside the facility (among incarcerated/detained persons, staff, or visitors who have recently been inside), begin implementing Management strategies while test results are pending. Essential Management strategies include placing cases and individuals with symptoms under medical isolation, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and environmental disinfection protocols and wearing recommended PPE.

## Operations

- ✓ **Implement alternate work arrangements deemed feasible in the [Operational Preparedness](#) section.**
- ✓ **Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release where relevant), unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.**
  - If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the [Screening](#) section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the [protocol for a suspected COVID-19 case](#)—including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to appropriately isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see [Table 1](#)) and that the transport vehicle is [cleaned](#) thoroughly after transport.
- ✓ **If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case).** Subsequently in this document, this practice is referred to as **routine intake quarantine**.
- ✓ **When possible, arrange lawful alternatives to in-person court appearances.**
- ✓ **Incorporate screening for COVID-19 symptoms and a temperature check into release planning.**
  - Screen all releasing individuals for COVID-19 symptoms and perform a temperature check. (See [Screening](#) section below.)
    - If an individual does not clear the screening process, follow the [protocol for a suspected COVID-19 case](#)—including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing.
    - If the individual is released before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning. Make direct linkages to community resources to ensure proper medical isolation and access to medical care.
    - Before releasing an incarcerated/detained individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation, or contact local public health to explore alternate housing options.



✓ **Coordinate with state, local, tribal, and/or territorial health departments.**

- When a COVID-19 case is suspected, work with public health to determine action. See [Medical Isolation](#) section below.
- When a COVID-19 case is suspected or confirmed, work with public health to identify close contacts who should be placed under quarantine. See [Quarantine](#) section below.
- Facilities with limited onsite medical isolation, quarantine, and/or healthcare services should coordinate closely with state, local, tribal, and/or territorial health departments when they encounter a confirmed or suspected case, in order to ensure effective medical isolation or quarantine, necessary medical evaluation and care, and medical transfer if needed. See [Facilities with Limited Onsite Healthcare Services](#) section.

## Hygiene

- ✓ **Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility.** (See [above](#).)
- ✓ **Continue to emphasize practicing good hand hygiene and cough etiquette.** (See [above](#).)

## Cleaning and Disinfecting Practices

- ✓ **Continue adhering to recommended cleaning and disinfection procedures for the facility at large.** (See [above](#).)
- ✓ **Reference specific cleaning and disinfection procedures for areas where a COVID-19 case has spent time ([below](#)).**

## Medical Isolation of Confirmed or Suspected COVID-19 Cases

**NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. [Facilities with Limited Onsite Healthcare Services](#), or without sufficient space to implement effective medical isolation, should coordinate with local public health officials to ensure that COVID-19 cases will be appropriately isolated, evaluated, tested (if indicated), and given care.**

- ✓ **As soon as an individual develops symptoms of COVID-19, they should wear a face mask (if it does not restrict breathing) and should be immediately placed under medical isolation in a separate environment from other individuals.**
- ✓ **Keep the individual's movement outside the medical isolation space to an absolute minimum.**
  - Provide medical care to cases inside the medical isolation space. See [Infection Control](#) and [Clinical Care](#) sections for additional details.
  - Serve meals to cases inside the medical isolation space.
  - Exclude the individual from all group activities.
  - Assign the isolated individual a dedicated bathroom when possible.
- ✓ **Ensure that the individual is wearing a face mask at all times when outside of the medical isolation space, and whenever another individual enters.** Provide clean masks as needed. Masks should be changed at least daily, and when visibly soiled or wet.
- ✓ **Facilities should make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation individually. Each isolated individual should be assigned their own housing space and bathroom where possible.** [Cohorting](#) should only be practiced if there are no other available options.

- If cohorting is necessary:
  - **Only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.**
  - Unless no other options exist, do not house COVID-19 cases with individuals who have an undiagnosed respiratory infection.
  - Ensure that cohorted cases wear face masks at all times.

✓ **In order of preference, individuals under medical isolation should be housed:**

- Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
- Separately, in single cells with solid walls but without solid doors
- As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Employ [social distancing strategies related to housing in the Prevention section above](#).
- As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Employ [social distancing strategies related to housing in the Prevention section above](#).
- As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
- As a cohort, 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. Employ [social distancing strategies related to housing in the Prevention section above](#).
- Safely transfer individual(s) to another facility with available medical isolation capacity in one of the above arrangements  
(NOTE—Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)

If the ideal choice does not exist in a facility, use the next best alternative.

✓ **If the number of confirmed cases exceeds the number of individual medical isolation spaces available in the facility, be especially mindful of [cases who are at higher risk of severe illness from COVID-19](#).** Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared medical isolation space.)

- Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See [CDC's website](#) for a complete list, and check regularly for updates as more data become available to inform this issue.
- Note that incarcerated/detained populations have higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages.

✓ **Custody staff should be designated to monitor these individuals exclusively where possible.** These staff should wear recommended PPE as appropriate for their level of contact with the individual under medical isolation (see [PPE](#) section below) and should limit their own movement between different parts of the facility to the extent possible.

✓ **Minimize transfer of COVID-19 cases between spaces within the healthcare unit.**

- ✓ **Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle.** Instruct them to:
  - **Cover** their mouth and nose with a tissue when they cough or sneeze
  - **Dispose** of used tissues immediately in the lined trash receptacle
  - **Wash hands** immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that [hand washing supplies](#) are continually restocked.
- ✓ **Maintain medical isolation until all the following criteria have been met. Monitor the [CDC website](#) for updates to these criteria.**

**For individuals who will be tested to determine if they are still contagious:**

- The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
- The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
- The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart

**For individuals who will NOT be tested to determine if they are still contagious:**

- The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
- The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
- At least 7 days have passed since the first symptoms appeared

**For individuals who had a confirmed positive COVID-19 test but never showed symptoms:**

- At least 7 days have passed since the date of the individual's first positive COVID-19 test **AND**
- The individual has had no subsequent illness

- ✓ **Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.**

- If an incarcerated/detained individual who is a COVID-19 case is released from custody during their medical isolation period, contact public health to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.

## Cleaning Spaces where COVID-19 Cases Spent Time

**Thoroughly clean and disinfect all areas where the confirmed or suspected COVID-19 case spent time. Note—these protocols apply to suspected cases as well as confirmed cases, to ensure adequate disinfection in the event that the suspected case does, in fact, have COVID-19. Refer to the [Definitions](#) section for the distinction between confirmed and suspected cases.**

- Close off areas used by the infected individual. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions (consult [CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions](#)), before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
- Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see list above in [Prevention](#) section).



✓ **Hard (non-porous) surface cleaning and disinfection**

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective. Choose cleaning products based on security requirements within the facility.
  - Consult a [list of products that are EPA-approved for use against the virus that causes COVID-19](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
  - Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation, and check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
    - 5 tablespoons (1/3rd cup) bleach per gallon of water or
    - 4 teaspoons bleach per quart of water

✓ **Soft (porous) surface cleaning and disinfection**

- For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
  - Otherwise, use products [that are EPA-approved for use against the virus that causes COVID-19](#) and are suitable for porous surfaces.

✓ **Electronics cleaning and disinfection**

- For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
  - Follow the manufacturer's instructions for all cleaning and disinfection products.
  - Consider use of wipeable covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Additional information on cleaning and disinfection of communal facilities such can be found on [CDC's website](#).

✓ **Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE.** (See [PPE](#) section below.)

✓ **Food service items.** Cases under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.

✓ **[Laundry from a COVID-19 cases](#) can be washed with other individuals' laundry.**

- Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.

- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.
- ✓ **Consult [cleaning recommendations above](#) to ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.**

### Quarantining Close Contacts of COVID-19 Cases

**NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. [Facilities without onsite healthcare capacity](#), or without sufficient space to implement effective quarantine, should coordinate with local public health officials to ensure that close contacts of COVID-19 cases will be effectively quarantined and medically monitored.**

- ✓ **Incarcerated/detained persons who are close contacts of a [confirmed or suspected COVID-19 case](#) (whether the case is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days (see CDC guidelines).**
  - If an individual is quarantined due to contact with a suspected case who is subsequently tested for COVID-19 and receives a negative result, the quarantined individual should be released from quarantine restrictions.
- ✓ **In the context of COVID-19, an individual (incarcerated/detained person or staff) is [considered a close contact](#) if they:**
  - Have been within approximately 6 feet of a COVID-19 case for a prolonged period of time OR
  - Have had direct contact with infectious secretions of a COVID-19 case (e.g., have been coughed on)

Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

- ✓ **Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.**
  - Provide medical evaluation and care inside or near the quarantine space when possible.
  - Serve meals inside the quarantine space.
  - Exclude the quarantined individual from all group activities.
  - Assign the quarantined individual a dedicated bathroom when possible.
- ✓ **Facilities should make every possible effort to quarantine close contacts of COVID-19 cases individually. [Cohorting](#) multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.**
  - If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 should be placed under [medical isolation](#) immediately.
  - If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.
  - Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility's general population as a general rule (not because they were exposed to a COVID-19 case). Under this scenario, avoid mixing individuals quarantined due to exposure to a COVID-19 case with individuals undergoing routine intake quarantine.

- If at all possible, do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.

✓ **If the number of quarantined individuals exceeds the number of individual quarantine spaces available in the facility, be especially mindful of [those who are at higher risk of severe illness from COVID-19](#).** Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the higher-risk individuals. (For example, intensify [social distancing strategies](#) for higher-risk individuals.)

✓ **In order of preference, multiple quarantined individuals should be housed:**

- Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
- Separately, in single cells with solid walls but without solid doors
- As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions
- As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door
- As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
- As a cohort, 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. Employ [social distancing strategies related to housing in the Prevention section](#) to maintain at least 6 feet of space between individuals housed in the same cell.
- As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed). [Employ social distancing strategies related to housing in the Prevention section above](#) to maintain at least 6 feet of space between individuals.
- Safely transfer to another facility with capacity to quarantine in one of the above arrangements

(NOTE—Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)

✓ **Quarantined individuals should wear face masks if feasible based on local supply, as source control, under the following circumstances** (see [PPE](#) section and [Table 1](#)):

- If cohorted, quarantined individuals should wear face masks at all times (to prevent transmission from infected to uninfected individuals).
- If quarantined separately, individuals should wear face masks whenever a non-quarantined individual enters the quarantine space.
- All quarantined individuals should wear a face mask if they must leave the quarantine space for any reason.
- Asymptomatic individuals under [routine intake quarantine](#) (with no known exposure to a COVID-19 case) do not need to wear face masks.

✓ **Staff who have close contact with quarantined individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties** (see [PPE](#) section and [Table 1](#)).

- Staff supervising asymptomatic incarcerated/detained persons under [routine intake quarantine](#) (with no known exposure to a COVID-19 case) do not need to wear PPE.

- ✓ **Quarantined individuals should be monitored for COVID-19 symptoms twice per day, including temperature checks.**
  - If an individual develops symptoms, they should be moved to medical isolation immediately and further evaluated. (See [Medical Isolation](#) section above.)
  - See [Screening](#) section for a procedure to perform temperature checks safely on asymptomatic close contacts of COVID-19 cases.
- ✓ **If an individual who is part of a quarantined cohort becomes symptomatic:**
  - **If the individual is tested for COVID-19 and tests positive:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
  - **If the individual is tested for COVID-19 and tests negative:** the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period.
  - **If the individual is not tested for COVID-19:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
- ✓ **Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.**
- ✓ **Quarantined individuals can be released from quarantine restrictions if they have not developed symptoms during the 14-day quarantine period.**
- ✓ **Meals should be provided to quarantined individuals in their quarantine spaces.** Individuals under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.
- ✓ **Laundry from quarantined individuals can be washed with other individuals' laundry.**
  - Individuals handling laundry from quarantined persons should wear disposable gloves, discard after each use, and clean their hands after.
  - Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
  - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
  - Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

## Management of Incarcerated/Detained Persons with COVID-19 Symptoms

**NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity or without sufficient space for medical isolation should coordinate with local public health officials to ensure that suspected COVID-19 cases will be effectively isolated, evaluated, tested (if indicated), and given care.**

- ✓ **If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.**
- ✓ **Incarcerated/detained individuals with COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing. See [Medical Isolation](#) section above.**

- ✓ **Medical staff should evaluate symptomatic individuals to determine whether COVID-19 testing is indicated.** Refer to CDC guidelines for information on [evaluation](#) and [testing](#). See [Infection Control](#) and [Clinical Care](#) sections below as well.
- ✓ **If testing is indicated (or if medical staff need clarification on when testing is indicated), contact the state, local, tribal, and/or territorial health department. Work with public health or private labs as available to access testing supplies or services.**
  - If the COVID-19 test is positive, continue medical isolation. (See [Medical Isolation](#) section above.)
  - If the COVID-19 test is negative, return the individual to their prior housing assignment unless they require further medical assessment or care.

## Management Strategies for Incarcerated/Detained Persons without COVID-19 Symptoms

- ✓ **Provide [clear information](#) to incarcerated/detained persons about the presence of COVID-19 cases within the facility, and the need to increase social distancing and maintain hygiene precautions.**
  - Consider having healthcare staff perform regular rounds to answer questions about COVID-19.
  - Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.
- ✓ **Implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms.** See [Screening](#) section for a procedure to safely perform a temperature check.
- ✓ **Consider additional options to intensify [social distancing](#) within the facility.**

## Management Strategies for Staff

- ✓ **Provide clear information to staff about the presence of COVID-19 cases within the facility, and the need to enforce social distancing and encourage hygiene precautions.**
  - Consider having healthcare staff perform regular rounds to answer questions about COVID-19 from staff.
- ✓ **Staff identified as close contacts of a COVID-19 case should self-quarantine at home for 14 days and may return to work if symptoms do not develop.**
  - See [above](#) for definition of a close contact.
  - Refer to [CDC guidelines](#) for further recommendations regarding home quarantine for staff.

## Infection Control

**Infection control guidance below is applicable to all types of correctional facilities. Individual facilities should assess their unique needs based on the types of exposure staff and incarcerated/detained persons may have with confirmed or suspected COVID-19 cases.**

- ✓ **All individuals who have the potential for direct or indirect exposure to COVID-19 cases or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow infection control practices outlined in the [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#). Monitor these guidelines regularly for updates.**



- Implement the above guidance as fully as possible within the correctional/detention context. Some of the specific language may not apply directly to healthcare settings within correctional facilities and detention centers, or to facilities without onsite healthcare capacity, and may need to be adapted to reflect facility operations and custody needs.
- Note that these recommendations apply to staff as well as to incarcerated/detained individuals who may come in contact with contaminated materials during the course of their work placement in the facility (e.g., cleaning).
- ✓ **Staff should exercise caution when in contact with individuals showing symptoms of a respiratory infection.** Contact should be minimized to the extent possible until the infected individual is wearing a face mask. If COVID-19 is suspected, staff should wear recommended PPE (see [PPE](#) section).
- ✓ **Refer to [PPE](#) section to determine recommended PPE for individuals persons in contact with confirmed COVID-19 cases, contacts, and potentially contaminated items.**

## Clinical Care of COVID-19 Cases

- ✓ **Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms.**
  - If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to another facility or local hospital.
  - The initial medical evaluation should determine whether a symptomatic individual is at [higher risk for severe illness from COVID-19](#). Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See [CDC's website](#) for a complete list, and check regularly for updates as more data become available to inform this issue.
- ✓ **Staff evaluating and providing care for confirmed or suspected COVID-19 cases should follow the [CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) and monitor the guidance website regularly for updates to these recommendations.**
- ✓ **Healthcare staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing [recommended PPE](#) and ensuring that the suspected case is wearing a face mask.**
  - If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.
- ✓ **Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).**
- ✓ **The facility should have a plan in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide.**
- ✓ **When evaluating and treating persons with symptoms of COVID-19 who do not speak English, using a language line or provide a trained interpreter when possible.**

## Recommended PPE and PPE Training for Staff and Incarcerated/Detained Persons

- ✓ **Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with confirmed and suspected COVID-19 cases.**

- Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95s) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's [respiratory protection program](#).
- For PPE training materials and posters, please visit the [CDC website on Protecting Healthcare Personnel](#).
- ✓ **Ensure that all staff are trained to perform hand hygiene after removing PPE.**
- ✓ **If administrators anticipate that incarcerated/detained persons will request unnecessary PPE, consider providing training on the different types of PPE that are needed for differing degrees of contact with COVID-19 cases and contacts, and the reasons for those differences (see [Table 1](#)). Monitor linked CDC guidelines in Table 1 for updates to recommended PPE.**
- ✓ **Keep recommended PPE near the spaces in the facility where it could be needed, to facilitate quick access in an emergency.**
- ✓ **Recommended PPE for incarcerated/detained individuals and staff in a correctional facility** will vary based on the type of contact they have with COVID-19 cases and their contacts (see [Table 1](#)). Each type of recommended PPE is defined below. **As above, note that PPE shortages are anticipated in every category during the COVID-19 response.**
  - **N95 respirator**

See below for guidance on when face masks are acceptable alternatives for N95s. N95 respirators should be prioritized when staff anticipate contact with infectious aerosols from a COVID-19 case.

  - **Face mask**
  - **Eye protection**—goggles or disposable face shield that fully covers the front and sides of the face
  - **A single pair of disposable patient examination gloves**

Gloves should be changed if they become torn or heavily contaminated.

  - **Disposable medical isolation gown or single-use/disposable coveralls, when feasible**
    - If custody staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with the individual. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
    - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of staff.
- ✓ **Note that shortages of all PPE categories are anticipated during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category can be found on CDC's website:**
  - [Guidance in the event of a shortage of N95 respirators](#)
    - Based on local and regional situational analysis of PPE supplies, **face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand.** During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk.
  - [Guidance in the event of a shortage of face masks](#)
  - [Guidance in the event of a shortage of eye protection](#)
  - [Guidance in the event of a shortage of gowns/coveralls](#)

**Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional Facility during the COVID-19 Response**

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control as feasible based on local supply, especially if housed as a cohort				
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19	–	✓	–	–	–
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact	–	–	–	✓	✓
Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See <a href="#">CDC guidelines</a> for more details.			✓	✓
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)	–	Face mask, eye protection, and gloves as local supply and scope of duties allow.			–
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons	–	✓	✓	✓	✓
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see <a href="#">CDC infection control guidelines</a> )	✓**		✓	✓	✓
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see <a href="#">CDC infection control guidelines</a> )	✓	–	✓	✓	✓
Staff handling laundry or used food service items from a COVID-19 case or case contact	–	–	–	✓	✓
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See <a href="#">CDC guidelines</a> for more details.			✓	✓

\* If a facility chooses to routinely quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility's general population, face masks are not necessary.

\*\* A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.



## Verbal Screening and Temperature Check Protocols for Incarcerated/Detained Persons, Staff, and Visitors

The guidance above recommends verbal screening and temperature checks for incarcerated/detained persons, staff, volunteers, and visitors who enter correctional and detention facilities, as well as incarcerated/detained persons who are transferred to another facility or released from custody. Below, verbal screening questions for COVID-19 symptoms and contact with known cases, and a safe temperature check procedure are detailed.

✓ **Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions:**

- *Today or in the past 24 hours, have you had any of the following symptoms?*
  - *Fever, felt feverish, or had chills?*
  - *Cough?*
  - *Difficulty breathing?*
- *In the past 14 days, have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?*

✓ **The following is a protocol to safely check an individual's temperature:**

- Perform hand hygiene
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves
- Check individual's temperature
- **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be [cleaned routinely as recommended by CDC for infection control](#).
- Remove and discard PPE
- Perform hand hygiene

# Exhibit Q

to Choudhury Decl.



March 17, 2020

Acting Director Matthew T. Albence  
U.S. Immigration and Customs Enforcement  
500 12th St. SW  
Washington, D.C. 20536

Field Officer Director Robert Guadian  
U.S. Immigration and Customs Enforcement  
101 W. Ida B. Welles Drive, 4th floor  
Chicago, IL 60605

Chief of Corrections, Daniel Sitkie  
McHenry County Jail  
2200 N. Seminary Drive  
Woodstock, IL 60098

Kenosha County Sheriff, Bill Beth  
Kenosha County Detention Center  
4777 88th Avenue  
Kenosha, WI 53144

Chief of Corrections, Chad Kolutwenzew  
Jerome Combs Detention Center  
3050 S Justice Way  
Kankakee, IL 60901

Pulaski County Sheriff, Randy Kern  
Pulaski County Detention Center  
1026 Shawnee College Road  
Ullin, IL, 62992

Jailer, Jason Maydak  
Boone County Jail  
3020 Conrad Lane  
Burlington, KY 41005

Dodge County Sheriff, Dale J. Schmidt  
Dodge County Detention Facility  
216 W. Center Street  
Juneau, WI 53039

Clay County Sheriff Paul Harde  
Clay County Detention Center  
611 E Jackson St  
Brazil, IN 47834

**Re: Protecting people detained within the Chicago ICE Area of Responsibility (McHenry County Jail, Kenosha County Detention Center, Jerome Combs Detention Center, Pulaski County Detention Center, Dodge County Detention Center, Clay County Jail, and Boone County Jail) from COVID-19**

Dear Acting Director Albence,

On behalf of the National Immigrant Justice Center (NIJC), we are writing to urge you to immediately develop and implement proactive plans for the prevention and management of COVID-19 at the multiple facilities within the Chicago AOR, including the release of as many people as possible through the use of humanitarian parole, particularly people who are at high risk of serious illness if they are

infected. We would like to receive a response within the week to hear how you are protecting the health of the people in your custody and the people who work at these facilities.

People in detention are highly vulnerable to outbreaks of contagious illnesses. They are housed in close quarters and are often in poor health. Without the active engagement of each facility's administration, they have little ability to inform themselves about preventive measures, or to take such measures if they do manage to learn of them. Even then, as prior contagious disease outbreaks within facilities have shown, the spread of these illnesses can be difficult to control when individuals remain in close contact with one another. This is why states across the nation have begun shutting down schools, restaurants, and bars.

NIJC requests the following of ICE:

*ICE should immediately release all detained individuals who are at high risk of serious illness if they become infected. As part of the nationwide effort to control the spread of COVID-19, ICE should moreover dramatically reduce the number of those in custody by releasing as many people as possible through humanitarian parole. See 8 C.F.R. 212.5(b)(1)-(2) (providing for the release of people with "serious medical conditions in which continued detention would not be appropriate" and pregnant women). According to the CDC, the high risk category includes people 60 and older, those with underlying health conditions including heart disease, lung disease, or diabetes, people who have weakened immune systems, and people who are pregnant.<sup>1</sup> Additionally, given the emphasis of public health experts on the risks posed by any congregate housing settings in this time of pandemic, ICE should engage in a case by case review of all those in custody and release as many people as possible on humanitarian parole.*

NIJC requests the following of ICE and each above-named facility:

Each facility should immediately reach out to the local or state health department to develop concrete plans to address preventing the spread of the virus into the facility and containing the virus if it does enter the facility. 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. Not having one may cost lives. Some of the critical issues that must be addressed are:

- **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 people, people 60 and over, 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. *Again, we urge ICE to grant the release of people in this category on humanitarian parole but, to the extent they remain detained, each facility must take additional precautions with respect to these individuals.*
- **Legal Access:** ICE and each facility must work together to ensure that unfettered access to attorneys and to know your rights and other legal orientation services is maintained through free phone access and video technology. Attorney/client calls should be free and available to be

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<sup>1</sup> Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19), People at Higher Risk and Special Populations*, Mar. 7, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/index.html>.

made in a quiet and private space, and attorneys should be permitted to set up time-certain appointments to speak with their clients. Legal service providers should be granted flexibility to provide know your rights and legal orientation programming via video.

- **Screening and testing of the people in your custody:** The plan must include guidance, based on the best science available, on how and when to screen and test people in your custody for the virus.
- **Education of the people in your custody:** People housed in detention centers need to be informed about the virus and the measures they can take to minimize their risk of contracting or spreading the virus. Like the general population, 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. This information must be available in multiple languages.
- **Education of the staff:** Correctional, administrative, and medical staff all must be educated about the virus to protect themselves and their families, as well as the people in their custody.
- **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, both for handwashing and for cleaning.
- **Housing of persons exposed to the virus:** The plan must describe how and where people at the detention center 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. Lockdowns have been known to increase infections. Any lock-downs 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.
- **Staffing plans for services provided by those who are detained:** Many tasks, such as food preparation and basic sanitation, are performed by those in custody. The plans for an outbreak must also address how necessary tasks performed by people in detention will continue if large numbers of them are ill.
- **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. Each detention facility must be part of this process. The same information that is tracked in the community must be tracked at your facility, including the number of people in the high risk category, confirmed cases, mortality, and plans for prevention.
- **Communication with relatives:** Individuals who remain in custody should have free telephone access to check on their relatives' health and safety. The use of cost-prohibitive phone calls, paired with the current suspension of social visitation, should not further isolate individuals who cannot be released.

We respectfully request that you respond with an update on your plan of action for preventing an outbreak of COVID-19 by March 24, 2020. If you require any additional information, please contact Hena Mansori at [hmansori@heartlandalliance.org](mailto:hmansori@heartlandalliance.org).

Sincerely,

/s/ Hena Mansori

Hena Mansori

Detention Project Managing Attorney

National Immigrant Justice Center

/s/ Keren Zwick

Keren Zwick

Director of Litigation

National Immigrant Justice Center

# Exhibit R

to Choudhury Decl.

Scott A. Allen, MD, FACP  
Professor Emeritus, Clinical Medicine  
University of California Riverside School of Medicine  
Medical Education Building  
900 University Avenue  
Riverside, CA 92521

Josiah “Jody” Rich, MD, MPH  
Professor of Medicine and Epidemiology, Brown University  
Director of the Center for Prisoner Health and Human Rights  
Attending Physician, The Miriam Hospital,  
164 Summit Ave.  
Providence, RI 02906

March 19, 2020

The Honorable Bennie Thompson  
Chairman  
House Committee on Homeland Security  
310 Cannon House Office Building  
Washington, D.C. 20515

The Honorable Ron Johnson  
Chairman  
Senate Committee on Homeland Security  
and Governmental Affairs  
340 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Mike Rogers  
Ranking Member  
House Committee on Homeland Security  
310 Cannon House Office Building  
Washington, D.C. 20515

The Honorable Gary Peters  
Ranking Member  
Senate Committee on Homeland Security  
and Governmental Affairs  
340 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Carolyn Maloney  
Chairwoman  
House Committee on Oversight and Reform  
2157 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Jim Jordan  
Ranking Member  
House Committee on Oversight and Reform  
2157 Rayburn House Office Building  
Washington, D.C. 20515

Dear Committee Chairpersons and Ranking Members:

We are physicians—an internist and an infectious disease specialist—with unique expertise in medical care in detention settings.<sup>1</sup> We currently serve as medical subject matter experts for the

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<sup>1</sup> I, Dr. Scott Allen, MD, FACP, am a Professor Emeritus of Medicine, a former Associate Dean of Academic Affairs and former Chair of the Department of Internal Medicine at the University of California Riverside School of Medicine. From 1997 to 2004, I was a full-time correctional physician for the Rhode Island Department of Corrections; for the final three years, I served as the State Medical Program. I have published over 25 peer-reviewed papers in academic journals related to prison health care and am a former Associate Editor of the International Journal of Prisoner Health Care. I am the court appointed monitor for the consent decree in litigation involving



Department of Homeland Security's Office of Civil Rights and Civil Liberties (CRCL). One of us (Dr. Allen) has conducted numerous investigations of immigration detention facilities on CRCL's behalf over the past five years. We both are clinicians and continue to see patients, with one of us (Dr. Rich) currently providing care to coronavirus infected patients in an ICU setting.

As experts in the field of detention health, infectious disease, and public health, we are gravely concerned about the need to implement immediate and effective mitigation strategies to slow the spread of the coronavirus and resulting infections of COVID-19. In recent weeks, attention has rightly turned to the public health response in congregate settings such as nursing homes, college campuses, jails, prisons and immigration detention facilities (clusters have already been identified in Chinese and Iranian prisons according to news reports<sup>2</sup> and an inmate and an officer have reportedly just tested positive at New York's Rikers Island).<sup>3</sup> Reporting in recent days reveals that immigrant detainees at ICE's Aurora facility are in isolation for possible exposure to coronavirus.<sup>4</sup> And a member of ICE's medical staff at a private detention center in New Jersey has now been reported to have tested positive for coronavirus.<sup>5</sup>

We have shared our concerns about the serious medical risks from specific public health and safety threats associated with immigration detention with CRCL's Officer Cameron Quinn in an initial letter dated February 25, 2020, and a subsequent letter of March 13, 2020. We offered to

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medical care at Riverside County Jails. I have consulted on detention health issues both domestically and internationally for the Open Society Institute and the International Committee of the Red Cross, among others. I have worked with the Institute of Medicine on several workshops related to detainee healthcare and serve as a medical advisor to Physicians for Human Rights. I am the co-founder and co-director of the Center for Prisoner Health and Human Rights at Brown University ([www.prisonerhealth.org](http://www.prisonerhealth.org)), and a former Co-Investigator of the University of California Criminal Justice and Health Consortium. I am also the founder and medical director of the Access Clinic, a primary care medical home to adults with developmental disabilities.

I, Dr. Josiah (Jody) Rich, MD, MPH, am a Professor of Medicine and Epidemiology at The Warren Alpert Medical School of Brown University, and a practicing Infectious Disease Specialist since 1994 at The Miriam Hospital Immunology Center providing clinical care for over 22 years, and at the Rhode Island Department of Corrections caring for prisoners with HIV infection and working in the correctional setting doing research. I have published close to 190 peer-reviewed publications, predominantly in the overlap between infectious diseases, addictions and incarceration. I am the Director and Co-founder of The Center for Prisoner Health and Human Rights at The Miriam Hospital ([www.prisonerhealth.org](http://www.prisonerhealth.org)), and a Co-Founder of the nationwide Centers for AIDS Research (CFAR) collaboration in HIV in corrections (CFAR/CHIC) initiative. I am Principal Investigator of three R01 grants and a K24 grant all focused on incarcerated populations. My primary field and area of specialization and expertise is in the overlap between infectious diseases and illicit substance use, the treatment and prevention of HIV infection, and the care and prevention of disease in addicted and incarcerated individuals. I have served as an expert for the National Academy of Sciences, the Institute of Medicine and others.

<sup>2</sup> Erin Mendel, "Coronavirus Outbreaks at China Prisons Spark Worries About Unknown Clusters," *Wall Street Journal*, February 21, 2020, available at: <https://www.wsj.com/articles/coronavirus-outbreaks-at-china-prisons-spark-worries-about-unknown-clusters-11582286150>; Center for Human Rights in Iran, "Grave Concerns for Prisoners in Iran Amid Coronavirus Outbreak," February 28, 2020, available at <https://iranhumanrights.org/2020/02/grave-concerns-for-prisoners-in-iran-amid-coronavirus-outbreak/>.

<sup>3</sup> Joseph Konig and Ben Feuerherd, "First Rikers Inmate Tests Positive for Coronavirus" *New York Post*, March 18, 2020, available at: <https://nypost.com/2020/03/18/first-rikers-island-inmate-tests-positive-for-coronavirus/>

<sup>4</sup> Sam Tabachnik, "Ten detainees at Aurora's ICE detention facility isolated for possible exposure to coronavirus," *The Denver Post*, March 17, 2020, available at <https://www.denverpost.com/2020/03/17/coronavirus-ice-detention-geo-group-aurora-colorado/>.

<sup>5</sup> Emily Kassie, "First ICE Employees Test Positive for Coronavirus," *The Marshall Project*, March 19, 2020, available at <https://www.themarshallproject.org/2020/03/19/first-ice-employees-test-positive-for-coronavirus>

work with DHS in light of our shared obligation to protect the health, safety, and civil rights of detainees under DHS's care. Additionally, on March 17, 2020 we published an opinion piece in the *Washington Post* warning of the need to act immediately to stem the spread of the coronavirus in jails and prisons in order to protect not only the health of prisoners and corrections workers, but the public at large.<sup>6</sup>

In the piece we noted the parallel risks in immigration detention. We are writing now to formally share our concerns about the imminent risk to the health and safety of immigrant detainees, as well as to the public at large, that is a direct consequence of detaining populations in congregate settings. We also offer to Congress, as we have to CRCL, our support and assistance in addressing the public health challenges that must be confronted as proactively as possible to mitigate the spread of the coronavirus both in, and through, immigration detention and congregate settings.

### **Nature of the Risk in Immigration Detention and Congregate Settings**

One of the risks of detention of immigrants in congregant settings is the rapid spread of infectious diseases. Although much is still unknown, the case-fatality rate (number of infected patients who will die from the disease) and rate of spread for COVID-19 appears to be as high or higher than that for influenza or varicella (chicken pox).

In addition to spread within detention facilities, the **extensive transfer of individuals** (who are often without symptoms) throughout the detention system, which occurs with great frequency in the immigration context, could rapidly disseminate the virus throughout the entire system with devastating consequences to public health.<sup>7</sup>

Anyone can get a coronavirus infection. While healthy children appear to suffer mildly if they contract COVID-19, they still pose risk as carriers of infection, particularly so because they may not display symptoms of illness.<sup>8</sup> Family detention continues to struggle with managing outbreaks of influenza and varicella.<sup>9</sup> Notably, seven children who have died in and around

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<sup>6</sup> Josiah Rich, Scott Allen, and Mavis Nimoh, "We must release prisoners to lessen the spread of coronavirus," *Washington Post*, March 17, 2020, available at <https://www.washingtonpost.com/opinions/2020/03/17/we-must-release-prisoners-lessen-spread-coronavirus/>.

<sup>7</sup> See Hamed Aleaziz, "A Local Sheriff Said No To More Immigrant Detainees Because of Coronavirus Fears. So ICE Transferred Them All To New Facilities," *BuzzFeed News*, March 18, 2020 (ICE recently transferred 170 immigrant detainees from Wisconsin to facilities in Texas and Illinois. "In order to accommodate various operational demands, ICE routinely transfers detainees within its detention network based on available resources and the needs of the agency..." an ICE official said in a statement.), available at <https://www.buzzfeednews.com/article/hamedaleaziz/wisconsin-sheriff-ice-detainees-coronavirus>

<sup>8</sup> Interview with Jay C. Butler, MD, Deputy Director for Infectious Diseases, Centers for Disease Control and Prevention, "Coronavirus (COVID-19) Testing," *JAMA Network*, March 16, 2020, available at <https://youtu.be/oGiOi7eV05g> (min 19:00).

<sup>9</sup> Indeed, I (Dr. Allen) raised concerns to CRCL, the DHS Office of Inspector General, and to Congress in July 2018, along with my colleague Dr. Pamela McPherson, about the risks if harm to immigrant children in family detention centers because of specific systemic weaknesses at those facilities in their ability to provide for the medical and mental health needs of children in detention. See, e.g., July 17, 2018 [Letter to Senate Whistleblower Caucus Chairs](#) from Drs. Scott Allen and Pamela McPherson, available at <https://www.wyden.senate.gov/imo/media/doc/Doctors%20Congressional%20Disclosure%20SWC.pdf>. Those concerns, including but not limited to inadequate medical staffing, a lack of translation services, and the risk of

immigration detention, according to press reports, six died of infectious disease, including three deaths from influenza.<sup>10</sup> Containing the spread of an infection in a congregate facility housing families creates the conditions where many of those infected children who do not manifest symptoms will unavoidably spread the virus to older family members who may be a higher risk of serious illness.

Finally, as you well know, social distancing is essential to slow the spread of the coronavirus to minimize the risk of infection and to try to reduce the number of those needing medical treatment from the already-overwhelmed and inadequately prepared health care providers and facilities. However, social distancing is an oxymoron in congregate settings, which because of the concentration of people in a close area with limited options for creating distance between detainees, are at very high risk for an outbreak of infectious disease. This then creates an enormous public health risk, not only because disease can spread so quickly, but because those who contract COVID-19 with symptoms that require medical intervention will need to be treated at local hospitals, thus increasing the risk of infection to the public at large and overwhelming treatment facilities.

As local hospital systems become overwhelmed by the patient flow from detention center outbreaks, precious health resources will be less available for people in the community. To be more explicit, a detention center with a rapid outbreak could result in multiple detainees—five, ten or more—being sent to the local community hospital where there may only be six or eight ventilators over a very short period. As they fill up and overwhelm the ventilator resources, those ventilators are unavailable when the infection inevitably is carried by staff to the community and are also unavailable for all the usual critical illnesses (heart attacks, trauma, etc). In the alternate scenario where detainees are released from high risk congregate settings, the tinderbox scenario of a large cohort of people getting sick all at once is less likely to occur, and the peak volume of patients hitting the community hospital would level out. In the first scenario, many people from the detention center *and the community* die unnecessarily for want of a ventilator. In the latter, survival is maximized as the local mass outbreak scenario is averted.

It is additionally concerning that dozens of immigration detention centers are in remote areas with limited access to health care facilities. Many facilities, because of the rural locations, have only one on-site medical provider. If that provider gets sick and requires being quarantined for at least fourteen days, the entire facility could be without any medical providers at all during a foreseeable outbreak of a rapidly infectious disease. We simply can't afford a drain on resources/medical personnel from any preventable cases.

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communication breakdowns and confusion that results from different lines of authority needing to coordinate between various agencies and partners from different government programs and departments responsible for detention programs with rapid turnover, all continue to contribute to heightened risks to meeting the medical challenges posed by the spread of the coronavirus.

<sup>10</sup> Nicole Acevedo, "Why are children dying in U.S. custody?," *NBC News*, May 29, 2019, available at <https://www.nbcnews.com/news/latino/why-are-migrant-children-dying-u-s-custody-n1010316>

## Proactive Approaches Required

Before coronavirus spreads through immigration detention, proactivity is required in three primary areas: 1) Processes for screening, testing, isolation and quarantine; 2) Limiting transport and transfer of immigrant detainees; and 3) Implementing alternatives to detention to facilitate as much social distancing as possible.

Protocols for early screening, testing, isolation and quarantine exist in detention settings to address infectious diseases such as influenza, chicken pox and measles. However, the track record of ICE facilities implementing these protocols historically has been inconsistent. In the current scenario, with widespread reporting about the lack of available tests for COVID-19 and challenges for screening given the late-onset display of symptoms for what is now a community-spread illness, detention facilities, like the rest of country, are already behind the curve for this stage of mitigation.

Detention facilities will need to rapidly identify cases and develop plans to isolate exposed cohorts to limit the spread, as well as transfer ill patients to appropriate facilities. Screening should occur as early as possible after apprehension (including at border holding facilities) to prevent introduction of the virus into detention centers. We strongly recommend ongoing consultation with CDC and public health officials to forge optimal infection prevention and control strategies to mitigate the health risks to detained patient populations and correctional workers. Any outbreak in a facility could rapidly overwhelm the capacity of healthcare programs. Partnerships with local public health agencies, hospitals and clinics, including joint planning exercises and preparedness drills, will be necessary.

Transferring detainees between facilities should be kept to an absolute minimum. The transfer process puts the immigrants being transferred, populations in the new facilities, and personnel all at increased risk of exposure. The nationwide network of detention centers, where frequent and routine inter-facility transfers occur, represents a frighteningly efficient mechanism for rapid spread of the virus to otherwise remote areas of the country where many detention centers are housed.

Finally, regarding the need to implement immediate social distancing to reduce the likelihood of exposure to detainees, facility personnel, and the general public, ***it is essential to consider releasing all detainees who do not pose an immediate risk to public safety.***

Congregant settings have a high risk of rapid spread of infectious diseases, and wherever possible, public health mitigation efforts involve moving people out of congregate settings (as we are seeing with colleges and universities and K-12 schools).<sup>11</sup> Minimally, DHS should consider releasing all detainees in high risk medical groups such as older people and those with

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<sup>11</sup> Madeline Holcombe, "Some schools closed for coronavirus in US are not going back for the rest of the academic year," *CNN*, March 18, 2020, available at <https://www.cnn.com/2020/03/18/us/coronavirus-schools-not-going-back-year/index.html>; Eric Levenson, Chris Boyette and Janine Mack, "Colleges and universities across the US are canceling in-person classes due to coronavirus," *CNN*, March 12, 2020, available at <https://www.cnn.com/2020/03/09/us/coronavirus-university-college-classes/index.html>.

chronic diseases. COVID-19 infection among these groups will require many to be transferred to local hospitals for intensive medical and ventilator care—highly expensive interventions that may soon be in short supply.

Given the already established risks of adverse health consequences associated with the detention of children and their families,<sup>12</sup> the policy of detention of children and their families in should be reconsidered in light of these new infectious disease threats so that children would only be placed in congregate detention settings when lower risk community settings are not available and then for as brief a time as possible.

In addition, given the low risk of releasing detainees who do not pose a threat to public safety—i.e., those only charged with immigration violations—releasing *all* immigration detainees who do not pose a security risk should be seriously considered in the national effort to stop the spread of the coronavirus.

Similarly, the practice of forcing asylum seekers to remain in Mexico has created a *de facto* congregate setting for immigrants, since large groups of people are concentrated on the US southern border as a result of the MPP program in the worst of hygienic conditions without any basic public health infrastructure or access to medical facilities or the ability to engage in social distancing as they await asylum hearings, which are currently on hold as a consequence of the government's response to stop the spread of the coronavirus.<sup>13</sup> This is a tinderbox that cannot be ignored in the national strategy to slow the spread of infection.

ICE recently announced that in response to the coronavirus pandemic, it will delay arresting immigrants who do not pose public safety threats, and will also stop detaining immigrants who fall outside of mandatory detention guidelines.<sup>14</sup> But with reporting that immigrant detainees at ICE facilities are already being isolated for possible exposure to coronavirus, it is not enough to simply stop adding to the existing population of immigrant detainees. Social distancing through release is necessary to slow transmission of infection.<sup>15</sup>

Reassessing the security and public health risks, and acting immediately, will save lives of not only those detained, but also detention staff and their families, and the community-at-large.

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<sup>12</sup> Report of the DHS Advisory Committee on Family Residential Centers, September 30, 2016, available at <https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc16093.pdf>

<sup>13</sup> See Rick Jervis, "Migrants waiting at US-Mexico border at risk of coronavirus, health experts warn," *USA Today*, March 17, 2020, available at <https://www.usatoday.com/story/news/nation/2020/03/17/us-border-could-hit-hard-coronavirus-migrants-wait-mexico/5062446002/>.

<sup>14</sup> ICE website, Guidance on COVID-19, Immigration and Enforcement Check-Ins, Updated March 18, 2020, 7:45 pm, available at <https://www.ice.gov/covid19>.

<sup>15</sup> Release of immigrants from detention to control the coronavirus outbreak has been recommended by John Sandweg, former acting head of ICE during the Obama administration, who further noted, "'The overwhelming majority of people in ICE detention don't pose a threat to public safety and are not an unmanageable flight risk.'... 'Unlike the Federal Bureau of Prisons, ICE has complete control over the release of individuals. ICE is not carrying out the sentence imposed by a federal judge.... It has 100% discretion.'" See Camilo Montoya-Galvez, "'Powder kegs': Calls grow for ICE to release immigrants to avoid coronavirus outbreak," *CBS News*, March 19, 2020, available at <https://www.cbsnews.com/news/coronavirus-ice-release-immigrants-detention-outbreak/>.

Our legal counsel, Dana Gold of the Government Accountability Project, is supporting and coordinating our efforts to share our concerns with Congress and other oversight entities about the substantial and specific threats to public health and safety the coronavirus poses by congregate settings for immigrants. As we similarly offered to DHS, we stand ready to aid you in any way to mitigate this crisis and prevent its escalation in light of our unique expertise in detention health and experience with ICE detention specifically. Please contact our attorney, Dana Gold, at [danag@whistleblower.org](mailto:danag@whistleblower.org), or her colleague, Irvin McCullough, at [irvinm@whistleblower.org](mailto:irvinm@whistleblower.org), with any questions.

Sincerely,

/s/

Scott A. Allen, MD, FACP  
Professor Emeritus, University of California, School of Medicine  
Medical Subject Matter Expert, CRCL, DHS

/s/

Josiah D. Rich, MD, MPH  
Professor of Medicine and Epidemiology  
The Warren Alpert Medical School of Brown University  
Medical Subject Matter Expert, CRCL, DHS

Cc: Dana Gold, Esq. and Irvin McCullough, Government Accountability Project  
Senate Committee on the Judiciary  
House Committee on the Judiciary  
White House Coronavirus Task Force

# Exhibit S

to Choudhury Decl.



# HEALTH DEPARTMENT

## Melissa H. Adamson, MPH

Public Health Administrator

**PUBLIC HEALTH NURSING**



**MCDH**  
MCHENRY COUNTY DEPARTMENT OF HEALTH  
Promoting Better Health Since 1986

**A-to-Z Topic List for MCDH**

**Translate this page:**

Select Language ▼

## COVID-19 (Novel Coronavirus)

The McHenry County Department of Health (MCDH), along with the Illinois Department of Public Health (IDPH) and the Centers for Disease Control and Prevention (CDC), are closely monitoring information on COVID-19 (Coronavirus Disease 2019). MCDH continues to coordinate with local, regional, and state partners.

In an effort to provide the county with the most up to date guidance regarding COVID-19, we've developed the McHenry County Department of Health Resource Guide. This tool will provide guidance on seeking medical care along with recommendations on staying safe during this time. This tool is not designed to diagnose or treat COVID-19, but can assist you with more information about this new coronavirus. Visit the resource guide by selecting the image below.



Additional MCDH activities include:

- Investigating positive cases and instructing patients on isolation
- Providing guidance to household members/contacts regarding quarantine and how to monitor for symptoms
- Working closely with hospitals, community organizations and McHenry County government entities to plan for ongoing needs in the emergency response to this new viral threat
- Actively planning alternate housing for recovery of medically stable patients that need a safe place to stay to complete isolation or quarantine
- Continuing to run needed MCDH services such as WIC, immunizations for children under 2, TB clinics and other programs to support our community
- Sharing information with the public, partners and staff via email, website and social media.

**As of April 15, 2020, there have been 274 identified cases of COVID-19 in McHenry County and 12 deaths.**

View the [McHenry County COVID-19 Dashboard](#) to see confirmed cases by zip code, race, gender, etc. here.

All new cases are updated by 4 p.m. IDPH regularly reports and updates confirmed cases and PUIs throughout the state.

### For General COVID-19 Questions:

WEB	PHONE	EMAIL
<a href="https://coronavirus.illinois.gov">coronavirus.illinois.gov</a>	800-889-3931	<a href="mailto:dph.sick@illinois.gov">dph.sick@illinois.gov</a>



[Access to Healthcare](#)



[Business Resources](#)



[Community Resources](#)



[COVID-19 Dashboard](#)



[First Responder Guidelines](#)



[Healthcare Facility Guidelines](#)



[Healthcare Professional Guidelines](#)



[Long-Term Care Facility Guidelines](#)



[People at Higher Risk](#)



[Schools and Students Guidelines](#)



[Travel Guidelines](#)



[Volunteer Opportunities](#)

## Press Releases

### COVID-19 Press Release Timeline



## Media and Helpful Videos

### #StayHomeMcHenryCounty



## Helpful Videos for the Home



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## Flyers



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## Additional Resources

### Resources Listing



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## MCDH Facebook Feed

## MCDH Twitter Feed

*Page Last Updated: April 15, 2020, 3:13 p.m.*

# Exhibit T

to Choudhury Decl.

64 global airlines have completely stopped flying scheduled flights due to travel bans, airspace closures, and low demand for travel — see the full list

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**BI** [businessinsider.com/coronavirus-global-airlines-stopping-flights-suspending-operations-2020-3](https://www.businessinsider.com/coronavirus-global-airlines-stopping-flights-suspending-operations-2020-3)

Thomas Pallini 2020-04-01T13:20:00Z

Air Antwerp

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A Fokker 50 propeller aircraft similar to the one used by Air Antwerp.  
aviation-images.com/Universal Images Group/Getty

Belgium's Air Antwerp announced that it will be canceling all of its flights from March 22 until April 12.

The temporary suspension of operations, the airline stated, is due to measures taken by the Belgian government to restrict travel, especially as the European Union voted to close its external borders.

## Air Arabia

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An Air Arabia Airbus A320.

Reuters

Air Arabia announced the suspension of its operations from March 25 as a United Arab Emirates government directive prohibits passenger flights from arriving in the country.

The Sharjah-based airline did not say when it plans to resume operations.

**Air Astana**



7/11/2020

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An Air Astana Boeing 767-300ER.  
REUTERS/Shamil Zhumatov

Kazakhstan's Air Astana announced the suspension of operations until mid-April following a government state of emergency restricting flights in the country.

The mandate affects all Kazakhstan airlines but Air Astana will be operating limited non-scheduled repatriation flights for residents and citizens.

## Air Baltic

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An Air Baltic Airbus A220.  
Benjamin Zhang/Business Insider

Air Baltic announced that it will suspend all operations as the government of Latvia, where the carrier is based, has decided to largely close its borders to prevent the spread of COVID-19 in its country. The carrier will cease operations from March 17 until April 15, including in Estonia and Lithuania where it has secondary bases.

## Air India

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An Air India Boeing 777-300ER.  
Fabrizio Gandolfo/SOPA Images/LightRocket/Getty

Air India is temporarily ceasing operations as Indian airspace is closing on March 25, according to a government press release.

The closure affects all of India's airlines and foreign airlines flying to or through the subcontinent.

## Air India Express

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An Air India Express Boeing 737-800.

Philip Lange / Shutterstock.com

Air India Express is temporarily ceasing operations as Indian airspace is closing on March 25, according to a government press release.

The closure affects all of India's airlines and foreign airlines flying to or through the subcontinent.

## Air Madagascar

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An Air Madagascar aircraft.  
Air Madagascar.

Air Madagascar announced the suspension of all flights as its island homeland attempts to prevent a coronavirus outbreak.

The African airline will be suspending flights for a month between March 20 and April 20.

Air Malta

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An Air Malta Airbus A320.  
Nicolas Economou/NurPhoto

Air Malta announced on Wednesday that it will be suspending operations beginning just before midnight on Friday until further notice.

The suspension comes as the Maltese government is suspending all commercial flight traffic to the island nation in an attempt to stop the spread of the novel coronavirus.

## Air Moldova

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An Air Moldova Embraer regional aircraft.

Vytautas Kielaitis / Shutterstock.com

Air Moldova will be suspending operations until April 1, Routes Online reported, per government mandate.

The suspension primarily affects flights from the airline's Chisinau hub to European and Middle Eastern destinations.

## Air Serbia

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An Air Serbia Airbus A330.

AP

Air Serbia announced the suspension of its operation following restrictions placed on international air traffic from the Serbian government. The airline primarily operates within Europe with one long-haul route between Belgrade and New York.

## Air Transat

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An Air Transat Airbus A330.  
Rebius/Shutterstock

Air Transat announced that all flights will be gradually canceled until April 30. The move comes as the Canadian government and European Union, as well as Caribbean nations served by Air Transat, are closing national borders to prevent the spread of COVID-19.

## Air Asia

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An Air Asia Airbus A320.

MANJUNATH KIRAN/AFP/Getty

Multiple AirAsia subsidiaries have announced the suspension of services due to multiple travel bans.

AirAsia's Philippines subsidiary announced the cancellation of all international and domestic flights from March 20 to April 14. The move came following a Philippine government directive halting air travel in the country to prevent a coronavirus spread.

AirAsia India will also be suspending operations from March 25 as the Indian government moved to close down domestic airspace.

## Austrian Airlines

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Austrian Airlines aircraft on the ground in Vienna.

LEONHARD FOEGER/Reuters

Austrian Airlines announced a temporary suspension of flights for a 10-day period starting March 18.

The airline was the first in the Lufthansa Group to entirely suspend operations, with its last flight operating from Chicago to Vienna on Wednesday night.

## Avianca

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An Avianca Airlines plane is seen at the Monsenor Oscar Arnulfo Romero International Airport in San Luis Talpa.

Reuters

South American carrier Avianca announced the suspension of all flights starting March 25. The carrier is speeding up a previously planned drawdown of service, grounding its passenger fleet until April 12.

Blue Air

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A Blue Air Boeing 737-800.  
SpaceKris / Shutterstock.com

Romania's Blue Air announced the suspension of all passenger operations as its home country instituted a state of emergency due to the spread of COVID-19. Scheduled flights are expected to resume in mid-April with emergency charter flights operating until then.

## Brussels Airlines

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Brussels Airlines Airbus A320 aircraft.  
Francois Lenoir/Reuters

Brussels Airlines, one of the smallest national airlines in the Lufthansa Group, announced it will be suspending operations between March 21 and April 19.

The suspension comes as the European Union has voted to close external borders and various countries within the political bloc have experienced outbreaks of COVID-19 that have decimated the demand for travel.

## Cabo Verde Airlines

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A Cabo Verde Airlines Boeing 757.  
Fabrizio Gandolfo/SOPA Images/LightRocket/Getty

Cabo Verde Airlines announced it will be suspending all flights for at least 30 days as its archipelagic homeland attempts to shield itself from the novel coronavirus.

The newly-rebranded airline situated in Cape Verde off of the coast of Africa had recently implemented a strategy based on connecting the continents of North America, South America, Africa, and Europe via Cape Verde.

## Cayman Airlines

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A Cayman Airways Boeing 737.

Etienne DE MALGLAIVE/Gamma-Rapho via Getty Images)

Cayman Airways is suspending operations as the Cayman Islands government has announced the closure of Owen Roberts International Airport and Charles Kirkconnell International Airport for international passenger flights from March 22.

The closure will remain in effect until April 12 and affect the majority of Cayman's operations.

## Cebu Pacific Air

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A Cebu Pacific Air Airbus A320.  
Erik de Castro/Reuters

Cebu Pacific Air announced all flights will be canceled between March 19 and April 12. The low-cost airline joins other Philippines airlines in canceling flights in the country per government mandate.

## Comair - British Airways

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A Comair Boeing 737 in British Airways' livery.  
Nadezda Murmakova / Shutterstock.com

South Africa's British Airways franchisee Comair is suspending operations per presidential directive on March 26. Comair along with subsidiary carrier Kulula will be grounding flights until April 19.

## Copa Airlines

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Copa Airlines Boeing 737 aircraft.

AP

Copa Airlines said in filings with the Securities and Exchange Commission that the airline is planning to reduce capacity by 80% in April. The airline, based in Panama at the crossroads of the Americas, primarily connects passengers transiting between the two continents as well as Central America.

The airline later announced the full suspension of operations per Panamanian government restrictions on international travel. Copa will be grounded until April 22 starting on March 23.

## CSA Czech Airlines

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A CSA Czech Airlines Airbus A319.  
MICHAL CIZEK/AFP/Getty

CSA Czech Airlines announced it will be canceling all flights to its hub in Prague as the Czech government is closing its borders and preventing citizens from traveling abroad.

The government ban in an attempt to prevent an outbreak of the novel coronavirus in the Czech Republic is scheduled to remain in effect from March 16 until April 11.

EgyptAir



An EgyptAir Boeing 777-300ER aircraft.

Reuters

EgyptAir announced the suspension of operations due to Egyptian government closures of airports in the North African country. Egyptian air traffic will be restricted until the end of March.

## Emirates

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Members of cleaning staff in protective suits board an Emirates Airbus A380 to disinfect it against the coronavirus, in Dubai.

Reuters

Emirates announced that passenger flights from March 25 will be suspended per a UAE government directive prohibiting passenger flights. The Dubai-based mega carrier did not specify when flights will resume.

## Etihad Airways

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An Etihad Boeing 787 Dreamliner.  
Nicolas Economou/NurPhoto/Getty



Etihad Airways announced all passenger flights will be suspended as the UAE attempts to curb the spread of COVID-19 by restricting passenger traffic. The Abu Dhabi-based carrier said the situation will be re-evaluated in two weeks following the mandate taking effect.

FlyOne

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A FlyOne Airbus A319.

Markus Mainka / Shutterstock.com

Moldova's FlyOne will be suspending all operations until the end of March, the airline announced on Monday, per a government mandate to restrict air travel.

Flights are scheduled to resume on April 1.

## Flydubai

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flydubai's Boeing 737 Max 8 grounded.

Lindsey Wasson/Reuters

UAE low-cost carrier Flydubai will be suspending operations per a government mandate restricting air travel in the country. The suspension will remain in effect from March 25 to April 7.

IndiGo

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An IndiGo Airbus A320 aircraft is pictured parked at a gate at Mumbai's Chhatrapati Shivaji International Airport.

Reuters

Indigo is temporarily ceasing operations as Indian airspace is closing on March 25, according to a government press release. The closure affects all of India's airlines and foreign airlines flying to or through the subcontinent.

Jet2.com

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A Jet2.com Airbus A320.  
shutterstock/ErnestRose

The UK's Jet2.com announced the suspension of all flights until the end of April. The leisure airline connects secondary cities in the UK with leisure destinations across Europe, notably to Spain where cases of COVID-19 have risen sharply.

## Jetstar Airways

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A Jetstar Airways Airbus A320 aircraft.

Reuters

Multiple divisions of Asian-Pacific low-cost airline group Jetstar will be suspending operations. Jetstar Asia announced on Wednesday it will be suspending flights for three weeks from March 23 to April 15.

The Singapore-based airline was initially impacted by the initial outbreak of coronavirus as it suspended flights to mainland China and is now citing further travel restrictions imposed by national governments.

Kulula

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A Kulula Boeing 737-800.

Francois De Bruyn / Shutterstock.com

South African low-cost carrier Kulula is suspending operations per presidential directive on March 26. Kulula along with parent carrier Comair announced the grounding of flights will last until April 19.

## Kuwait Airways

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Kuwait Airways signage at Kuwait International Airport.  
Gustavo Ferrari/AP

Kuwait Airways announced the indefinite suspension of flights in line with a government mandate banning international flights to Kuwait.

The city-state was among the first in the Middle East to begin restricting access at the start of the COVID-19 spread outside of China, particularly when it reached Iran.

## La Compagnie

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A La Compagnie Airbus A321neo.  
La Compagnie

French boutique airline La Compagnie announced that it would be suspending operations until the president's travel restrictions are lifted. The entirely business-class airline operates two routes from the French cities of Paris and Nice to Newark, New Jersey.

La Compagnie expects to resume operations once the ban expires with one daily flight between Newark and Paris on April 15 while pushing back the launch of seasonal Newark-Nice service until June 1.

Lauda

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A Lauda Airbus A320.

LEONHARD FOEGER/Reuters

Ryanair subsidiary Lauda announced the suspension of operations until April 30. The airline's parent company Ryanair has nearly grounded the entirety of its fleet, offering its services for relief flights.

## LOT Polish Airlines

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A LOT Polish Airlines Boeing 787 Dreamliner.  
Soos Jozsef / Shutterstock.com

LOT Polish Airlines announced the suspension of its operations in Poland and Hungary following a directive from the Polish government to close its borders in an attempt to stop the spread of COVID-19. The Polish flag carrier primarily operates flights from a base in Warsaw with a secondary base in Budapest, Hungary.

Flights are planned to cease on March 29 and resume on April 12.

Luxair

EXHIBIT

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A Luxair Embraer regional jet.  
Soos Jozsef / Shutterstock.com

Luxembourg's Luxair is suspending flight operations for nearly a month's time starting March 24. The airline's home country sits between France and Germany, where COVID-19 cases began to rise following the virus' spread to Europe via Italy.

## Middle Eastern Airlines

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A Middle East Airlines Airbus A320.  
Mohamed Azakir/Reuters

Lebanon's Middle East Airlines is be suspending operations from March 19, the airline announced, as the Lebanese government attempts to prevent the larger outbreak of coronavirus in its borders.

The number of cases remains low in the country but neighboring Jordan and Israel have already taken drastic measures to prevent outbreaks.

## Montenegro Airlines

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A Montenegro Airlines Fokker 100.  
Fabrizio Gandolfo/SOPA Images/LightRocket/Getty

Montenegro Airlines will be canceling all flights until April 1, Reuters reported, as its home country attempts to prevent a coronavirus outbreak.

The country is one of many in Europe taking similar actions by restricting access to its borders.

## Philippine Airlines

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A Philippine Airlines Airbus A330.

Romeo Ranoco/Reuters

Philippine Airlines announced a temporary suspension of all flights until mid-April. Domestic flights had previously been suspended with international flight suspensions taking effect on March 26.

The cancellations are in response to a directive from the Philippine government, which has implemented strict measures regarding travel since the first outbreak in Wuhan, China in an attempt to prevent the spread of the virus.

## Porter Airlines

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A Porter Airlines Bombardier Dash 8 Q400.  
REUTERS/Mark Blinch

Porter Airlines announced that it will be suspending operations until June as Canada and the US agreed to close their border and the Canadian government is advising self-isolation.

The Canadian regional airline primarily operates flights in eastern Canada as well as transborder services from Toronto's Billy Bishop Airport.

## Qazaq Airlines

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A Qazaq Air Bombardier Dash 8 Q400.  
Zhorov Igor / Shutterstock.com

Kazakhstan's Qazaq Air announced the suspension of operations until the end of March following a government state of emergency restricting flights in the country. The mandate affects all Kazakhstan airlines.

## Royal Air Maroc

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Royal Air Maroc's Boeing 737-800

Nicolas Economou/SOPA Images/LightRocket via Getty Images

Morocco's Royal Air Maroc announced the indefinite suspension of all its flights from March 21. The flag carrier of the North African country, a popular tourist destination, is suspending the flights due to a government mandate.

## Royal Jordanian Airlines

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A Boeing 787 Dreamliner  
Nicolas Economou/NurPhoto/Getty

Royal Jordanian Airlines announced it would suspend all of its flights from Amman starting on March 17, becoming the first Middle Eastern airline to temporarily cease flying due to the spread of the virus. The suspension will remain in effect until the end of March.

The Jordanian flag carrier was forced to cancel the flights as the kingdom attempts to prevent an outbreak within its borders, the Jerusalem Post reported.

## RwandAir

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A RwandAir Airbus A330neo aircraft.

REGIS DUVIGNAU/Reuters

Africa's RwandAir announced the suspension of flights for a month's period starting on March 20. The move came following a government mandate restricting flights into the country.

TAME

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A TAME Ecuador Airbus aircraft.  
Almazoff / Shutterstock.com

Ecuador's TAME announced the suspension of all flights for a two-week period beginning March 17. The South American country has been proactive in restricting international visitors, going as far as to place vehicles on the runway at Guayaquil's main airport to prevent landing aircraft.

## SA Express

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A South African aircraft.

South African Airways

South Africa's SA Express announced that it will be suspending all of its flights beginning March 18. The state-owned airline did not state when flights would resume.

## SpiceJet

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A SpiceJet passenger aircraft is seen after it overshoot the runway while landing on Tuesday night at the airport in Mumbai

Reuters

India's SpiceJet is temporarily ceasing operations as Indian airspace is closing on March 25, according to a government [press release](#). The closure affects all of India's airlines and foreign airlines flying to or through the subcontinent.

## Starlux

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Starlux Airlines.

TYRONE SIU/Reuters

Taiwan's Starlux Airlines is suspending operations, One Mile at a Time reported, as the airline temporarily discontinues its sole route between Taipei and Da Nang, Vietnam.



The newly-established airline had suspended its other routes at the beginning of the outbreak and was down to only one route before the decision was made to suspend the service.

## Sunwing Airlines

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A Sunwing Airlines Boeing 737-800.

Fabrizio Gandolfo/SOPA Images/LightRocket/Getty

Canada's Sunwing Airlines has announced that it will be suspending flights between March 17 and April 9.

The suspension comes as Canada is largely closing its borders amid fears of a coronavirus outbreak.

## Thai Lion Air

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A Thai Lion Air Boeing 737 Max.

AP

Thai Lion Air announced the suspension of flights starting March 25 until mid-April. The move comes following a government mandate restricting both domestic and international flights.

Transavia

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A Transavia Airbus A320 passenger jet makes its way on the tarmac before taking off at Orly airport, near Paris.

REUTERS/Charles Platiau

Franco-Dutch low-cost airline Transavia, a member of the Air France-KLM Group, will be suspending operations indefinitely, reported La Tribune.

The bi-national airline group announced a large scale back in operations that saw a reduction of flights for both Air France and KLM, as well as regional airlines offering flights on the airlines' behalf.

## Ukraine International Airlines

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A Ukraine International Airlines plane pictured in New York's JFK airport in November 2018.  
Nicolas Economou/NurPhoto via Getty Images

Ukraine International Airlines announced all flights across its network will be suspended until April 3, with the exception of chartered repatriation flights. The move comes as the Ukraine government closed its borders to non-residents.

## Uzbekistan Airways

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An Uzbekistan Airways Airbus A320.  
Dmitry Feoktistov/TASS/Getty

Uzbekistan Airways announced that all international flights operated by the airline will be suspended from March 17 until April 5.

The move comes per the Uzbekistan government after the first case of COVID-19 was confirmed in the country.

Vistara

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A Vistara Airbus A320neo.

Nasir Kachroo/NurPhoto/Getty

India's Vistara is temporarily ceasing operations as Indian airspace is closing on March 25, according to a government press release. The closure affects all of India's airlines and foreign airlines flying to or through the subcontinent.

## Yemenia

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A Yemenia Airbus wide-body aircraft.

SALEH AL-OBEIDI/AFP/Getty

Yemen's Yemenia announced the suspension of flights for a period of two weeks starting March 18.

The suspension came per a Yemeni government mandate restricting flights to the Middle Eastern country.

Airlink

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An Airlink Embraer E190 aircraft.  
Francois De Bruyn / Shutterstock.com

South Africa's Airlink is suspending operations from March 28 until April 20, according to its website. Domestic services within South Africa, in which the airline specializes, have been greatly impacted by the government implementing three-week travel restrictions lasting into late-April.

## EasyJet

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easyJet airplanes are pictured at Tegel Airport in Berlin.

Reuters

UK low-cost carrier EasyJet has grounded its entire fleet, the BBC reported, as Europe remains on lockdown. Over 300 of the carrier's planes have been grounded in the UK where cases of the virus are skyrocketing and even affecting the country's leaders and royalty.

Winair

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A Winair aircraft in Saint Martin.  
Markus Mainka / Shutterstock.com

The Caribbean's Winair has suspended all flights until at least April 6, according to its [website](#). The carrier primarily provides short-haul intra-island flights to various Caribbean islands with a notable base in Dutch Sint Maarten.

## Tigerair Australia

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A Tigerair Australia Airbus A320.

John Mackintosh / Shutterstock.com

Australian low-cost airline Tigerair Australia is suspending flights entirely as government restrictions impede its operation. The suspension was announced by the airline, a subsidiary of Virgin Australia, on March 31 with no relaunch date as of yet.

## SunExpress

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A SunExpress Boeing 737-800.  
Markus Mainka / Shutterstock.com

Turkey's SunExpress is suspending operations until the end of April. The announcement came as the Turkish government introduced travel restrictions on domestic and international flights affecting numerous airlines in the country.

## Bahamasair

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A Bahamasair Boeing 737.

Ivan Cholakov / Shutterstock.com

Bahamasair has suspended operations indefinitely, the airline's website reported, in an attempt to mitigate a spread of COVID-19 to the Bahamas. The archipelagic nation just 60 miles from South Florida is a popular tourist destination for North Americans and Europeans, two citizenries heavily affected by the virus.

## El Al Israel Airlines

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An El Al Boeing 787-9 Dreamliner.  
Benthemouse / Shutterstock.com

El Al Israel Airlines is suspending flights between March 27 and April 4, the Israeli flag carrier announced on its website.

The government of Israel has been struggling to contain the novel coronavirus as the country is a popular destination for tourists and religious pilgrims, with numerous travel restrictions being implemented by the government to prevent a worse outbreak.

## Harbour Air

---

Harbour Air seaplanes in Vancouver.

JL IMAGES / Shutterstock.com

Canada's Harbour Air is suspending operations for the entire month of April, according to its [website](#), with plans to relaunch operations on May 4. The move comes as Canada is tightening its self-isolation and stay at home restrictions to prevent a viral outbreak.

## Fastjet Zimbabwe

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A Fastjet Zimbabwe Airbus A320 aircraft.

InsectWorld / Shutterstock.com

Zimbabwean low-cost carrier Fastjet Zimbabwe is suspending operations until mid-April, the airline announced. FlightGlobal reported that neighboring South Africa's travel restrictions took a large toll on Fastjet's operation and contributed to the suspension.

# Exhibit U

to Choudhury Decl.



## Delta says it still flies to all points in its domestic network

 [ajc.com/blog/airport/delta-says-still-flies-all-airports-its-domestic-network/Rym2MyGFFHdanXuKP7VPpK/](https://ajc.com/blog/airport/delta-says-still-flies-all-airports-its-domestic-network/Rym2MyGFFHdanXuKP7VPpK/)

Atlanta Airport Blog By Kelly Yamanouchi , The Atlanta Journal-Constitution

Delta Air Lines says it is cutting at least 80% of its flights due to the coronavirus pandemic, yet it is still operating flights to all points in its domestic route network.



The airline says in a letter to the U.S. Department of Transportation that it is consolidating operations, reducing the number of flights it operates and using smaller planes, “but all while ensuring that all domestic points Delta served before the onset of this crisis continue to receive at least a minimum level of essential access to Delta’s network.”

Atlanta-based Delta previously said it was cutting at least 70% of flights, including 80% of its international service. That has now increased to at least an 80% reduction across Delta’s system. The airline says it has parked more than 600 planes and consolidated facilities at many airports.

The number of passengers passing through airport security checkpoints has declined as much as 95%, according to figures from the Transportation Security Administration.

“This situation is getting worse each day with no end in sight,” the industry group Airlines for America said in comments to the DOT.

Airports including Atlanta have seen many routes cut by Delta and other airlines, meaning some travelers may need to connect through hubs for essential trips within the United States.

And airlines have also cut a large portion of their international flights due to border closures, other travel restrictions and reduced demand, limiting those travel options to and from those countries.

Delta said Friday that it has operated 16 private charters to bring nearly 4,000 Americans back from Argentina, Chile, El Salvador, Guatemala, Italy, South Korea and the Philippines. It plans additional charters from Argentina, Australia, India, Mexico and Nigeria to serve nearly 2,400 more Americans.

The federal stimulus under the CARES Act says that for airlines that receive aid, the U.S. transportation secretary has the authority to require them to maintain flights through Sept. 30 “to ensure services to any point served by that carrier before March 1, 2020.”

In practice, the DOT plans to apply the requirement only to U.S. airports, since there is a global health advisory urging U.S. citizens to avoid all international travel. And for places served by multiple airports, the department says carriers would not need to maintain service to all airports serving that point and could instead consolidate service at a single airport.

Delta submitted its comments to the DOT in a letter in support of an order that allows airlines to consolidate service but maintain a certain minimum level of service. The department asked for comments on its proposal before it issues a final order.

Under the proposal, airlines that receive financial assistance would not have to maintain service on all routes from an airport it serves. But the department also said it wants each airline to continue to serve airports that had flights at least five days a week with five-day-a-week service, and to serve airports that had fewer flights with at least one flight a week.

Meanwhile on Wednesday, President Donald Trump indicated he is looking at restricting travel into hot spots. “Some of those flights I didn’t like from the beginning,” Trump said. “Closing up every single flight on every single airline, that’s a very, very, very rough decision. But we are thinking about hot spots.”

The DOT also says its provisions “do not authorize any coordination among air carriers that would violate the antitrust laws,” and it invited comments on its proposal.

Airlines can seek exemptions for airports “that they believe are not reasonable or practicable to serve.”

Delta said in its comments to the DOT that the requirement to maintain service to points served before March 1 could be a problem for seasonal routes, such as to ski destinations in Colorado. The airline proposed that seasonal service be excluded from the service requirement.

Delta also said it supports exemptions for U.S. tourist destinations that have imposed bans or restrictions on visitors, including the U.S. Virgin Islands and Hawaii.

Some airlines voiced opposition to the DOT’s proposal. Las Vegas-based Allegiant Air, for example, submitted comments saying it is “deeply concerned” with the proposal and said the financial assistance from the federal government would “be squandered on flying empty planes to and from cities where no one is traveling.”

Airlines for America asked the DOT to consider exercising discretion in the future to determine whether requiring the same service as proposed “is reasonable or practicable,” as travel continues to fall.

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## About the Author

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[Kelly Yamanouchi](#)

Business reporter Kelly Yamanouchi covers airlines and the airport.



# Exhibit V

to Choudhury Decl.

# American Airlines cuts international flights by 90% through May

 [dailymail.co.uk/news/article-8186105/American-Airlines-cuts-international-flights-90-May.html](https://www.dailymail.co.uk/news/article-8186105/American-Airlines-cuts-international-flights-90-May.html)

April 3,  
2020

## American Airlines cuts international flights by 90% through May - but vows NOT to halt domestic service during the coronavirus crisis

- **American Airlines says it is slashing international flights this summer**
- **International flights will be down 90% through May and 60% for summer**
- **Still, the largest U.S. airline has no plans to halt U.S. flights entirely**
- **Medical workers and others must travel, sometimes for urgent reasons**

By [Keith Griffith For Dailymail.com](#)

Published: 17:02 EDT, 3 April 2020 | Updated: 11:18 EDT, 4 April 2020

[e-mail](#)

**27** shares

American Airlines says it is slashing international flights this summer as travel demand has drastically shrunk amid the [coronavirus](#) pandemic -- but the airline vowed not to eliminate domestic service.

For April and May the airline is cutting nearly 90% of its international flights, and reducing overall flights by about 70 percent this month and 80 percent next month, according to Vasu Raja, American Airlines' senior vice president of Network Strategy.

Domestic demand will remain weak into May said Raja, citing of the lack of bookings.

Still, the largest U.S. airline has no plans to halt U.S. flights entirely, noting medical workers and others who must travel, sometimes for urgent medical reasons.



An American Airlines jetliner waits to be cleared to taxi for take off at Denver International Airport on Wednesday. The airline vows to maintain some domestic service in the crisis





The American Airlines ticket counter sits empty at San Francisco International Airport on Thursday. Due to a reduction of flights and people traveling, San Francisco International Airport has consolidated all of its terminals into one concourse in the international terminal

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'We are making no plans for the cessation of flying,' Raja said. 'The important thing is to provide a minimum level of essential service to customers ... but we do it in such a way where we don't burn an excessive amount of cash.'

Across the industry, at some major airports overall U.S. flights are down 50 percent to 70 percent, officials say.

The number of people who went through U.S. airport checkpoints hit another new low on Wednesday at just 136,023, down from 2.2 million a year ago.

American also disclosed on Thursday that it will cancel more than 60 percent of its total international flights this summer, including an 80 percent reduction in Pacific capacity, a 65 percent reduction in Atlantic and 48 percent reduction in Latin America.

American is also delaying the launch of new international routes until 2021, delaying the launch of new winter seasonal service and suspending 25 summer seasonal flights.



Some of the 88 American Airlines planes stored at Pittsburgh International Airport sit idle on a closed runway on Tuesday. As airlines cut more service, due to the COVID-19 pandemic, Pittsburgh International Airport has closed one of its four runways

The cuts in May are striking. American Airlines will go from the pre-crisis typical 250 weekday flights from Washington Reagan National Airport to about 28 in May.

It will shrink from close to 100 flights a day at New York's John F. Kennedy International Airport to just 11 flights a day.

At its Dallas-Fort Worth hub, American will decline from nearly 1,000 planned flights a day this summer to around 350.

The cuts are prompted by the sharp demand reduction. 'Literally we have flights that are 5 percent full,' Raja said. Washington flights are often 10-12 percent full and been hurt by a big decline in government travel, he added.

Still, American has no idea when things will turn around. 'If we are the bottom it is only because gross bookings have fallen to zero and they can't go any lower than that,' Raja said. 'Pretty soon we'll even run out of people to cancel on U.S. airlines.'

American will not fly its A330 fleet through the end of the summer to conserve costs.

American has said it is eligible for \$12 billion out of \$50 billion in U.S. government loans and



grants for the airline industry.

Advertisement

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# Exhibit W

to Choudhury Decl.



**Immigration Court Backlog Tool**  
Pending Cases and Length of Wait by Nationality, State, Court, and Hearing Location

About the Data  
through February 2020

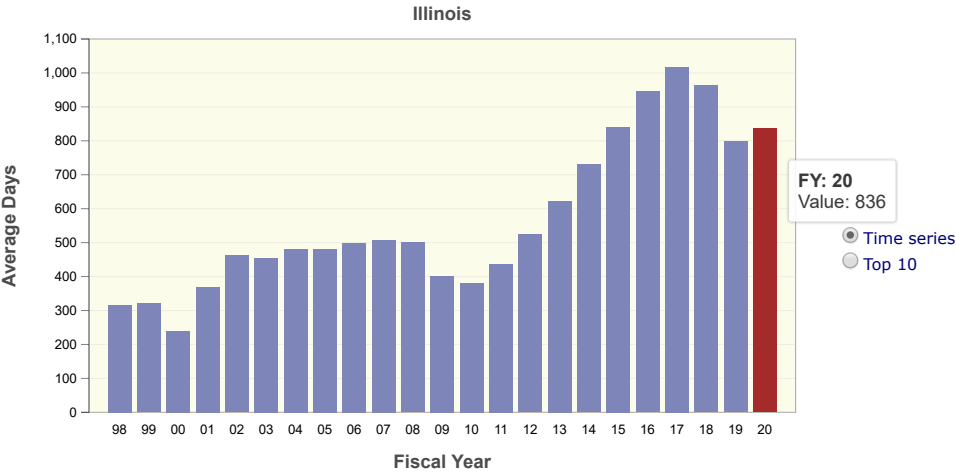
- What to graph:**

  - ☐ Pending Cases
  - ☒ Average Days
- Charge Type:**

  - ☒ All Charges
  - ☐ Immigration
  - ☐ Criminal/Nat. Sec./Terror
- What to tabulate:**

  - ☒ Pending Cases
  - ☐ Average Days
- Starting with:**

  - ☒ States
  - ☐ Nationalities



**Fiscal Year 2020**  
click on column headings to sort

**State = Illinois**  
click on column headings to sort

State	Pending Cases	Court Location	Pending Cases
Entire US	1,122,824	All Courts	45,296
California	179,914	Chicago	45,296
Texas	173,643	Hearing Location	Pending Cases
New York	131,886	Chicago, Illinois	41,894
Florida	93,594	Chicago Non-Detained Juveniles	1,909
New Jersey	59,189	Iad Hloc -Yor, Pennsylvania	826
Virginia	51,329	Chicago Detained	453
Illinois	45,296	Chicago Detained Juveniles	120
Massachusetts	44,243	Illinois DOC- Statesville	82
Georgia	40,351	Wisconsin Department of Corrections	12
North Carolina	39,537		
Maryland	36,980		
Louisiana	26,160		
Pennsylvania	25,631		
Tennessee	24,838		



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# Exhibit X

to Choudhury Decl.

**UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
CHICAGO, ILLINOIS**

**STANDING ORDER OF THE CHICAGO IMMIGRATION  
COURT RELATING TO TELEPHONIC APPEARANCES  
AT DETAINED JUVENILE MASTER CALENDAR AND INDIVIDUAL HEARINGS**

**IT IS HEREBY ORDERED** that Department of Homeland Security counsels, respondents' attorneys or qualified representatives, pro bono counsels, friends of the court, and appointed child advocates in *detained juvenile cases* who are scheduled to appear for master calendar and individual hearings before the Chicago Immigration Court, may appear telephonically without the need to file a motion for telephonic appearance.

The attorneys who would like to appear telephonically shall call the Chicago Immigration Court in advance of the hearing and provide the Alien number, name of judge and the best phone number where the attorney can be reached. The parties may call: (312) 697-5718 and speak with court assistant Ms. Marissa Meza for direct information. The attorneys shall remain available for the court's call. If the court is unable to reach counsel by telephone for the hearing, counsel will thereafter be required to appear in-person at any promptly-rescheduled hearing.

Any documents which counsel requests the court to consider during the hearing must be filed with the court, and received by opposing counsel or the *pro se* respondent, at least two business days prior to the hearing. Any party appearing telephonically waives the right to object to admissibility of any document offered in court on the sole basis that they are unable to examine the document.

This order shall remain in effect until rescinded by the Court.

**SHEILA**

**MCNULTY**

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**Assistant Chief Immigration Judge**

April 14, 2020

# Exhibit Y

to Choudhury Decl.

## Coronavirus: Travel restrictions, border shutdowns by country

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 [aljazeera.com/news/2020/03/coronavirus-travel-restrictions-border-shutdowns-country-200318091505922.html](https://www.aljazeera.com/news/2020/03/coronavirus-travel-restrictions-border-shutdowns-country-200318091505922.html)

Countries around the world are increasingly adopting sweeping measures, including full lockdowns, shutting down airports, imposing travel restrictions and completely sealing their borders, to contain the new coronavirus.

The spread of the virus has been labelled a pandemic by the World Health Organization (WHO).

Below is a list of countries that have taken such measures in recent days. Travellers should visit government websites for updated information and more details.

### Albania

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On March 22, Albania suspended all commercial flights to and from the country, allowing only flag carrier Air Albania to fly to Turkey's Istanbul and operate humanitarian flights.

### Algeria

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The government suspended air and sea travel with Europe from March 19. Authorities had previously halted flights with Morocco, Spain, France and China.

### Angola

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Passengers and airline crew who have been in China, France, Iran, Italy, South Korea, Portugal or Spain are not allowed to enter Angola.

Residents of Angola, airline crew and nationals of Angola who arrive from, or have been in those seven countries, will be put in quarantine.

### Anguilla

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All airports were closed for 14 days on March 20. Passengers who have travelled outside of the Caribbean region within the past 14 days, will be quarantined for 14 days upon arrival.

### Antigua and Barbuda

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According to a March 12 travel advisory published on the Antigua Barbuda Tourism Authority's [website](#), foreign nationals who have travelled to Austria, Belgium, Bulgaria, Canada, China, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Iran, Ireland, Italy, South Korea, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United States or the United Kingdom in the previous 28 days will not be allowed to enter the country.

Diplomats are exempted. Any cruise ship with suspected cases may also be blocked from docking.

## Argentina

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Argentina announced on March 15 that it would close its borders to all non-residents for at least two weeks, and all flights from the United States and Europe would be cancelled, starting from March 16. The closure was later extended until April 12.

## Armenia

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Armenia cancelled visa-free entry for Chinese and Iranian nationals with ordinary passports.

Passengers who have been in Austria, Belgium, China, Denmark, France, Germany, Iran, Italy, Japan, South Korea, Netherlands, Norway, Spain, Sweden, Switzerland or the United Kingdom in the past 14 days are not allowed to enter Armenia.

This does not apply to nationals or residents of Armenia, spouses or children of nationals and diplomats or representatives of official international organisations.

Nationals of Armenia who have been in Austria, Belgium, China, Denmark, France, Germany, Iran, Italy, Japan, South Korea, Netherlands, Norway, Spain, Sweden, Switzerland or the United Kingdom in the past 14 days must undergo 14 days of quarantine or self-isolation.

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### Argentina boosts measures against coronavirus (2:12)

## Aruba

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Passengers are not allowed to enter Aruba, residents included, however, outbound flights are still allowed.

The restriction does not apply to airline crew.

## Australia

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Passengers are not allowed to transit or enter Australia, except for nationals of the country, immediate family members of nationals, permanent residents and their immediate family members, airline crew and diplomats.

The restriction also does not apply to transit nationals of Fiji, Kiribati, Marshal Islands, Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa (American), Solomon Island, Tonga, Tuvalu and Vanuatu.

Nationals of Australia are not allowed to travel out of the country, except those with a residency in another country, airline and maritime crew and associated safety workers, those travelling to offshore facilities for essential work and people travelling on official government business.

## Austria

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Foreign travellers from outside the Schengen area are prohibited from entering Austria until further notice.

EU citizens and foreigners who are entitled to enter are obliged to do a 14-day self-monitored home quarantine immediately after entering the country by air.

With few exceptions, much of the country's land borders with Hungary, the Czech Republic, Germany, Switzerland and Italy are blocked.

## Azerbaijan

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Foreigners, except residents or work permit holders, are not allowed to enter Azerbaijan. Passengers will be tested for COVID-19 and placed in quarantine for 14 days. The issuance of e-visas and visa on arrival has been suspended.

## Bahamas

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The Bahamas' borders were closed until April 15, except for repatriation flights of foreign nationals from the Bahamas.

## Bahrain

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Bahrain announced a reduction in the number of incoming flights until further notice, starting on March 18.

The country also suspended the visa-on-arrival scheme.

Foreigners who have been in Austria, Belgium, China, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Iran, Iraq, South Korea, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and the United States in the past 14 days are not allowed to transit and enter Bahrain.

Passengers who have been in Hong Kong, Italy, Japan, Lebanon, Malaysia, Singapore or Thailand in the past 14 days must have a valid visa prior to arrival.

The restrictions do not apply to airline crew, military personnel, residents of Bahrain, nationals of Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates.

All passengers arriving in Bahrain will immediately be tested and be subject to quarantine.

On April 4, Manama-based Gulf Air said transit through Bahrain International Airport is open again for international travellers, but entry to the country remains restricted to citizens and residents.

"In compliance with the new regulations issued by the Bahrain Civil Aviation Authority, we are welcoming back transit passengers through Bahrain International Airport. Arrival into Bahrain remains restricted to nationals and residents," the airline said on Twitter.

## Bangladesh

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On April 13, the nationwide general holiday in Bangladesh was extended until April 25 as the country tries to contain the spread of the coronavirus. Flights from Bhutan, Maldives and Sri Lanka are suspended until April 7.

Flights from Bahrain, India, Kuwait, Malaysia, Oman, Qatar, Saudi Arabia, Singapore, Thailand, Turkey and the United Arab Emirates are suspended until April 14.

The visa-on-arrival facility has been suspended for all nationalities.

Foreigners with ordinary passports who have been in Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Iran, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden or Switzerland since March 1 are not allowed to enter Bangladesh until April 7.

The nationals of the countries mentioned above who live outside the EU region or Iran since February 29 can travel to Bangladesh with a visa, a medical certificate obtained within 72 hours of travel.

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Global tourism industry takes 'unprecedented' coronavirus hit (2:19)

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## Barbados

Passengers arriving from China, Europe, Iran, South Korea, the United Kingdom and the United States will be quarantined for 14 days.

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## Belgium

Passengers arriving from outside the European Union are not allowed to enter Belgium. The country is implementing land border controls.

This does not apply to passengers with a British passport, British Overseas Territories citizenship issued by Gibraltar and British passports with a certificate of entitlement to the right of abode issued by the United Kingdom, who are returning home.

The restriction also does not apply to passengers with a long-term residence permit or a long-term visa issued by EEA Member States, Switzerland or the United Kingdom.

Passenger flights are only allowed to operate between 7am and 9pm local time.

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## Belize

Belize has closed most of its ports of entry, but its Santa Elena Border and Philip Goldson International Airport remain open, according to the country's Ministry of Health. Cargo vessels may continue to use all ports of entry.

Foreigners who have been in a European country, China, Hong Kong, Iran, Japan, or South Korea in the past 30 days are not allowed to enter Belize.

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## Benin

Passengers are subject to quarantine for 14 days.

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## Bermuda

Bermuda is closed for incoming passenger flights for two weeks starting from March 20.

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## Bolivia

Bolivia closed its borders to non-residents and suspended all international flights since March 17. The restriction will be in place until March 31.

Flights from Europe are suspended until April 15. All foreign nationals, except those on a diplomatic mission or with residency, are barred from entering the country.

## Bosnia and Herzegovina

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Foreigners who hold ordinary passports, except residents, are not allowed to enter the country.

## Botswana

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Foreigners, except residents, arriving from Austria, Belgium, China, Denmark, France, Germany, India, Iran, Italy, Japan, South Korea, Netherlands, Norway, Spain, Sweden, Switzerland, the United States or the United Kingdom are not allowed to enter Botswana.

Passengers can no longer obtain a visa on arrival in Botswana.

## Brazil

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Foreigners, except residents and immediate family members of Brazil nationals, are not allowed to enter Brazil until April 30.

## Brunei

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Non-resident foreigners are not allowed to transit or enter Brunei. All visa exemptions and visas on arrival are temporarily suspended.

## Bulgaria

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Turkey's land border with Bulgaria has been closed to the entry and exit of passengers.

Passengers from outside the European Union are not allowed to enter Bulgaria, except for residents and their families.

## Burkina Faso

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The country's Bobo Dioulasso (BOY) and Ouagadougou (OUA) airports were closed.

How can you deal with stress and anxiety amid #coronavirus?

We asked a doctor about the steps to combat uncertainty and anxiety <https://t.co/Cgsil0szd5> | #AJDoctorsNote

Note: Always seek the advice of your physician - this is not a substitute for medical advice or treatment. [pic.twitter.com/MQE5XbRJrm](https://pic.twitter.com/MQE5XbRJrm)

— Al Jazeera English (@AJEnglish) March 18, 2020

## Cambodia

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Effective from March 30, all visa exemptions, visas on arrival and e-visas are suspended until April 30.

Also from March 30, all foreigners must have a medical certificate issued no more than 72 hours prior to the date of travel, certifying that they have not tested positive for COVID-19 and have proof of an insurance policy with minimum medical coverage of \$50,000.

Foreigners, excluding residents, travelling from France, Germany, Iran, Italy, Spain or the US are banned from entering Cambodia.

Excluding airline crew, nationals and residents of Cambodia, diplomats and officials of foreign embassies and international organisations and their family members who have a Diplomatic Visa Type A and Official Visa Type B who live or have been in France, Germany, Iran, Italy, Spain or the US in the past 14 days will be quarantined for 14 days.

## Cameroon

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On March 17, the government said it shut down land, air and sea borders indefinitely, starting from March 18. All international flights were suspended, except for cargo planes, until April 17.

## Canada

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On March 16, Canada announced it was closing its borders and denying entry to anyone who is not a Canadian citizen or permanent resident, except for immediate family members of Canadian citizens, aeroplane crew members, diplomats and US citizens.

On March 18, the US and Canada said they were closing their border to all non-essential traffic. Trade is not affected, the countries' leaders said.

Most international flights to Canada will be directed through four airports from March 18. Domestic flights and those arriving from the Caribbean, Saint Pierre and Miquelon, Mexico and the US will be exempted.

## Chile

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Chile announced that it will shut its borders to non-resident foreigners starting on March 18 until April 10. Additionally, nationals of New Zealand are not allowed to transit Chile.

Any citizen returning from high-risk areas must quarantine for 14 days.

World races to contain coronavirus — in pictures <https://t.co/QzJ4nJVyRA>  
[pic.twitter.com/EfINr8N1vd](https://t.co/pic.twitter.com/EfINr8N1vd)

— Al Jazeera English (@AJEnglish) March 17, 2020

## China

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Chinese authorities announced on April 8 that the city of Suifenhe would be placed under a lockdown after an influx of infected travellers crossing the border from Russia.

On March 26, China announced that it was temporarily banning the entry of most foreign nationals, excluding diplomatic workers, in an effort to curb the number of imported cases of the coronavirus.

The foreign ministry said that even foreign citizens with residence permits would be prevented from entering starting on March 28.

It said foreign citizens coming to China for "necessary economic, trade, scientific or technological activities or out of emergency humanitarian needs" can still apply for visas.

In January, China stepped up measures to deal with cases from overseas, with Beijing and other regions forcing international arrivals to go into a 14-day quarantine.

The civil aviation ministry also limited passenger numbers on inbound international flights.

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101 East - Virus Lockdown in Beijing (25:00)

## Colombia

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Colombia announced that from March 16, all land, air and sea borders will remain shut until May 30. This includes its border with Venezuela where thousands of migrants and refugees cross daily.

Colombia will also halt domestic flights from March 25.

## Congo (Republic)

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The Republic of the Congo has closed its borders and all airports.

## Costa Rica

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After declaring a state of emergency, Costa Rica closed all borders to foreigners on March 18.

## Cote d'Ivoire

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The country's borders have been closed since March 25.

## Croatia

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The country's borders are closed for non-EU visitors until April 18.

## Cyprus

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Foreign visitors are not allowed to enter Cyprus from outside the European Union.

Nationals and residents of Cyprus must have a certificate of health stating they are free from COVID-19 issued within a maximum of 4 days before departure. They will be quarantined for 14 days.

## Cuba

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All non-resident foreigners are barred from entering Cuba. Nationals and residents arriving on the island are subject to a 14-day quarantine.

Effective from April 2, all flights, except humanitarian, to Cuba were suspended.

## Czech Republic

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The Czech prime minister said on March 12 the country would close its borders to travellers from Germany and Austria and ban the entry of foreigners from other high-risk countries.

Czechs were prohibited from travelling to those countries, and to and from other countries deemed risky, effective from March 14.

The full list includes other European Union members Italy, Sweden, France, the Netherlands, Belgium, Spain and Denmark, as well as the UK, Switzerland, Norway, China, South Korea and Iran. International public transport vehicles with more than nine seats will also be banned from crossing borders.

More social restrictions are being implemented worldwide in an effort to contain the spread of the coronavirus. [pic.twitter.com/9uwJiMsygV](https://pic.twitter.com/9uwJiMsygV)

— Al Jazeera English (@AJEnglish) March 17, 2020

## Cyprus

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Cyprus extended on April 2 a ban on commercial air links with 28 countries for another two weeks to curb the spread of coronavirus.

Passengers who are not citizens or resident in Cyprus are not allowed to enter the country.

Nationals and residents must acquire a certificate of health stating they are free from the new coronavirus within a maximum of 4 days before departure. They will also have to quarantine for 14 days upon arrival.

## Denmark

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On March 13, Denmark said it would temporarily close its borders to non-citizens, except residents.

"All tourists, all travel, all vacations and all foreigners who cannot prove a creditable purpose of entering Denmark, will be denied entrance at the Danish border," Prime Minister Mette Frederiksen said. The closure would not apply to the transport of goods, including foods, medicine and industrial supplies.

## Dominica

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All flights are suspended.

## Dominican Republic

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The government said on March 14 that on March 16 it would suspend all flights from Europe and the arrival of all cruise ships for a month.

## Djibouti

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On March 15, Djibouti said it was suspending all international flights.



## Ecuador

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From March 16, borders were completely closed, including to citizens and residents, for 21 days.

## Egypt

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All flights to Egypt were suspended, except humanitarian, repatriation and United Nations flights with a pre-authorisation from the country's civil aviation.

## El Salvador

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El Salvador shut down its airport on March 16 to all commercial flights. On March 11, it had banned entry to all foreigners, excluding accredited diplomats and legal residents of the country. Those allowed to enter were subject to a possible 30-day quarantine.

## Estonia

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All non-resident foreigners are barred from entry.

## Ethiopia

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On March 20, the Ethiopian government announced that its state-carrier, the African continent's biggest airline, would suspend flights to 30 countries.

From March 23, all arriving passengers face mandatory quarantine. Ethiopia also announced that it would shut its land borders to nearly all human traffic as part of efforts to curb the spread of the coronavirus.

## Fiji

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Passengers and airline crew are not allowed to enter Fiji.

The restriction does not apply to residents who will be required to self-quarantine for 14 days.

## Finland

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Passengers are not allowed to enter Finland, except for nationals, EU residents and passengers with a residence permit issued by Finland.

The restricting measure does not apply to EU residents, including their family members, and passengers with a British passport, family members included, who are returning via Finland to their respective country of residence.

Healthcare workers, transport personnel, diplomats and a few other cases are also exempted from the travel restrictions.

## France

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French President Emmanuel Macron on April 13 announced he was extending a virtual lockdown to curb the coronavirus outbreak until May 11, adding that progress had been made but the battle not yet won.

He said that by May 11, France would be able to test every citizen presenting COVID-19 symptoms.

Passengers arriving from a non-Schengen Member State are not allowed to enter France.

This does not apply to nationals of EEA Member States, Switzerland, passengers with a British passport, and those with residence permits issued by France.

Healthcare professionals and researchers working on coronavirus are also exempted from the travel restrictions.

## Gabon

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Gabon banned entry for anyone - except nationals and residents - who have been in Austria, Belgium, Bulgaria, China, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Ireland, South Korea, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Spain, Slovakia, Slovenia, Sweden, Switzerland, the US or the UK in the last 14 days.

## Gambia

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The Gambia decided on March 23 to close its borders with neighbouring Senegal for 21 days as part of measures to stem the spread of the coronavirus, local media reported on Monday.

## Georgia

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The Caucasus republic imposed a ban on all non-resident foreign citizens entering the country and closed its borders. Georgia also halted air traffic with other countries on March 20.

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Georgia priests bless Tbilisi city in bid to contain COVID-19  
(1:46)

## Germany

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Passengers arriving from a non-Schengen Member State are not allowed to enter Germany.

This does not apply to nationals of EEA Member States, Switzerland, British citizens and passengers with long-term right of residence in an EEA Member States, Switzerland or the UK, returning home.

Passengers must present a completed Public Health Passenger Locator Form upon arrival.

## Ghana

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Starting on March 17, Ghana banned entry to anyone who has been to a country with more than 200 coronavirus cases in the previous 14 days, unless they were official residents or Ghanaian nationals.

The country closed all borders from March 22 and ordered a mandatory quarantine for anyone who entered the country before midnight that day.

## Greece

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Greece suspended all flights to and from Italy, Spain, Turkey and the United Kingdom.

On March 15, it had said it would ban road and sea routes, as well as flights to Albania and North Macedonia. Only cargo and citizens who live in Greece will be allowed to travel to and from Albania and North Macedonia, authorities said.

Athens also banned passenger ship routes to and from Italy, while no cruise ships would be allowed to dock at Greek ports. Greece said it would put anyone arriving from abroad in quarantine for two weeks.

Turkey's land borders with Greece have been closed to entry and exit of passengers.

## Grenada

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Maurice Bishop International Airport (GND) and Lauriston Airport (CRU) were closed for all passenger traffic from March 23.

Visitors are banned from entry when arriving within 14 days of travel in Austria, Belgium, Bulgaria, China, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Iran, Ireland, Italy, South Korea, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, the US or the UK.

## Guatemala

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Guatemala banned all non-resident arrivals and suspended all flights from March 16 except for cargo. It also banned cruise ships from docking. On March 17, the country also announced it was suspending all deportation flights from the US.

All nationals, residents and diplomats are required to be quarantined upon arrival.

On April 4, President Alejandro Giammattei also banned travel between the different departments inside of the Central American country before and during Easter.

## Guyana

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Starting on March 18, all airports were partially closed for 14 days. The closure mainly affects international passenger flights, local media reported.

## Haiti

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On March 19, Haiti's government declared a state of emergency over the coronavirus outbreak, closing the borders of the nation and imposing a curfew after authorities detected the first two cases of infection.

It has also suspended all international flights, except for those coming from the US, and it closed its border with the Dominican Republic.

## Honduras

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Honduras has ordered all borders closed except for cargo.

## Hungary

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On April 9, Hungary prolonged a nationwide lockdown indefinitely to slow the spread of the coronavirus, Prime Minister Viktor Orban said on his Facebook page, asking citizens to observe the order despite the Easter holiday.

Hungary will close its borders to international passengers, Prime Minister Viktor Orban told Parliament on March 16.

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India's poor at high risk for  
coronavirus

## India

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India banned all international flights, except cargo, until April 14.

On March 18, India said it would suspend the vast majority of visas to the country. Millions of foreign nationals of Indian origin, who are traditionally granted visa-free access, will now also need to apply.

It urged Indian nationals to avoid all non-essential travel abroad.

On March 17, India had suspended issuing visas to citizens of France, Spain and Germany until further notice. Such restrictions were already in place for citizens of China, Italy, Iran, Japan and South Korea - the five countries worst hit by the outbreak.

It closed a border with neighbouring Myanmar.

## Indonesia

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Effective April 2, non-resident foreigners are not allowed to transit or enter Indonesia.

All visa exemptions and visa on arrival to foreigners are suspended till April 20.

Visitors and airline crew who have been in France, Germany, Iran, Italy, Spain, Switzerland, the United Kingdom or Vatican City in the past 14 days are not allowed to transit or enter Indonesia.

This does not apply to nationals of Indonesia.

People with a Permanent Staying Permit (KITAP) or a Temporary Staying Permit (KITAS) are only allowed to enter Indonesia if they have a valid health certification issued by local health authorities in English stating they are fit for travel and free from respiratory disease. The certification must have been issued at latest 7 days prior to departure.

Passengers and airline crew who have been in China or Daegu and Gyeongsangbuk Province in South Korea in the past 14 days are not allowed to transit or enter Indonesia.

## Iran

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Nationals of China with ordinary passports, passengers with a Hong Kong passport and passengers with a Macao passport are no longer visa-exempt.

However, they can obtain a visa on arrival. They are required to clear the medical and health check upon arrival. After that, they will be given a certificate.

## Iraq

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The Iraqi government said it will extend a countrywide lockdown it imposed in response to the coronavirus pandemic until April 11. All airports are closed.

Schools, universities, shopping centres and other large gathering places will remain closed.

## Israel

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The Israel border is closed for all, except nationals, residents and those with a specific entry approval from the Immigration Authority.

Transit facilities at Tel Aviv (TLV) are temporarily suspended.

## Italy

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In Italy, government officials placed the country of 60 million people on lockdown on March 10 in an attempt to stop the spread of the virus. The restrictions will run until April 3.

Tourists are not allowed to enter Italy via airports in the Lombardy region and the provinces of Alessandria, Asti, Modena, Novara, Padova, Parma, Pesaro and Urbino, Piacenza, Reggio Emilia, Rimini, Treviso-Venice, Verbano-Cusio-Ossola and Vercelli.

People travelling for business, for health reasons, in an emergency or if they are residents must inform their arrival to the regional department of prevention and are subject to health surveillance and isolation for 14 days.

You've heard about #socialdistancing to 'flatten the curve' - but what does that mean?

Flattening the curve aims to give health systems more time to care for patients who need help by slowing the spread of the #coronavirus: <https://t.co/QpiuwiXITW>  
[pic.twitter.com/INAirHWV6c](https://t.co/pic.twitter.com/INAirHWV6c)

— Al Jazeera English (@AJEnglish) March 17, 2020

Italy banned domestic travel and shut down a range of industries on March 23 in a last-ditch push against the spread of a coronavirus.

## Ivory Coast

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All borders are closed in Ivory Coast until further notice.

## Jamaica

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Jamaica has imposed travel restrictions on travellers from Iran, China, South Korea, Italy, Singapore, Germany, Spain, France and the UK, local media reported. The government also said anyone arriving from countries where there is community spread will be required to self-quarantine for 14 days.

## Japan

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The country initially imposed an entry ban to travellers who have been in China, Iran or Italy in the 14 days before arrival. On April 3, it extended that ban to 73 countries, including the US, UK and Canada.

The ban includes at least 44 European countries, 12 Asian countries, four countries in the Middle East, five African countries, six Latin American countries, as well as Australia and New Zealand.

## Jordan

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Jordan on March 17 closed border crossings with Israel and the Israeli-occupied West Bank and its seaports to shipping from Egypt. It also barred overland passenger traffic from Iraq.

The government banned travel to Lebanon and Syria and also barred entry to travellers from France, Germany and Spain. The measures included reducing airline services by half to Egypt.

## Kazakhstan

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Kazakhstan will extend its state of emergency declared over the coronavirus outbreak until the end of April, President Kassym-Jomart Tokayev's office said.

The state of emergency, which has allowed the government to lock down all provinces and major cities and shut down many businesses, was originally due to end on April 15.

President Kassym-Jomart Tokayev on March 15 declared a state of emergency, barring entry to the country for everyone except returning citizens, diplomats and those invited by the government. Kazakhs are also barred from leaving the country.

## Kenya

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All international flights to Kenya are suspended.

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Kenya blocks entry for non-residents in virus response  
(2:38)

## Kuwait

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Authorities banned all commercial passenger flights to and from Kuwait from March 13.

## Kyrgyzstan

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Kyrgyzstan on March 17 said it would ban entry to all foreigners.

## Latvia

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Latvia stopped nearly all foreigners from entering the country, with all international travel, by air, rail, sea and road cancelled from March 17. Latvians and foreigners with residency rights in Latvia can enter the country.

## Lebanon

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On April 9, Lebanon's government extended its almost month-long coronavirus shutdown by another two weeks until April 26 to combat the spread of the disease, the information minister said.

The Lebanese government on March 11 announced the suspension of flights from Italy, Iran, China and South Korea.

On March 12, the Lebanese government decided to close indefinitely all land border crossings into Syria.

## Libya

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Libya's UN-recognised Government of National Accord (GNA) in Tripoli suspended all flights at the Misrata Airport for three weeks on March 16. Borders have also been closed.

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Libya closes borders to protect weak health sector from COVID-19  
(2:22)

## Lithuania

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Lithuania on March 16 shut its borders to nearly all foreigners. Lithuanian citizens were also banned from leaving the country, except for business trips.

The ban, which has exceptions for truck drivers, diplomats and people passing through the country on their way home, will be in force until March 30.



## Madagascar

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All flights to Madagascar were suspended until April 20.

## Malaysia

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Malaysia has extended movement and travel restrictions that have been put in place to contain a coronavirus outbreak for two more weeks, until April 28.

The curbs, first imposed on March 18, were originally set to end on April 14.

## Maldives

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The government banned entry to travellers from China, Italy, Bangladesh, Iran, Malaysia and the UK, as well as to those coming from specific regions in Germany, France and South Korea.

All direct flights to China, South Korea and Italy have also been suspended.

## Mali

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Mali will indefinitely suspend flights from countries affected by the virus starting on March 19, except for cargo flights.

## Mauritius

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Non-resident foreign nationals are not allowed to transit or enter Mauritius. Airline crew will be isolated in their hotel rooms.

## Mexico

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On March 20, the US and Mexico agreed to restrict non-essential travel over their shared border, US Secretary of State Mike Pompeo said, placing limitations on one of the world's busiest borders.

The restrictions will be reviewed after 30 days, Pompeo said at a White House news briefing.

## Moldova

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Moldova temporarily shut its borders and suspended all international flights from March 17.

## Morocco

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On March 14, Morocco said it would halt flights to and from 25 countries, extending an earlier ban that covered China, Spain, Italy, France and Algeria.

The countries affected are Austria, Bahrain, Belgium, Brazil, Canada, Chad, Denmark, Egypt, Germany, Greece, Jordan, Lebanon, Mali, Mauritania, the Netherlands, Niger, Norway, Oman, Portugal, Senegal, Switzerland, Sweden, Tunisia, Turkey and the UAE.

Morocco then suspended all flights into the country.

## Myanmar

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All visa issuances are suspended until April 30. All international flights to Myanmar are suspended until April 13.

From fast-moving myths to an avalanche of news - [#coronavirus](#) has dominated the conversation online and off.

We've put a handy guide and answered your most-asked questions:

<https://t.co/lH6F8IduFo#COVID19> - A thread 📌 [pic.twitter.com/pe5FEDN0LC](https://pic.twitter.com/pe5FEDN0LC)

— Al Jazeera English (@AJEnglish) March 16, 2020

## Nepal

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As of March 14, all foreign nationals who enter Nepal must remain in self-quarantine for 14 days, according to the country's Department of Immigration.

Nepali nationals and residents must stay in home quarantine for 14 days from their arrival date. All these measures are in place until April 30.

The country has stopped issuing on-arrival visas to foreigners from March 14 through April 30.

All international flights to Nepal are suspended until April 15.

## Netherlands

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The Dutch government announced that entry restrictions will be tightened for non-EU citizens who wish to travel to the Netherlands starting from March 19.

The travel restrictions do not apply to EU citizens (including citizens of the UK) and their family members, as well as citizens from Norway, Iceland, Switzerland, Lichtenstein and their family members.

Check [here](#) for more details on exceptions.

## New Caledonia

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Flights to New Caledonia are suspended until 31 May 2020.

## New Zealand

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From March 19, New Zealand will close its borders to all non-citizens or non-permanent residents.

Prime Minister Jacinda Ardern said on March 15 everyone arriving in New Zealand will require to self-isolate for 14 days, excluding people from the Pacific Islands.

## Nigeria

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On April 13, Nigeria extended the lockdown in three key states of Lagos, Abuja and Ogun by 14 days to slow the spread of coronavirus in Africa's most populous country.

On March 18, the government announced it was restricting entry into the country for travellers from China, Italy, Iran, South Korea, Spain, Japan, France, Germany, the US, Norway, the UK, Switzerland and the Netherlands. Those coming from high-risk countries are asked to self-isolate for 14 days.

Nigeria expanded its restrictions on March 21 announcing it will close its two main international airports in the cities of Lagos and Abuja from March 23 for one month.

The country also plans to suspend rail services starting on March 23.

## North Korea

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Tourists are not allowed to enter. Business travellers must spend 14 days in quarantine upon arrival.

## Norway

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On March 14, Norway said it would shut its ports and airports from March 16, although exemptions will be made for Norwegians returning from abroad, residents of Norway, and goods.

The country also said it will implement extensive controls of its land entry points, but will not shut its 1,630km (1,000-mile) border with neighbouring Sweden.

## Oman

Oman suspended tourist visas from all countries and banned cruise ships from docking. From March 18, it enforced an entry ban on all non-Omanis, including expatriates with residency visas.

## Pakistan

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The Pakistan government has extended the suspension of domestic and international flight operations in the country until April 21, a notification issued by the Civil Aviation Authority (CAA) said.

On March 21, the country suspended all international flights until April 4. The move came as the country had already shut all its land borders a week before.

"It has been decided that all borders will remain closed for 15 days," Foreign Minister Shah Mehmood Qureshi told the local ARY and Dunya TV networks. "International flights will operate only out of Karachi, Lahore and Islamabad airports."

On March 29, Islamabad said its borders would remain closed for another two weeks, as the number of people infected with the coronavirus surpassed 1,400.

"The environment here is so filthy that if a person stays here for a while... they will get coronavirus."

A rare look inside a camp that has become the epicentre of Pakistan's #coronavirus outbreak. [pic.twitter.com/KQ52YjMaSk](https://pic.twitter.com/KQ52YjMaSk)

— Al Jazeera English (@AJEnglish) March 17, 2020

## Panama

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On March 16, the government announced that only Panamanians and foreign residents would be allowed to enter the country. On March 22, the country banned all international flights and on March 25, Panama suspended all domestic passenger flights from both local and international airports.

## Paraguay

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On March 14, Paraguay suspended flights from Europe until at least March 26. It has also restricted traffic across Friendship Bridge, which connects the country with Brazil, to authorised cargo traffic.

## Peru

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After declaring a state of emergency on March 15, Peru announced it would shut down its border for at least 15 days starting on March 16. The measure includes the cancellation of all commercial international flights into the country.

## Philippines

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A month-long lockdown on Luzon - the largest Philippine island home to nearly 60 million people - is in place, while domestic and international flights have been cancelled until April 14.

## Poland

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On March 13, Poland said it would ban foreigners from entering the country from March 15 and impose a 14-day quarantine on its citizens returning home. Those with a residence permit in Poland would also be allowed to enter, Prime Minister Mateusz Morawiecki said.

No international inbound flights or trains would be allowed from March 15, except for some charter flights bringing Poles back from holidays.

## Portugal

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Portuguese Prime Minister Antonio Costa announced the closure of all airports to commercial flights during the usually busy Easter holiday period to stop the spread of the virus.

The airports will shut between April 9 and April 13 and only flights repatriating citizens or transporting goods will be allowed to operate.

Last month, flights from outside the EU were suspended, excluding the UK, USA, Canada, Venezuela, South Africa and Portuguese-speaking countries.

Costa had said that travel restrictions on the land border with Spain should guarantee that free movement of goods continues and protect the rights of workers, but that "there must be a restriction (on travelling) for the purposes of tourism or leisure".

## Puerto Rico

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On April 6, Puerto Rico announced passengers will be quarantined for 14 days, and they must present a completed Puerto Rico Department of Health form upon arrival.

## Qatar

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On March 15, Qatar said it would ban inbound flights, except for cargo and transit flights, starting from March 18. The entry ban does not apply to Qatari citizens. Nationals of Qatar

are not allowed to exit the country.

## Romania

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Romania's government barred most foreigners from entering the country on March 21 and tightened restrictions on movement inside the country.

"Foreign citizens and stateless persons are banned from entering Romania through all border points," Interior Minister Marcel Vela said during a national address.

Exceptions would be allowed for those transiting through Romania using corridors to be agreed with neighbouring states, he added.

## Russia

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Russia announced that it would close its borders starting on March 30 in a bid to curb the spread of the coronavirus.

The Russian government has ordered the civil aviation authority to suspend all regular and charter flights to and from Russia from March 27.

On March 14, the Russian government said it was closing the country's land border with Poland and Norway for foreigners.

Citizens of neighbouring Belarus and official delegations were exempt.

## Rwanda

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Rwanda on March 22 closed its borders completely, except for goods and cargo and returning citizens, authorities said.

Anyone arriving in Rwanda will be subject to a 14-day quarantine at designated locations.

## Saint Kitts and Nevis

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The Caribbean country asked anyone who has travelled to China, Italy, Iran, Hong Kong, Singapore, South Korea, Japan, the UK, France, Germany and Spain to not visit, the Miami Herald reported. If an individual does arrive from one of these countries, he or she must go through a 14-day quarantine.

## Saint Lucia

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Saint Lucia imposed restrictions on travellers arriving from France, Germany, Spain, the UK, China, Japan, South Korea, Italy and Singapore, according to local media. As of March 23, the island nation closed it's airports to incoming traffic until at least April 5.

## Saudi Arabia

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On March 15, Saudi Arabia suspended all international flights for two weeks.

## Serbia

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On March 19, Serbia closed its airport and said it would shut all road and rail borders other than to freight traffic, as well as halt all internal passenger transport, in a bid to curb the spread of coronavirus.

Passenger flights were banned from Belgrade's Nikola Tesla Airport for the first time since 1999 when flights were halted during the NATO bombing of the country and the war in Kosovo.

The airport remains open only for humanitarian flights and planes with special permits. Serbia had already barred flights to and from the airport in the southern city of Nis.

## Seychelles

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All international flights to Seychelles are suspended.

## Singapore

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All short-term visitors are banned from transiting or entering Singapore.

Singapore residents and pass-holders will be quarantined or asked to self-isolate for 14 days.

## Slovakia

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Slovakia banned international passenger travel on March 12 but the border remained open for freight.

On March 27, Slovakia announced it was closing border crossings with Poland, the Czech Republic, Hungary and Austria for the transit of trucks over 7.5 tons delivering non-essential goods.

## Slovenia

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Slovenia on March 11 said it was closing some border crossings with Italy and began making health checks at those remaining open. Passenger train transport between the two countries was also cancelled.

## Somalia

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Somalia has banned all international flights.

## South Africa

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On April 9, South Africa's President Cyril Ramaphosa said he will extend a nationwide lockdown by two weeks. The lockdown, which started on March 27 and was due to last for 21 days.

South Africa barred entry to foreign travellers arriving from or transiting through high-risk countries, including Italy, Iran, South Korea, Spain, Germany, France, Switzerland, the US, the UK and China.

South Africans were also advised to cancel or postpone all non-essential foreign travel.

South African Airways announced on March 20 it would suspend international flights until May 31.

## South Korea

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On March 17, South Korea said it would tighten border checks for all overseas arrivals. The government had already imposed strict border checks on visitors from China, Italy and Iran, requiring them to sign up by a smartphone application to track whether they have any symptoms, such as fever.

The government also issued a "special travel advisory" on March 23, calling on its citizens to cancel or postpone their trips abroad over the spread of the new coronavirus.

The Foreign Ministry said that the special travel advisory applies to all countries except those that are already under higher alerts that call for the withdrawal of citizens or are subject to a travel ban.

South Korea has also enforced a two-week quarantine period and virus tests for all long-term arrivals from Europe, regardless of symptoms, to contain imported virus cases.

## Spain

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Spain will restrict entry for most foreigners at air and seaports for the next 30 days to help stem its coronavirus epidemic, the Interior Ministry said on March 22. The ban - starting at midnight - comes a few days after Spain imposed restrictions on its land borders with France and Portugal, after European Union leaders agreed to close the bloc's external borders for 30 days.

Spanish nationals, foreigners living in Spain, aircrew, cargo and healthcare workers and diplomats will be allowed to travel as normal, the ministry said in its statement.

On March 16, the Spanish government announced the closing of its land borders, allowing only citizens, residents and others with special circumstances to enter the country.

Direct flights from Italy to Spain have been banned until March 25.

## Sri Lanka

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On March 22, the Sri Lankan government imposed a ban on all passenger flights and ships until March 31. The order was later extended until at least April 7.

A government had previously said in a statement that all passenger flights and ships will not be allowed to enter the Indian Ocean island until the situation returns to normalcy.

## Sudan

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On March 16, Sudan closed all airports, ports and land crossings. Only humanitarian, commercial and technical support shipments were excluded from the restrictions.

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Coronavirus in Sudan: Food and medical supplies in short supply  
(2:35)

## Suriname

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Suriname closed all of its land and sea borders on March 14.

## Sweden

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The government has temporarily stopped non-essential travel to Sweden from countries outside the EEA and Switzerland. The decision took effect on March 19 and will initially apply for 30 days.

## Seychelles

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The international airport in Seychelles is closed to all international flights.

## Tajikistan

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All flights are suspended starting from March 20. Travellers who have been in or transited through, China, Iran, Italy or South Korea in the 14 days before arrival are banned from entering the country.

## Thailand

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Foreigners, except those with a work permit, diplomats or their family members, are not allowed to enter or transit Thailand.

The country's aviation agency announced on April 6 the extension of a ban on all passenger flights from landing in Thailand until April 18.

## Trinidad and Tobago

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Trinidad and Tobago closed its airports until April 30.

## Tunisia

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Tunisia, which declared 24 cases of the virus, closed mosques, cafes and markets, closed its land borders and suspended international flights on March 16.

Tunisia also imposed a curfew from 6pm to 6am starting on March 18, Tunisia's president said, tightening the measures to counter the spread of the coronavirus.

## Turkey

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Turkey shut down borders of 31 cities and towns and imposed a partial curfew for citizens under the age of 20 to contain the coronavirus outbreak.

Turkey's land borders with Greece and Bulgaria have been closed to the entry and exit of passengers as a measure against the coronavirus outbreak.

The government further expanded flight restrictions on March 21 to a total of 68 countries, including Angola, Austria, Azerbaijan, Algeria, Bangladesh, Belgium, Cameroon, Canada, Chad, Czechia, China, Colombia, Djibouti, Denmark, Dominican Republic, Ecuador, Egypt, Equatorial Guinea, Finland, France, Germany, Guatemala, Georgia, Hungary, India, Italy, Iraq, Iran, Ireland, Ivory Coast, Jordan, Kazakhstan, Kenya, Kosovo, Kuwait, Latvia, Lebanon, Montenegro, Mongolia, Morocco, Moldova, Mauritania, Nepal, Niger, Norway, the Netherlands, North Macedonia, Oman, the Philippines, Panama, Peru, Poland, Portugal,

South Korea, Slovenia, Sri Lanka, Sudan, Saudi Arabia, Spain, Sweden, Switzerland, the Turkish Republic of Northern Cyprus, Taiwan, Tunisia, Uzbekistan, United Arab Emirates, the UK and Ukraine.

## Turkmenistan

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Turkmenistan, which has so far reported no coronavirus cases, has suspended all international flights until April 20.

Domestically, people travelling to and from Ashgabat were told by officials at checkpoints installed around the capital that non-essential travel was banned, according to Reuters.

## Uganda

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On March 18, Uganda restricted travel to some of the affected countries such as Italy.

Uganda suspended all passenger planes in and out of the country starting from March 22 until April 24. Cargo planes will be exempted.

## Ukraine

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Ukraine said on March 13 that foreign nationals would be barred from entering the country.

## United Arab Emirates

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The government indefinitely suspended flights to and from Lebanon, Turkey, Syria and Iraq from March 17. On March 23, Dubai carrier Emirates announced the suspension of all passenger flights. Hours later, Abu Dhabi's Etihad announced the suspension of all passenger services, except for some returning UAE nationals and diplomats to Abu Dhabi.

## United Kingdom

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The government on March 17 advised citizens "against all non-essential travel worldwide", initially for a period of 30 days.

According to Neil Ferguson, a government adviser and leading professor of mathematical biology at Imperial College, the UK will not be able to relax its stringent lockdown rules until the end of May.

## United States

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The US has banned the entry of all foreign nationals who have travelled to China, Iran, Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the

Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, the UK or Ireland 14 days before their arrival.

US citizens or permanent residents who have visited a high-risk area must fly into one of the 13 international airports with enhanced entry screening capabilities.

We will be, by mutual consent, temporarily closing our Northern Border with Canada to non-essential traffic. Trade will not be affected. Details to follow!

— Donald J. Trump (@realDonaldTrump) March 18, 2020

On March 18, President Donald Trump announced that the US would close its northern border with Canada "by mutual consent" to non-essential traffic such as tourists and other visitors.

On March 20, the US and Mexico agreed to restrict non-essential travel over their shared border for 30 days, US Secretary of State Mike Pompeo said, a decision that will be revisited after the period.

## Uruguay

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On March 15, Uruguay announced it would ban all flights from Europe starting from March 20. Earlier, it had announced that passengers from China, South Korea, Japan, Singapore, Iran, Spain, Italy, France and Germany had to go through a 14-day quarantine.

## Uzbekistan

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Uzbekistan has barred entry for all foreigners.

On March 22, the country announced it was closing its borders for its citizens, preventing them from leaving from March 23 onwards.

## Venezuela

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On March 12, Venezuela announced it would cancel all flights from Europe, Colombia, Panama and the Dominican Republic for at least 30 days. The country has also announced a nationwide quarantine.

## Vietnam

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Vietnam announced on March 21 that it will suspend all inbound international flights to contain the spread of coronavirus in the country, without giving a time frame.

The government also announced it would bar entry for all foreigners from March 22, except for special cases.

## Yemen

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On March 14, the internationally-recognised government of war-torn Yemen said it would suspend all flights to and from airports under its control for two weeks starting on March 18.

A statement from the office of Prime Minister Maeen Abdulmalik Saeed said the move exempted flights for humanitarian purposes. The key airports his government controls are in Aden, Sayoun and Mukalla.

## Zambia

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All international flights must arrive at Kenneth Kaunda International Lusaka Airport (LUN). Passengers and airline crew must be quarantined for at least 14 days at their own cost.

## Zimbabwe

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Zimbabwe President Emmerson Mnangagwa announced on March 24 that all borders will be closed to human traffic, except for returning residents.

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War-torn Yemen gears up for coronavirus battle (2:26)

# Exhibit Z

to Choudhury Decl.



## U.S. Embassy & Consulates in Pakistan

# Health Alert - Update #21 Pakistan Government Extends Lockdown until April 30

### Health Alert – U. S. Embassy Islamabad, Pakistan (April 15, 2020)

**Location:** Pakistan (country-wide)

**Event:** Update #21 – Pakistan Government Extends Lockdown until April 30

On April 14, the Government of Pakistan extended the nation-wide lockdown until April 30. While certain industries will be permitted to resume limited activities, educational institutes are to remain closed, and public gatherings are not permitted.

The U.S. government is working to identify options for the many U.S. citizens and Lawful Permanent Residents still in Pakistan wishing to return to the United States.

What should you do if you still want to return to the United States?

- Complete the TRAVELER INTEREST FORM. Enter correct data, double check that data. If you have already submitted this form, do **NOT** resubmit. We have your information; duplicate information will delay us contacting you.
- Ensure you are enrolled in Smart Traveler Enrollment Program (STEP) to receive alerts and updates on flight availability. Check your email often.
- Prepare to depart on short notice with limited luggage. If we are able to offer seats, you may need to make a quick decision and depart quickly.
- Be aware that the U.S. destination of any charter or commercial options arranged by the U.S. government may not to your preferred arrival city. Travelers should be prepared to arrange their own onward travel.
- Double check your Pakistan visa (if applicable). Review information about the extension of Pakistani visas for foreign nationals in our Health Alert Update #15.

### Actions to Take:

- Enroll in Smart Traveler Enrollment Program (STEP) to receive alerts and updates.
- Seek medical care right away if you believe you may have COVID-19.
- Review the CDC's latest recommendations to reduce your risk of contracting COVID-19.
- Monitor flight availability.
- Visit the Department of Homeland Security's website on the latest travel restrictions to the United States.
- Visit our Embassy webpage on COVID-19 for information on conditions in Pakistan.

**Assistance:**

U.S. Embassy Islamabad, Pakistan

+(92)(51) 201-4000

[ACSIslamabad@state.gov](mailto:ACSIslamabad@state.gov)

<https://pk.usembassy.gov>

U.S. Consulate General Karachi

+(92)(21) 3527 5000

[ACSKarachi@state.gov](mailto:ACSKarachi@state.gov)

U.S. Consulate General Lahore

+(92)(42) 3603 4000

[ACSLahore@state.gov](mailto:ACSLahore@state.gov)

U.S. Consulate Peshawar

+(92)(91) 526 8800

State Department – Consular Affairs

888-407-4747 or 202-501-4444

[Pakistan Country Information](#)

[Enroll in Smart Traveler Enrollment Program \(STEP\) to receive security updates](#)

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This is the official website of the U.S. Embassy and Consulates in Pakistan. External links to other Internet sites should not be construed as an endorsement of the views or privacy policies contained therein.







# Exhibit AA

to Choudhury Decl.

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[https://thesouthern.com/news/local/3-detainees-1-correctional-officer-of-pulaski-county-detention-center-diagnosed-with-covid-19/article\\_8ce1ca7e-7b28-5884-8113-badf0e385a21.html](https://thesouthern.com/news/local/3-detainees-1-correctional-officer-of-pulaski-county-detention-center-diagnosed-with-covid-19/article_8ce1ca7e-7b28-5884-8113-badf0e385a21.html)

BREAKING

FEATURED

Pulaski County

## **3 detainees, 1 correctional officer of Pulaski County Detention Center diagnosed with COVID-19**

Molly Parker

Apr 9, 2020

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The Pulaski County Detention Center is located just off Interstate 57 in Ullin.

The Southern File Photo

**U**LLIN — Three detainees at the Pulaski County Detention Center and one correctional officer have been diagnosed with COVID-19, officials confirmed Thursday.

It is the first publicly reported correctional facility in Southern Illinois with a known outbreak.

The detention center houses court-involved individuals in Alexander and Pulaski counties who have criminal cases pending or have been sentenced to serve time.

Additionally, the Department of Homeland Security's Immigration and Customs Enforcement agency contracts with Pulaski County to use part of the 240-bed facility to house people who are accused of being in the U.S. illegally.

Currently, there are about 145 people in custody at the facility, about 130 of whom are ICE detainees, said facility administrator Damon Acuff. He said that everyone in the custody of the facility is treated the same, and declined to say whether those in the facility's custody who tested positive for COVID-19 were jail inmates or ICE detainees.

Acuff said that the three individuals with COVID-19 had not been housed with the general population.

"Those individuals hadn't been here very long and they were actually housed by themselves," he said Thursday afternoon. "About 48 hours after they arrived here, they started complaining of not feeling well. We checked their temperatures. They had low-grade temperatures. We put them on medical isolation."

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Because of that, Acuff said that he does not believe any other detainees in the general population have been exposed.

Acuff said he was notified Thursday morning that the three detainees, as well as one correctional officer, had tested positive. Upon receiving this information, four other correctional officers were tested due to potential exposure. They are not symptomatic and are continuing to work pending those results, he said. Acuff said that the facility tests correctional officers' temperatures when they report to work, and checks detainees' temperatures twice daily. He said the facility will continue to monitor the situation closely.

The detained individuals with COVID-19 include one male in his 20s and two males in their 30s, according to the Southern Seven Health Department.

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Immigrant rights organizations have been sounding the alarm for weeks about COVID-19 risks to people being held in ICE's network of jails in facilities across the country. According to the Chicago-based National Immigrant Justice Center, ICE apprehended and detained nearly 10,000 people in March, as COVID-19 infections began to spread throughout the U.S.

More than 35,000 people were in ICE's custody at the end of March, all facing civil violations, and the detention facilities where they are being held are "tinderboxes for the virus to spread," the advocacy organization wrote on its website. It called on ICE to limit enforcement and release people in its custody on humanitarian parole or on their own recognizance.

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ICE's media department had not responded to The Southern's emailed questions as of deadline Thursday evening.

BuzzFeed News and other national media outlets reported earlier this week that an ICE official told congressional staffers that the agency is reviewing cases of individuals in detention "who may be vulnerable to the virus" and is making "case-by-case determinations for release" in accordance with guidance from medical experts and the Centers for Disease Control and Prevention.

Cindy Buys, a Southern Illinois University law professor who has made numerous trips to the Pulaski County facility to deliver educational seminars with her law school students, said an outbreak there is concerning. ICE detainees are housed in large pods in which 30 or more people share an open space, she said. "If one person were to be infected in the pod, it would really be impossible to keep it away from the rest," she said. "They're in bunk beds, they're sharing restroom facilities, everything."

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Several other members and volunteers of the Southern Illinois Immigrant Rights Project also expressed concern for detainees at the facility. Buys, Rafael Fu, of Marion, and Dr. Ana Migone, a family physician from Carbondale, all said that ICE should look at alternatives to detaining people during the COVID-19 outbreak, especially those who are at high risk for developing serious complications from the coronavirus.

Fu said that about 30 ICE detainees in Pulaski County are over 50, and others may have underlying health conditions that also put them at risk. He said efforts are underway to help these individuals seek humanitarian parole. Fu said that some of the detainees he's talked with do not feel as though they are receiving timely information from the facility about COVID-19.

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Migone said that she and her husband had started making twice monthly trips to visit with ICE detainees beginning late last year. Migone, who is Catholic, said she felt called to undertake this volunteer work, and found it very rewarding. Their trips were called off in March when most facilities, including this one, stopped allowing visitors in an attempt to slow the spread of COVID-19. Many of the people there are isolated from their families, and do not have the financial means to make regular phone calls. Some are afraid or anxious, she said.

While the jail inmates are largely from Pulaski and Alexander counties, Fu said the ICE detainees arrive from throughout Illinois, Indiana, Kentucky and Missouri. The detainees may have entered the country illegally, overstayed a visa, violated the terms of their legal status, or face other issues related to lawful residency.

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## COVID-19 numbers in Southern Illinois

This information will be updated daily with the latest numbers from local health departments in Southern Illinois. The numbers reflect total lab-confirmed COVID-19 cases in each county, including deaths and recoveries. These numbers may differ slightly from the county numbers being reported by the Illinois Department of Public Health daily. Local health departments tend to have more current numbers than the state.

County	Total cases	Deaths	Recovered
Alexander	0	0	0
Franklin	5	0	0
Gallatin	2	0	0
Hamilton	0	0	0
Hardin	0	0	0
Jackson	38	4	12
Jefferson	10	1	0
Johnson	1	0	0
Massac	3	0	0
Perry	1	0	0
Pope	0	0	0
Pulaski	5	0	0
Randolph	44	0	29
Saline	3	0	1
Union	1	0	0
Williamson	11	0	0
White	0	0	0

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618-351-5079

On Twitter: @MollyParkerSI

 **2** comments

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## Concerned about COVID-19?

Sign up now to get the most recent coronavirus headlines and other important local and national news sent to your email inbox daily.

Email Address

Sign up!

\* I understand and agree that registration on or use of this site constitutes agreement to its user agreement and [privacy policy](#).

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### Molly Parker

Reporter

Molly Parker is general assignment and investigative projects reporter for The Southern Illinoisan.

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## Related to this story

### 3 Pulaski County detainees who tested positive last week for COVID-19 are in ICE custody

Updated Apr 13, 2020



# Exhibit AB

to Choudhury Decl.

## COVID-19 concerns abound at McHenry County Jail

### Jail workers weigh in on COVID-19 action; sheriff's office says precautions in place

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By **CASSIE BUCHMAN**[Email Follow](#)

March 29, 2020

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Officials at the McHenry County Jail in Woodstock said they have taken precautions to keep the COVID-19 virus out of the jail.

But a couple of corrections officers who spoke to the Northwest Herald on the condition of anonymity out of fear of losing their jobs said they are concerned that not enough is being done to prevent the virus from spreading at the jail.

The officers said it is only a matter of time until a COVID-19 case hits the jail.

Among other concerns, the officers said not enough sanitation is going on inside the jail, there is little screening of new inmates who come in, and social distancing guidelines are not being followed.

As posted on its website, the McHenry County Sheriff's Office closed the jail's front lobby for 30 days beginning March 18. In addition, the jail is offering one free weekly remote video visitation to detainees' friends and family.

In a memo sent to jail employees and obtained by the Northwest Herald, Dan Sitkie, chief of corrections at the McHenry County Jail, wrote that the department did not have anyone in the jail with coronavirus. Therefore, he said, the jail would "remain status quo" in its operations.

This, some corrections officers said, illustrates the issue: The jail is being reactive instead of proactive in its approach to the virus.

Although the corrections officers acknowledged the fact that on-site video visitation and other programs were shut down, one said officials "didn't do anything inside the jail to protect us or the inmates or the detainees, or anyone that comes and goes."

"As far as I know, there are no [precautions the jail is taking] other than you taking it upon yourself to clean," the corrections officer said, adding that they do have Clorox disinfectant wipes at their workstations.

Sitkie did not respond to multiple phone messages seeking comment. In his memo, he wrote that everyone who works in corrections – whether they are an officer, sergeant, lieutenant or chief – is considered “essential” by the state.

“Having a ‘title’ associated with your rank is all irrelevant when it comes to who will be coming into work, whether or not we have COVID-19 in the facility, as the answer is everyone who works here will be,” the memo stated. “You all took an oath like I did, along with everyone else that works here, and you are not the only ones that that pertains to.”

McHenry County Sheriff’s Deputy Tim Creighton, a spokesman for the office, said in an email that precautions inside the facility include the cleaning of all surfaces more often than normal.

“The number of subjects entering and leaving the jail is being reduced by the use of video court for both federal and local bond hearings and court appearances, as well as by the use of notice to appear citations for certain violations approved by the state attorney’s office,” Creighton said.

Personal protection equipment has been given to the officers working in the jail, he said, and additional PPE has been requested from various sources, including private vendors. In addition, Creighton said, procedures from the U.S. Centers for Disease Control and Prevention and health department for combating the virus have been distributed and posted.

As of Thursday, there were 443 detainees in the jail, 161 of whom were there in connection with local charges, and 282 of whom were federal Immigration and Customs Enforcement detainees, Creighton said.

Through its agreement with the U.S. Marshals Service, McHenry County earns \$95 a day for each federal detainee housed at the jail.

One corrections officer said the jail continues to receive more detainees on a daily basis.

“If you came here and you saw this, you would not believe it,” the corrections officer said. “[Inmates] are sitting right on top of each other. ... I’m not joking. ... There’s no enforcement.”

In the day room, where inmates have their meals, talk and hang out, everybody sits at the same table, officers said.

“They’re little tables, but just four or five per table, and you’re all in a big group out there,” a corrections officer said.

In some divisions, officers are in sections with more than 60 inmates, one officer said.

"They're using the same handrails and the same doors, they're using the same tables, same games, same everything. Imagine that this spread, how bad it can be," the corrections officer said.

Social distancing is being practiced as much as possible in the jail, but, as in any confined area, unique challenges exist, Creighton said. These challenges include the fact that the detainees' movement and space is restricted.

"We have posters put in place that have guidelines for maintaining good hygiene and washing their hands," Creighton said in an email. "We have social activity reminders posted reminding them to distance themselves from each other. We have posted information on our kiosk system with information, as well, for them to read and follow. "

Creighton said the jail has a responsibility to remain in operation in the safest manner possible.

"To our knowledge, overcrowding is not occurring," he said.

The Cook County Sheriff's Office recently reported a total of 167 detainees in custody who tested for COVID-19, 38 of whom have tested positive, six of whom have tested negative and 123 of whom have pending test results.

According to statistics posted on the Cook County Sheriff's Office's website, nine Cook County Sheriff's Office employees have tested positive for COVID-19.

"Cermak staff are closely monitoring the detainees on the living units where these individuals were housed and will test any detainees who are symptomatic," the Cook County Sheriff's Office said on its website.

It's outbreaks like these in other facilities that have McHenry County Jail employees concerned.

However, Creighton said that although any type of contagious disease is "always a concern," the county jail has policies and procedures in place developed with the help of the McHenry County Department of Health, its accreditation partners, the CDC, the jail's medical staff, the Illinois Sheriff's Association and others.

"We are confident that these procedures will protect our employees and inmate population in the best possible way allowed," Creighton said.

Corrections officers said people still have been coming to work coughing and sick. One officer told the Northwest Herald that another jail employee told administration that his wife

is sick with a fever, body aches and chest pain, but she tested negative for the flu and other sicknesses.

The officer said they still are waiting to hear whether she will be tested for the coronavirus.

"The admin told him to do what he wanted as far as staying at work or go home," the corrections officer said. "If he went home, he would use sick time. So they are giving officers options to come to work even though this is in his house."

Creighton said the sheriff's office considers the well-being of its staff a major priority, and it is taking every possible precaution at this time.

"[We] will adjust our responses as new information becomes available," Creighton said.

If an inmate were to test positive for the virus, they would be quarantined, Creighton said, and staff would confer with medical personnel to determine the best path to succeed and execute the plan.

Employees who tested positive would be sent home for a self-quarantine and referred to their personal physician, he said.

Remaining inmates and staff would be monitored as recommended by health department guidelines, Creighton added.

He said newly arriving detainees are assessed for related symptoms and verbally screened.

"If there is any concern for infection, the individual is isolated and medical staff is contacted for a more comprehensive evaluation," he said.

The corrections officers said that when inmates come in, they are asked basic medical questions, but these are the same ones that they have been asking "forever."

One officer said all that's being asked of inmates when they first come in is whether they have a fever, sore throat or things of that nature.

"That's pretty much it," the officer said. "[They] answer no, no, no [then go to the holding room]."

When inmates come to the jail and can't post bond, according to the corrections officers the Northwest Herald spoke to, they sit in a holding cell with anywhere from one to 20 people, for as many as one or two days, or throughout the weekend if it's a Saturday. Then, if they post bond, they go to general population.



"Whoever comes in goes in their same [holding] cell, so nothing's been cleaned, nothing's been decontaminated," one corrections officer said. "It's just right in there. So if anybody was infected ... whatever the case may be, they're going to contract it."

Another concern corrections officers said they have is the number of ICE detainees continuing to come in.

Creighton said Thursday that 112 ICE detainees have been brought into the McHenry County Jail since the county's coronavirus outbreak began March 10.

Recently, Kenosha County in Wisconsin, which also provides services to ICE, announced that in light of the president, Wisconsin governor and county executive declaring a state of emergency to help stop the spread of COVID-19, they no longer would house ICE detainees in the Kenosha County Jail.

"The COVID-19 pandemic has affected many people around the world and has now made its way into our country," the Kenosha County Sheriff's Office said in a news release on its website. "To safeguard our employees, their families and the community we serve, all 170 detainees that were being housed in our jail facilities were transported by buses to other [sheriff's] departments that are currently engaging with ICE housing detainees.

"ICE detainees have come into the U.S. from around the world, and the risks for bringing in new detainees to our jail facilities are far too great at this time."

ICE detainees still are being brought into the McHenry County Jail, however.

"We cannot speak to Kenosha County's decisions," Creighton said, adding that the local sheriff's office will continue the agreement the county has with ICE to the best of its abilities.

The biggest issue with all of this, corrections officers told the Northwest Herald, is that there are many corrections officers with immunocompromised family members, or who might be immunocompromised themselves and could be bringing the virus home with them.

"Not only [are we] at risk, [inmates] are at risk," a corrections officer said.

- Senior reporter Katie Smith contributed to this story.

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# Exhibit AC

to Choudhury Decl.

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY**

**CRISTIAN A.R., et al.,**

***Petitioners,***

**v.**

**THOMAS DECKER, et al.,**

***Respondents.***

Civil Action No. 20-3600

**OPINION**

**ARLEO, UNITED STATES DISTRICT JUDGE**

Petitioners Cristian A.R., Fedor B., Santiago C.C., Noe C.M., and Alvaro N.M. (collectively, “Petitioners”) are individuals in the custody of the United States Department of Homeland Security (“DHS”), Immigration and Customs Enforcement (“ICE”) who are detained at facilities in New Jersey under ICE’s discretionary authority pursuant to 8 U.S.C. § 1226(a). On April 6, 2020, Petitioners filed an Amended Petition for Writ of Habeas Corpus under 28 U.S.C. § 2241 and an Emergency Motion for Temporary Restraining Order (“TRO”) under Federal Rule of Civil Procedure 65, requesting the Court order their immediate release from detention based on their vulnerability to severe illness or death if they contract the novel coronavirus disease 2019 (“COVID-19”). ECF Nos. 12 (the “Petition”) & 13. Respondents oppose the Motion. ECF No. 20. Having reviewed the Petition and the parties’ submissions, heard oral argument, and examined the applicable law, the Court grants Petitioners’ TRO and orders Respondents to immediately release Petitioners subject to the conditions set forth below.

## I. FACTUAL BACKGROUND

### A. COVID-19

The international community is in the grips of a rapidly-evolving health crisis. On March 11, 2020, the World Health Organization classified COVID-19 as a global pandemic, anticipating that “the number of cases, the number of deaths, and the number of affected countries” would increase.<sup>1</sup> Around that time, the United States had reported only seventy confirmed cases of COVID-19.<sup>2</sup> As of the date of this writing, that number has since risen to over 492,416, and the virus has taken a total of 18,559 lives nationally.<sup>3</sup> New York and New Jersey have the greatest number of infections and deaths in the nation. Just yesterday alone, Saturday, April 11, 2020, New Jersey reported 3,599 new confirmed cases and 251 new deaths.<sup>4</sup> Bergen County and Hudson County, where Petitioners are detained, are the epicenter of the virus in New Jersey.

According to the Centers for Disease Control and Prevention (the “CDC”), COVID-19 spreads “mainly from person-to-person” between those “who are in close contact with one another (within about 6 feet)” and from contact with contaminated surfaces.<sup>5</sup> The most common symptoms of COVID-19 include fever, cough, and shortness of breath, but one need not present any symptoms to have the virus or be contagious.<sup>6</sup> Certain individuals are at higher risk for severe

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<sup>1</sup> World Health Org., *WHO Director-General’s Opening Remarks at the Media Briefing on COVID-19 – March 2020* (Mar. 11, 2020), <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.

<sup>2</sup> *Coronavirus in the U.S.: Latest Map and Case Count*, THE NEW YORK TIMES, <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html> (last visited Apr. 12, 2020).

<sup>3</sup> Ctrs. for Disease Control and Prevention, *Cases in U.S.*, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> (last visited Apr. 12, 2020).

<sup>4</sup> Presently New Jersey has 61,850 confirmed cases and 2,350 deaths. *COVID-19 Information Hub*, STATE OF NEW JERSEY, <https://covid19.nj.gov/#live-updates> (last visited April 12, 2020).

<sup>5</sup> Ctrs. for Disease Control and Prevention, *How COVID-19 Spreads*, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html> (last visited Apr. 12, 2020).

<sup>6</sup> *Id.*; Ctrs. for Disease Control and Prevention, *Symptoms of Coronavirus*, <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> (last visited Apr. 12, 2020).

illness or death if they contract COVID-19. Among them are persons who are “older,” are immunocompromised, or who have underlying health issues like asthma, chronic lung disease, HIV, heart conditions, diabetes, chronic kidney disease, and liver disease.<sup>7</sup> There is presently no vaccine to prevent COVID-19 infections.<sup>8</sup> In addition, testing is insufficient, especially in New Jersey, which ranks second in the country for confirmed cases but “19th in testing per capita.”<sup>9</sup> The CDC and health experts thus emphasize the importance of “social distancing” (i.e. staying at least six feet apart), regularly disinfecting “high touch” surfaces, and wearing cloth face covering to curtail the spread of the virus.<sup>10</sup>

Ultimately, “[t]he best way to prevent illness is to avoid being exposed to this virus.”<sup>11</sup> But in truth, avoiding exposure to COVID-19 is impossible for most detainees and inmates. The Declaration of Robert B. Greifinger, M.D., attached to Petitioners’ motion, provides a glimpse into that reality. Dr. Greifinger has “worked in health care for prisoners for more than 30 years” and has served as an independent consultant on prison and jail health care for several government agencies, including DHS. Greifinger Decl. ¶¶ 1-2, ECF No. 13.1. He describes the conditions that make detention facilities particularly susceptible to COVID-spread: the centers are “enclosed” and crowded environments; detainees are placed in “closed quarters” and share toilets, sinks, and showers “without disinfection between use”; “[s]taff arrive and leave on a shift basis”; and many

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<sup>7</sup> Ctrs. for Disease Control and Prevention, *People Who Are at Higher Risk for Severe Illness*, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html> (last visited Apr. 12, 2020).

<sup>8</sup> Ctrs. for Disease Control and Prevention, *Prevent Getting Sick*, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html> (last visited Apr. 12, 2020).

<sup>9</sup> *N.J. Says It’s Leading the Way in Coronavirus Testing. The Data Tells a Different Story*, NJ.COM (Mar. 29, 2020), <https://www.nj.com/coronavirus/2020/03/nj-says-its-leading-the-way-in-coronavirus-testing-the-data-tells-a-different-story.html>.

<sup>10</sup> Ctrs. for Disease Control and Prevention, *supra* note 8.

<sup>11</sup> *Id.*

facilities “lack adequate medical care infrastructure,” like full-time, on-site physicians. *Id.* ¶ 10. The CDC has similarly explained that, among other things, the crowded and fluid nature of detention facilities, the inadequate hygienic supplies, and the limited options for medical isolation present “unique challenges for control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors.” *See* CDC March 2020 Interim Guidance (“CDC Interim Guidance”) at 2, ECF No. 20.1. Consequently, practicing social distancing and ensuring proper hygiene to minimize the risk of infection are exceedingly difficult. Detainees who meet the CDC’s criteria for “higher risk” are the most vulnerable to a detention facility’s shortcomings. *See* Greifinger Decl. ¶ 5 (observing that “preliminary data from China” indicates that “20% of people in high risk categories who contract COVID-19 have died”).

The COVID-19 pandemic’s effect on our immigration system stretches beyond the country’s detention centers. On March 18, 2020, the Executive Office of Immigration Review (“EOIR”) postponed all non-detained hearings scheduled through May 1.<sup>12</sup> Immigration courts have closed intermittently across the country.<sup>13</sup> On March 27, 2020, soon after experiencing a one-day closure due to a confirmed COVID-19 case, the Varick Immigration Court in New York moved all of its cases to an adjudication center in Fort Worth, Texas, which were scheduled to be brought before immigration judges (“IJs”) in remote hearings. *See* Status Report, *Jovel v. Decker*, 20-cv-308 (S.D.N.Y. Apr. 3, 2020) (the “*Jovel* Status Report”) at 2, Haas Decl., Ex. 3, ECF No. 22.6. Since transitioning remotely to Fort Worth, New York-area attorneys have reported administrative and operational setbacks, including IJs not receiving evidentiary submissions or

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<sup>12</sup> U.S. Dep’t of Justice, *EOIR Status During Coronavirus Pandemic*, <https://www.justice.gov/eoir/eoir-operational-status-during-coronavirus-pandemic> (last visited Apr. 12, 2020).

<sup>13</sup> The EOIR has used Twitter to notify the public of court closures. *See generally* @DOJEOIR, TWITTER (last visited Apr. 12, 2020).

having case files, attorneys being unable to secure clients' appearances due to detention facility "lockdowns," and unexpected hearing cancellations. *See, e.g., Jovel Status Report* at 2-4; *Status Update, Aguilar Garcia v. Decker*, 20-cv-1689 (D.N.J. Apr. 7, 2020) at 1, Haas Decl., Ex. 4. Equally concerning, it appears that bond offices in Newark, New Jersey and New York City have closed, limiting access for a detainee's family to secure bond in the event an IJ grants release. *See Arcia-Quijano Decl.* ¶ 17, ECF No. 22.5.

It is during this unprecedented and troubling time, riddled with uncertainty, that Petitioners bring the instant motion.

**B. Petitioners' Pre-Existing Medical Conditions**

Petitioners are presently subject to immigration removal proceedings at the Varick Immigration Court and detained at ICE's discretion under 8 U.S.C. § 1226(a) at either the Hudson County Correctional Facility ("Hudson County Facility") or the Bergen County Correctional Facility ("Bergen County Facility," or together with the Hudson County Facility, the "Facilities") in New Jersey. *Petition* ¶¶ 1, 6-10. As described below, each Petitioner suffers from pre-existing medical conditions that no one disputes heighten their risk for serious health consequences if they contract COVID-19. *See id.*

**i. Cristian A.R.**

Cristian A.R. is thirty-three years old and has been detained at the Hudson County Facility since January 2020. *Petition* ¶ 6; *Kim Decl.* ¶¶ 2, 4, ECF No. 13.2. He has hypertension and Type 2 diabetes for which he has been prescribed daily medication and insulin shots. *Kim Decl.* ¶ 7. He submits that, while detained at the Hudson County Facility, he has had at least eleven blood sugar level readings over the American Diabetes Association's recommended range for

nonpregnant diabetic individuals. *Id.* ¶¶ 7-8. He has recently experienced “extremely painful headaches and partial face paralysis.” *Id.* ¶ 9.

**ii. Fedor B.**

Fedor B. is a thirty-five-year-old Russian national who has been detained at the Bergen County Facility since December 3, 2020. Petition ¶ 7; Ostolaza Decl. ¶ 4, ECF No. 13.3; Eisenzweig Decl. ¶ 1, ECF No. 22.3. He applied for asylum upon entering the United States on a visa three years ago, and before his detention, lived in New York City. Ostolaza Decl. ¶ 4. Fedor B. suffers from a number of ailments, including “asthma, high blood pressure, chronic hepatitis B, acute prostatitis (deep infection of the prostate), and post-operative complications of hemorrhoid surgery.” *Id.* ¶ 5. Of those conditions, his prostatitis is “so severe that it was [] not responding to multiple courses of antibiotics.” *Id.* In addition, he has “constant pain, intermittent bleeding due to hemorrhoids, and frequent urination” and a weakened immune system. *Id.*

**iii. Santiago C.C.**

Santiago C.C. is a thirty-six-year-old Ecuadorian national who has been detained at the Bergen County Facility since February 2020. Petition ¶ 7; Ostolaza Decl. ¶ 9. Santiago C.C. has had hypertension for the past six years and has kidney stones. Ostolaza Decl. ¶ 10. He recently received treatment from an external clinic, where a physician “prescribed him pain medication and recommended that he receive surgery for the kidney stones.” *Id.*

**iv. Noe C.M.**

Noe C.M. is forty years old and has been detained at the Bergen County Facility since August 5, 2019. Petition ¶ 9; Kim Decl. ¶ 11. He was recently diagnosed with Bell’s Palsy for which he was prescribed Prednisone, “an oral steroid” that purportedly suppresses his immune system. Petition ¶ 9; Kim Decl. ¶ 16. A doctor informed Noe C.M. that “he had experienced



symptoms of a stroke” from stress and that his condition “would take about 6 months to a year to recover.” Gordillo Decl. ¶ 6, ECF No. 22.2. Since then, “the numbing on his face has not stopped.” *Id.* ¶ 8. In late March of this year, Noe C.M. “started getting a fever and nose bleeds,” which persisted into early April. *Id.* ¶¶ 7-8.

**v. Alvaro N.M.**

Alvaro N.M. is fifty-nine years old and has been detained at the Hudson County Facility since March 2019. Petition ¶ 10; Kim Decl. ¶¶ 18-19. About five years ago, Alvaro N.M. had a heart attack. Petition ¶ 10; Kim Decl. ¶ 22. He suffers from Type 2 diabetes, hypertension, and high cholesterol for which he has been prescribed daily medication and insulin injections. *Id.* While detained at the Hudson County Facility, Alvaro N.M.’s “blood sugar has been higher than normal” and he has “felt that his condition is deteriorating.” Durkin Decl. ¶¶ 4-5, ECF No. 22.4.

**C. The Hudson and Bergen County Facilities’ COVID-19 Prevention and Management Measures**

It is undisputed that COVID-19 is spreading quickly through the Bergen and Hudson County Facilities. Bergen County Warden Steven Ahrendt indicated that as of 9:00 a.m. on April 8, 2020, two ICE detainees, one inmate, and sixteen corrections officers have tested positive for the virus and six ICE detainees, and eleven inmates are suspected of having contracted the virus. Ahrendt Decl. ¶ 9.M., ECF No. 20.4. The numbers of those infected at the Hudson County Facility are even more grim. According to Director Ron Edwards, as of 5:00 p.m. on April 6, 2020, two ICE detainees, twenty-four county and federal inmates, and fifty-eight staff members have tested positive for COVID-19. Edwards Decl. ¶ 19, ECF No. 20.5. One corrections officer and two nurses have died. *Id.* Neither Facility provides even an estimate of suspected positive cases, due in part, to lack of testing. Based on recent guidance, reports, and observations, describing the

particular vulnerabilities of detention and correctional centers for COVID-19 outbreak, the number of suspected and confirmed cases and casualties is certain to rise.<sup>14</sup>

Respondents maintain that the Facilities have implemented “preventative measures against the spread of COVID-19” and “ICE has implemented procedures and protocol to protect the detainees and staff in its care at [the Facilities.]” Gov. Br. at 22, 24, ECF No. 20. Based on a review of the certifications submitted by the Warden Ahrendt and Director Edwards, it appears that, for purposes of this opinion, those measures are best explained in two categories: external prevention and internal prevention and management.

#### **i. External Prevention**

The Facilities have taken precautions to mitigate the risk of COVID-19 exposure arising from external influences. The Bergen County Facility has indefinitely suspended all ICE detainee intakes and screens new county inmates, staff members, and vendors for the virus. Ahrendt Decl. ¶¶ 9.A., 9.B., 9.D. The Hudson County Facility is still accepting ICE detainees, with exceptions, and detainees, inmates, vendors, and staff are subject to medical evaluations before entering the Facility. Edwards Decl. ¶¶ 12.B.i., 12.B.ii., 12.B.vii. Both Facilities have suspended all social visitations and tours, and only “no-contact” visits and telephone conferences are permitted with attorneys. Ahrendt Decl. ¶ 9.C; Edwards Decl. ¶¶ 12.D.i, 12.H.-J.

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<sup>14</sup> See CDC Interim Guidance at 2 (listing the “components” that “present[] unique challenges for control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors”); see also Greifinger Decl. ¶¶ 4, 13 (explaining that once it is introduced, COVID-19 “spreads like wildfire” through detention facilities, and noting the “severe lack of testing capacity nationwide”); Timothy Williams, et. al., *Jails are Petri Dishes: Inmates Freed as the Virus Spreads Behind Bars*, THE NEW YORK TIMES (Mar. 30, 2020), <https://www.nytimes.com/2020/03/30/us/coronavirus-prisons-jails.html> (describing the “rapid spread” of COVID-19 across United States jails and prisons).

## ii. Internal Prevention and Management

In addition to their efforts at preventing exposure from external factors, the Facilities have taken affirmative steps to lessen the risk of COVID-19 exposure and transmission within the jails.

### 1. Social Distancing and Cleaning

At the Bergen County Facility, all detainees must remain in their cells at all times, “except for a thirty-minute period each day when they are permitted to exit the cell area.” Ahrendt Decl. ¶ 9.E. To promote social distancing, during that thirty-minute period, “only four inmates/detainees are permitted to leave the cell area” where they have “2643 square feet of space” for recreational use and showering. *Id.* Detainees and inmates have meals inside their cells to avoid congregating. *Id.* ¶ 9.K. With respect to cleaning and hygiene, “[a]ll housing units are sanitized no less than four times per day.”<sup>15</sup> *Id.* Respondents also indicate that “[t]he Facility provides disinfectant spray, hand sanitizer, and soap in every housing unit,” *id.*, but do not claim that the detainees have access to those cleaning and hygienic supplies. To the contrary, as discussed *infra*, detainees complain that they have little, if any, access to basic hygiene products and no access to cleaning supplies.

The Hudson County Facility has implemented a “[r]estrictive schedule,” permitting one “tier . . . out in the morning and the other portion . . . out in the afternoon, rotating daily.” Edwards Decl. ¶ 11. As a social distancing measure, beginning on March 21, 2020, the “recreation period” is now staggered to permit only two “inmates/detainees” to leave their cells for a thirty-minute recreational-use period. *Id.* ¶ 12.K. Detainees have meals inside their cells to prevent congregation. *See id.* ¶¶ 12.E, 13.E. With respect to cleaning and hygiene, the Hudson County Facility “lock[s] down” each housing unit in between shifts for cleaning and sanitization, which

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<sup>15</sup> Based on this cleaning schedule and the number of persons in the shared spaces every thirty minutes, it follows that close to fifty inmates and detainees pass through common areas, potentially coming into contact with contaminated surfaces before they are routinely cleaned.

occurs, at a minimum, three times per day. *See id.* ¶¶ 11, 12.E.<sup>16</sup> The Hudson County Facility also reports that it cleans the recreation areas “constantly” each day, *id.* ¶ 12.K, but does not state when, how often, and what that cleaning entails. It has provided its staff with Personal Protective Equipment (“PPE”). *Id.* ¶ 13.C. *See id.* ¶ 12.D.iv.

## 2. Medical Response, Quarantine, and Isolation

Both Facilities follow nearly identical isolation and quarantine protocols for confirmed and suspected cases of COVID-19. Confirmed cases that do not require hospitalization are isolated in a designated area. Ahrendt Decl. ¶ 9.H.; Edwards Decl. ¶ 15. Symptomatic inmates or detainees who are awaiting test results are quarantined. Ahrendt Decl. ¶ 9.H.; Edwards Decl. ¶ 16. Finally, those who are asymptomatic but “have had a known exposure” to a confirmed COVID-19 case are “cohorted” together with restrictive movement for fourteen-day period. Ahrendt Decl. ¶ 9.I.; Edwards Decl. ¶ 17. Cohorting ends if no new COVID-19 case develops within that period. *Id.*

Each Facility also has an on-site physician who is on-call 24/7 for emergencies. Ahrendt Decl. ¶ 7; Edwards Decl. ¶ 7. Detainees and inmates at the Facilities are able to make daily sick calls to on-site medical staff. Ahrendt Decl. ¶ 9.G.; Edwards ¶ 12.D.iii. If detainees or inmates complain of illness, medical staff evaluates them. Ahrendt Decl. ¶ 9.G.; Edwards ¶ 14. Those who present with COVID-19 symptoms are provided a “surgical mask.” *Id.* The Bergen County Facility indicates that detainees and inmates may be transported to a hospital for evaluation but does not describe the circumstances under which that option is exercised. *See* Ahrendt Decl.

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<sup>16</sup> Based on this cleaning schedule and the number of persons in the shared spaces every thirty minutes, it follows that over thirty inmates and detainees pass through common areas, potentially coming into contact with contaminated surfaces before they are routinely cleaned. Both Facilities indicate that they have provided education to inmates and detainees and have posted informative signs on COVID-19 and best practices to prevent its transmission, *see* Ahrendt Decl. ¶ 9.L.; Edwards Decl. ¶ 12.D.iii, but do not state when and how often education has been provided.

¶ 9.G. It also does not state whether high-risk detainees like Petitioners are subject to those same procedures, or whether the Facility makes other accommodations based on their needs.

The Hudson County Facility uses some form of COVID-19 testing on inmates. *Id.* ¶ 15. As for detainees and inmates with “underlying health conditions,” the Hudson County Facility “[e]stablished a protocol” that includes “daily monitoring” and establishing “a plan to remove [them] from the rest of the population if determined to be necessary” from the Facility’s “Medical Department.” *Id.* ¶ 12.G.iv. No explanation of what constitutes an “underlying health condition” or information on whether the Facility makes specific accommodations for at-risk individuals is provided.

#### **D. Petitioners’ Experiences in the Facilities**

During oral argument, the Government highlighted that the protocols implemented in the Bergen and Hudson County Facilities are objectively better than those employed at other detention centers. This may very well be true. Nonetheless, Petitioners’ direct experiences in the Facilities tell a different and less optimistic story and demonstrate that despite these enhanced measures, the Facilities are still woefully deficient in preventing exposure to and transmission of COVID-19, particularly among vulnerable detainees. And their stories are not inconsistent with the sworn declarations submitted by Respondents.

Petitioners at the Bergen County Facility describe a lack of attention to their and other detainees’ medical needs and basic hygiene. For example, Fedor B. “has been confined to his cell for 23.5 hours each day.” Eisenzweig Decl. ¶ 4. He notes that his cell is “damp and cold” and the water from the sink, “from which he has to drink,” appears to be “dirty[] [and] dotted with black material.” *Id.* ¶ 5. These conditions “have exacerbated his allergies and asthma, and he has been coughing frequently.” *Id.* Further, Fedor B. indicates that presently neither his cell nor nearby

cells have been sanitized or cleaned, and the Bergen County Facility has “refused to provide him with any cleaning supplies that would allow him to clean his own space.” *Id.* ¶ 6. Consequently, the floor of the cell “is grimy and the toilet—which is open to the cell and next to his bed—has not been sanitized in the last two weeks.” *Id.* Notwithstanding his daily requests, “the jail did not provide them with toothpaste for six days.” *Id.* ¶ 7. He is able to do “one small bag” worth of laundry once per week, and for that reason, “his bedding is seldom washed.” *Id.* ¶ 8. He has washed his undergarments “in a bucket in his cell, using the single bar of soap” that he was forced to share with his cellmate. *Id.* To make matters worse, when that bar of soap was finished, he requested a new one, and as of April 8, he “was still waiting for another bar.” *Id.* Without access to soap, he cannot perform the simplest measure of preventing the spread of COVID-19—washing his hands.

With respect to his medical needs, Fedor B. reports that on one instance he waited two days after making a sick call before a nurse responded. *Id.* ¶ 11. The responding nurse did not wear a mask. *Id.* His requests for an asthma pump and stronger allergy medication were not met. *Id.*

Fedor B. also shares his account of interactions with and exposure to others at the Bergen County Facility. Most disturbingly, during the thirty minutes they are permitted to leave their cell, he and his cellmate “are in contact with the occupants of another cell and several guards.” *Id.* ¶ 10. He is “forced to touch” certain high-contact objects and surfaces, like showers, phones, screens, chairs, and handles, some of which he admittedly “has seen being cleaned about three times a day.”<sup>17</sup> *Id.* He “has never seen a guard wear a mask,” but only gloves. *Id.* During meals, his food is cold, sparse, and brought to him by “working detainees,” who wear gloves but not masks. *Id.*

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<sup>17</sup> The Eisenzweig Declaration does not indicate which objects and areas Fedor B. has seen cleaned or when he has seen them cleaned.

¶ 13. He indicates that medical staff and officers have not disseminated any information or guidance “about how to prevent the spread of the virus.” *Id.* ¶ 12.

Santiago C.C. shares a similar experience at the Bergen County Facility. He states that detainees “are using and touching the same bathroom/shower area, kitchenette area, and the phone” outside of their cells. Arcia-Quijano Decl. ¶ 5, ECF No. 22.5. The Bergen County Facility has not provided detainees with masks, gloves, or cleaning supplies. *Id.* ¶¶ 6, 8. His cell is not being “regularly sanitized” and “no other jail staff comes to the cells to clean.” *Id.* ¶ 8. He and other detainees have thus “resorted to using shampoo to clean their cells.” *Id.* Like Fedor B., he indicates that laundry is done only once per week, and “[l]aundry for bedsheets has not been done in around two weeks.” *Id.* ¶ 7. As a result, “he has been forced to attempt to wash them in his cell.” *Id.*

Santiago C.C. reports that the return time for detainee sick calls seeking medical attention has been longer since the pandemic began. *See id.* ¶ 10. On one occasion, he waited eight hours before he was taken to an outside clinic for stomach pain, and was later diagnosed with kidney stones. *Id.* At least once, he was not given his hypertension medication. *See id.* ¶ 12. Nurses and guards at the facility wear gloves but rarely, if ever, wear face masks. *Id.* ¶¶ 11-12.

Noe C.M., a Bergen County Facility detainee who suffers from Bell’s Palsy and has had symptoms of a stroke, was not seen by medical personnel for days despite these conditions. Gordillo Decl. ¶ 8. He states that only some Facility personnel wear face masks. *Id.* ¶ 11. He recalls a specific instance of witnessing another detainee “collapse to the floor” and being taken out of the facility in a stretcher to a hospital. *Id.* ¶ 10. In total, “he has seen about 4 detainees taken out on stretchers and 2 detainees taken to the emergency department because they had the virus.” *Id.* He states that the staff are “not ensuring that people received medical treatment for

most health issues.” *Id.* He indicates that the jail is “low on staff and that detainees ha[ve] limited access to services.” *Id.* ¶ 9.

At least one Petitioner detained at the Hudson County Facility raises similar concerns to those detained at the Bergen County Facility. Alvaro N.M. states that despite the typical thirty minutes he is permitted to leave his shared cell per day, many days he has had to wait 36 hours before permitted to leave for that brief thirty-minute period. *See* Durkin Decl. ¶ 6, ECF No. 22.4. Although he is a Type-2 diabetic, Alvaro N.M. receives his insulin at inconsistent times each day, and often after he has eaten, causing his blood sugar to rise. *Id.* ¶¶ 4, 7. As a result, he has experienced “worsening dizziness and fatigue.” *Id.* ¶ 7. He also indicates that he is no longer receiving meals from a designated-diet menu, originally ordered due to his diabetes, hypertension, and high cholesterol, and instead receives “regular meals.” *Id.* ¶ 8. He expressed concerns about receiving regular meals but was told that they are “the only meal[s] available.” *Id.* Alvaro N.M. has noticed that only the medical staff wear masks. *See id.* ¶ 9. He was given a mask on April 6, 2020 but “has never been provided with gloves or any type of sanitizing products.” *Id.* He has not had his temperature taken since on or about March 31, 2020. *See id.* ¶ 12.

Coupled with Petitioners’ experiences are the following facts submitted by Respondents describing the Facilities’ intake and post-intake quarters: Petitioners share bunk-bed-style cells with at least one other roommate, *see* Ahrendt Decl. ¶ 6; Edwards Decl. ¶ 10; “apart from the beds,” there is “70.6 square feet” in the cells at the Bergen County Facility, Ahrendt Decl. ¶ 6;<sup>18</sup> and the Hudson Facility still operates “Bullpens” of “9 inmates,” which are located in the “Intake/Discharge area” where new detainee intakes and pre-admission medical screening of detainees occur. *See* Edwards Decl. ¶¶ 12.A., 12.B.i, 12.B.v., 12 B.vi.

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<sup>18</sup> It appears that the square footage of the cells shared by detainees at the Hudson County Facility is not included in the Government’s response or attached declarations.



Petitioners’ underlying medical conditions, their direct accounts of the conditions under which they live, and the undisputed fact that COVID-19 has spread through the Facilities demonstrate that even under the improved protocols implemented at the Facilities, “there are certain realities that neither [the Facilities] nor ICE can overcome.” *Rafael L.O. v. Tsoukaris*, No. 20-3481, 2020 WL 1808843, at \*8 (D.N.J. Apr. 9, 2020).

## **II. LEGAL STANDARDS**

### **A. Preliminary Injunction**

Motions for temporary and preliminary injunctive relief are governed by a four-factor test. The movant must, as a threshold matter, establish the two “most critical” factors: likelihood of success on the merits and irreparable harm. *Reilly v. City of Harrisburg*, 858 F.3d 173, 179 (3d Cir. 2017). Under the first factor, the movant must show that “it can win on the merits.” *Id.* This showing must be “significantly better than negligible but not necessarily more likely than not.” *Id.* The second factor carries a slightly enhanced burden: the movant must establish that it is “more likely than not” to suffer irreparable harm absent the requested relief. *Id.* If these “gateway factors” are satisfied, the Court considers the third and fourth factors, which aim to balance the equities by examining the potential for harm to others if relief is granted and whether the public interest favors injunctive relief. *Id.* at 176, 179. The Court must then balance all four factors to determine, in its discretion, whether the circumstances warrant injunctive relief. *Id.* at 179.

### **B. The “Extraordinary Circumstances Standard” for Bail**

The parties agree that the Third Circuit’s decision in *Lucas v. Hadden*, 790 F.2d 365 (3d Cir. 1986) establishes that “extraordinary circumstances” are required before “bail may be granted to a habeas petitioner prior to a ruling on the merits of the petition.” *Id.* at 367. Citing *Johnston v. Marsh*, 227 F.2d 528 (3d Cir. 1955), the Third Circuit in *Lucas* noted that extraordinary

circumstances may be established where the district judge had ordered a state inmate released to enter a hospital because the inmate was extremely ill. *Id.* at 366-67. The panel, however, did not expressly limit the finding of extraordinary circumstances to situations involving a petitioner's poor health. *Id.* at 367. Like injunctive relief in general, granting bail to a habeas petitioner is an extraordinary remedy. *See Landano v. Rafferty*, 970 F.2d 1230, 1239 (3d Cir. 1992) (indicating that a court may only grant release pending a disposition of federal habeas claims when the petitioner has raised "substantial constitutional claims upon which he has a high probability of success, and . . . when extraordinary or exceptional circumstances exist which make the grant of bail necessary to make the habeas remedy effective") (citation omitted)); *see also In re Souels*, 688 F. App'x 134, 135-36 (3d Cir. 2017). Recent decisions have applied this standard to determine whether extraordinary circumstances exist in the context of the COVID-19 pandemic to grant bail to immigration habeas petitioners. *See, e.g., Rafael L.O.*, 2020 WL 1808843, at \*5; *Coronel v. Decker*, No. 20-2472, 2020 WL 1487274, at \*8 (S.D.N.Y. Mar. 27, 2020) (applying an analogous Second Circuit standard set forth in *Mapp v. Reno*, 241 F.3d 221, 226 (2d Cir. 2001)).

### **III. DISCUSSION**

The Court finds that Petitioners have met the standard for a preliminary injunction and have likewise met the extraordinary circumstances standard for granting bail in a habeas matter.

#### **A. Preliminary Injunction**

##### **1. Likelihood of Success on the Merits of Petitioners' Constitutional Claims**

Respondents argue that Petitioners cannot succeed on their conditions of confinement and medical claims because such challenges are not properly brought through habeas. *See Gov. Br.* at 18-19, 27. Federal courts, however, including the Third Circuit, have condoned conditions of confinement challenges through habeas. *See Aamer v. Obama*, 742 F.3d 1023, 1032 (D.C. Cir.

2014); *see also Woodall v. Fed. Bureau of Prisons*, 432 F.3d 235, 242-44 (3d Cir. 2005); *Ali v. Gibson*, 572 F.2d 971, 975 n.8 (3d Cir. 1978). Likewise, the Supreme Court has repeatedly left open the question of whether detainees may challenge their confinement conditions via a petition for a writ of habeas corpus. *See Bell v. Wolfish*, 441 U.S. 520, 526, n.6 (1979) (“[W]e leave to another day the question of the propriety of using a writ of habeas corpus to obtain review of the conditions of confinement.”); *Preiser v. Rodriguez*, 411 U.S. 475, 499 (1973) (“When a prisoner is put under additional and unconstitutional restraints during his lawful custody, it is arguable that habeas corpus will lie to remove the restraints making custody illegal.”); *Ziglar v. Abbasi*, 137 S.Ct. 1843, 1862-63 (2017) (explaining that the habeas remedy, if necessity required its use, would have provided a faster and more direct route to relief for immigration detainees challenging a detention policy than a suit for money damages, as a successful habeas petition would have required officials to place respondents in less-restrictive conditions immediately).

Furthermore, under 28 U.S.C. § 2241, a district court may exercise jurisdiction over a habeas petition when the petitioner is in custody and alleges that his custody violates the Constitution, laws, or treaties of the United States. *See* 28 U.S.C. § 2241(c); *Maleng v. Cook*, 490 U.S. 488, 490 (1989). Petitioners in this action claim that their continued detention in their current conditions of confinement violates due process. Accordingly, this Court finds that Petitioners may challenge their conditions of confinement through a 28 U.S.C. § 2241 petition for writ of habeas corpus.

Respondents next assert that Petitioners cannot establish a likelihood of success on the merits of their constitutional claims because they are lawfully detained pursuant to the discretionary detention statute, which permits detention of individuals in removal proceedings

before a final order of removal. Gov. Br. at 20-21 (citing 8 U.S.C. § 1226(a)).<sup>19</sup> Petitioners, however, have not asserted that they have a procedural or substantive due process right to be released on bond pursuant to 8 U.S.C. § 1226(a); rather, they have asserted claims for violations of their substantive due process rights, arguing that their conditions of confinement amount to punishment under the Due Process Clause and that Respondents’ policies evince deliberate indifference to their serious medical needs.<sup>20</sup>

The Court first considers whether Petitioners have a likelihood of success on the merits on their claims that their conditions of confinement at the Facilities amount to punishment. Because Petitioners are civil detainees as opposed to prisoners who have been convicted and sentenced, their conditions of confinement claims are analyzed under the Due Process Clause of the Fifth (or Fourteenth) Amendment, as opposed to the Eighth Amendment. *See Bell*, 441 U.S. at 535-36.

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<sup>19</sup> Indeed, the Attorney General has the discretion to either: (1) detain the person without bond; or (2) release the person on a bond of at least \$1,500.00 or on conditional parole. 8 U.S.C. § 1226(a). In making the initial bond determination, an ICE officer must assess whether the person has “demonstrate[d]” that “release would not pose a danger to property or persons, and that the alien is likely to appear for any future proceeding.” *Id.* § 236.1(c)(8). If the ICE officer determines that release, with or without bond, is not appropriate, then the person may appeal to an IJ. *Id.* §§ 236.1(d)(1), 1003.19, 1236.1(d)(1). The IJ’s decision, then, would be appealable to the Board of Immigration Appeals. *Id.* §§ 1003.1(b)(7), 1003.19(f), 1003.38. If the Attorney General fails to provide a bond determination or redetermination, the district court has the power under Section 2241 to direct an immigration court to provide it. As discussed later in this Opinion, the evidence presented by Petitioners shows that bond hearings are not being conducted in an expedient manner due to the COVID-19 pandemic.

<sup>20</sup> Respondents emphasize that they have lawfully exercised their discretionary authority to detain Petitioners during their removal proceedings. This detention triggers a corresponding obligation under the Constitution to provide for Petitioners’ reasonable safety and medical needs:

[W]hen the State takes a person into its custody and holds him there against his will, the Constitution imposes upon it a corresponding duty to assume some responsibility for his safety and general well being. . . . The rationale for this principle is simple enough: when the State by the affirmative exercise of its power so restrains an individual’s liberty that it renders him unable to care for himself, and at the same time fails to provide for his basic human needs—e.g., food, clothing, shelter, medical care, and reasonable safety—it transgresses the substantive limits on state action set by the Eighth Amendment. . . .

*Helling v. McKinney*, 509 U.S. 25, 32 (1993) (alterations in original and internal quotation marks omitted) (considering the rights of convicted prisoners) (quoting *DeShaney v. Winnebago Cty. Dept. of Soc. Svcs.*, 489 U.S. 189, 199-200 (1989)). This same rationale applies here because a detainee’s rights are “at least as great as the Eighth Amendment protections available to a convicted prisoner.” *See City of Revere v. Massachusetts Gen. Hosp.*, 463 U.S. 239, 244 (1983).

Convicted and sentenced prisoners are protected from punishment that is “cruel and unusual,” while pretrial and civil detainees are protected from any punishment. *See Hubbard v. Taylor*, 399 F.3d 150, 166-67 (3d Cir. 2005). The law in the Third Circuit is clear that civil immigration detainees are entitled to the “same due process protections” as pretrial detainees with respect to conditions of confinement. *See E.D. v. Sharkey*, 928 F.3d 299, 306-07 (3d Cir. 2019). An immigration detainee can bring a claim for violation of those protections when the conditions of confinement fall below constitutional minimums. *Id.*

In *Helling*, the Supreme Court held that exposure to environmental tobacco smoke states an Eighth Amendment cause of action even though the inmate was asymptomatic because the health risk posed by involuntary exposure to second-hand smoke was “sufficiently imminent.” *Id.* at 35. As relevant to Petitioners’ conditions claims, *Helling* also recognized that inmates are entitled to relief under the Eighth Amendment where they prove threats to personal safety from exposure to serious contagious diseases:

In *Hutto v. Finney*, 437 U.S. 678, 682, 98 S.Ct. 2565, 2569, 57 L.Ed.2d 522 (1978), we noted that inmates in punitive isolation were crowded into cells and that some of them had infectious maladies such as hepatitis and venereal disease. This was one of the prison conditions for which the Eighth Amendment required a remedy, even though it was not alleged that the likely harm would occur immediately and even though the possible infection might not affect all of those exposed. We would think that a prison inmate also could successfully complain about demonstrably unsafe drinking water without waiting for an attack of dysentery. Nor can we hold that prison officials may be deliberately indifferent to the exposure of inmates to a serious, communicable disease on the ground that the complaining inmate shows no serious current symptoms.

*Id.* at 33.<sup>21</sup>

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<sup>21</sup> Courts interpreting this language have held that inmates can state an Eighth Amendment claim for confinement with inmates who have a serious contagious disease that is spread by airborne particles, such as tuberculosis. *See Bolton v. Goord*, 992 F. Supp. 604, 628 (S.D.N.Y. 1998) (citing *Helling*, 509 U.S. at 33, for the proposition that “[t]he practice of putting inmates who have serious communicable diseases together is actionable under the Eighth Amendment,” but rejecting the petitioner’s claim because there were no cases of active tuberculosis cases among inmates since the practice of “double celling” began).

*Helling* provides the theory for Petitioners' conditions claim but not the legal standard. Because Plaintiffs are immigration detainees and not convicted prisoners, the Court asks whether the challenged conditions are reasonably related to a legitimate governmental objective. If they are not, the Court may infer “that the purpose of the governmental action is punishment that may not be constitutionally inflicted upon detainees qua detainees.” *Sharkey*, 928 F.3d at 307 (quoting *Hubbard v. Taylor*, 538 F.3d 229, 232 (3d Cir. 2008)). A complained-of condition or deprivation amounts to punishment if: “the disability is imposed for the purpose of punishment”—that is, there is “an expressed intent to punish on the part of detention facility officials”; no “alternative purpose to which [the condition or deprivation] may rationally be connected is assignable for it”; or the condition or deprivation is “excessive in relation to the alternative purpose assigned [to it].” *See Bell*, 441 U.S. at 538 (quoting *Kennedy v. Mendoza-Martinez*, 372 U.S. 144, 168-69 (1963)).

The Court's “inquiry into whether given conditions constitute ‘punishment’ must consider ‘the totality of circumstances within an institution.’” *Hubbard*, 399 F.3d at 160 (quoting *Union Cty. Jail Inmates v. DiBuono*, 713 F.2d 984, 996 (3d Cir.1983)). In *Bell*, for instance, the Supreme Court held that “double-bunking” of inmates under the circumstances there did not constitute punishment where the pretrial detainees had sufficient space for sleeping and using common areas, and the average length of incarceration was sixty days. 441 U.S. at 541-43. Double-bunking thus did not violate the pre-trial detainees' due process rights. The Court cautioned, however, that different circumstances might produce a different result: “[C]onfining a given number of people in a given amount of space in such a manner as to cause them to endure genuine privations and hardship over an extended period of time might raise serious questions under the Due Process Clause as to whether those conditions amounted to punishment.” *Id.* at 542.

Addressing this question in light of the COVID-19 pandemic, in *Thakker v. Doll*, 2020 WL 1671563, at \*8 (M.D. Pa. Mar. 31, 2020), Judge Jones reasoned that placing immigration detainees in close proximity and in unsanitary conditions did not meet a legitimate governmental objective. He further explained that although preventing civil immigration detainees from absconding, standing alone, constituted a legitimate governmental aim, this objective was deeply weakened in light of the COVID-19 pandemic, particularly when ICE had many other options to monitor civil detainees. *Id.*

Just this week, Judge Vasquez reached a similar conclusion in *Rafael L.O.* There, he found that the conditions of confinement at Essex County Correctional Facility (“ECCF”), including the volume of ECCF detainees confined to inherently limited living and sleeping quarters, limited access to hygiene products, shared bathroom facilities, and the transmission of COVID-19 to detainees in custody, amounted to punishment of the Petitioners, who had underlying medical conditions that made them vulnerable to serious complications or death if they contract the virus. *Rafael L.O.*, 2020 WL 1808843, at \*7-8. Judge Vasquez further determined that “[t]he Respondents [did not] have an express intent to punish Petitioners” but found “that such intent is not a necessary prerequisite” to a claim under *Bell*. *Id.* at \*7.

The reasoning of *Thakker* and *Rafael L.O.* apply with equal force here. The totality of the circumstances compel a finding that the conditions of confinement at the Facilities are tantamount to punishment and therefore unconstitutional.

Respondents do not dispute that Petitioners are medically vulnerable such that they may have an up to a 20% chance of death if they contract COVID-19. *See* Greifinger Decl. ¶ 5. These odds are worse than a game of “Russian roulette.” *Coreas v. Bounds*, No. 20-780, 2020 WL 1663133, at \*12 (D. Md. Apr. 3, 2020) (observing the risks of death to vulnerable detainees from

COVID-19). There has been a significant growth in confirmed or suspected cases at the Facilities since this case was filed. *See* Pet. Reply Br. at 2-3, ECF No. 22 (observing that between April 1 and April 8, “the number of positive or suspected detainees and staff has nearly quadrupled” at the Bergen County Facility, and between April 1 and April 6, “the number of positive COVID-19 cases has grown from 28 to a whopping 84 confirmed cases among detainees and staff” at the Hudson County Facility). Tragically, two nurses and one corrections officer at the Hudson County Facility have already died.

Given the heightened risk of COVID-19 exposure, the CDC Guidelines have made clear that correctional facilities must make “all possible accommodations” to prevent transmission of infection to high-risk individuals. CDC Interim Guidance at 16, 20. But despite the laudable, general protocols implemented generally at Bergen and Hudson County Facilities, Respondents do not point to any specific protocols to protect medically-vulnerable people in their custody. Nor do they contest the lack of available testing, and neither Facility indicates that it has sufficient testing supplies. Additionally, the Facilities’ declarations confirm that they are not testing asymptomatic individuals, even though those individuals can transmit the virus. *See* Ahrendt Decl. ¶¶ 9.H. & 9.I; Edwards Decl. ¶ 17. And, while they concede to cohorting those who have had a known exposure to the virus, they do not indicate whether high-risk individuals like Petitioners are ensured separation or adequate space from others in the cohorting environment. Thus, to the extent Respondents have taken measures to address the pandemic within the Facilities, they have not ensured protection for the most vulnerable people within their care.

While Respondents have taken some proactive measures to address the crisis, and the conditions in place at the Facilities appear to be better than those in *Thakker* and *Rafael L.O.*, the enhanced measures are still insufficient. Petitioners spend 23.5 hours a day in cramped cells that



they have to share with another person and the remaining thirty minutes out of their cells in common areas. It is during those thirty minutes that the detainees are at high risk for COVID-19 exposure and transmission. That brief period is the only time they have each day to take showers, make telephone calls to family members and attorneys, visit the commissary, and use recreation areas. Coming into close contact with frequently used items and shared spaces is unavoidable. Respondents do not state the Facilities clean and sanitize the common areas and frequently-touched common items in-between each period during which new detainees and inmates leave their cells. Instead, they provide that cleaning occurs at least three or four times per day. *See* Ahrendt Decl. ¶ 9.K; Edwards Decl. ¶¶ 11, 12.E. Accordingly, even crediting the Facilities' increased efforts to clean and disinfect shared spaces, Respondents cannot dispute that many, if not all, detainees use the common areas and objects in-between cleanings and are being exposed to potentially contaminated surfaces. Detainees also report that corrections officers' and medical staff's use of gloves and masks is inconsistent and certainly not in line with the CDC's recommendations, further compounding their risk of exposure. *See* Arcia-Quijano Decl. ¶ 5; Gordillo Decl. ¶ 11; Durkin Decl. ¶ 9.

To make matters worse, detainees who want to do their part in curtailing the spread of COVID-19 to themselves and others are not provided the resources to do so. Detainees are forced to share soap or have no soap at all, *see, e.g.*, Eisenzweig Decl. ¶ 8, and lack other basic hygiene items like hand sanitizer. Respondents do not indicate whether and how often soap or other hygiene products are provided to detainees. That means, when they return to their cells to begin their next 23.5-hour period of confinement, detainees are unable to perform the most effective measure of combatting the spread of the virus: washing and disinfecting their hands. Showering is not an option because their only access to showers is during their brief half-hour recreational

period. Covering their faces with masks or hands with gloves is also not possible, unless they have already shown signs of COVID-19, but by that time, avoiding infection is likely too late. *See* Ahrendt Decl. ¶ 9.G.; Edwards ¶ 14. And, because the Facilities have not provided detainees cleaning supplies, *see, e.g.*, Eisenzweig Decl. ¶¶ 6-8, 10; Gordillo Decl. ¶ 11; Arcia-Quijano Decl. ¶¶ 6-8, 11-12; Durkin Decl. ¶ 9, detainees are forced to remain in cramped, dirty quarters, lest they use their shampoo or soap, if they have any, to clean their shared cells and toilets or their laundry, *see* Arcia-Quijano Decl. ¶ 8; Eisenzweig Decl. ¶ 8. But even that last-ditch effort will not eliminate the threat of contamination from a potentially-infected roommate, who is responsible for his own hygiene. All of these glaring gaps in the Facilities' prevention and management protocols have been left open and unchallenged by Respondents.

Finally, while the Court is sympathetic to the increased burden on medical staff to attend to each detainee's medical needs, inadequate care aggravates the already heightened risk COVID-19 poses to vulnerable detainees. Detainees report that they are either irregularly receiving medications critical to treating the conditions that put them at higher risk for severe illness from the virus, like insulin for diabetes, *see* Durkin Decl. ¶¶ 1,7, or not receiving those medications at all, *see* Arcia-Quijano Decl. ¶ 12 (hypertension medication); Eisenzweig Decl. ¶ 11 (asthma pump). Some indicate that, while the Facilities permit them to make daily sick calls, those calls are often left without response for significant periods of time. *See* Arcia-Quijano Decl. ¶ 10; Eisenzweig Decl. ¶ 11. The Court raises these medical care issues to highlight the extraordinary circumstances surrounding Petitioners' detainment during this global crisis.<sup>22</sup>

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<sup>22</sup> Civil detainees also have a constitutional right to a prison policy ensuring adequate health care, and such claims are governed by the deliberate indifference standard. *See Natale v. Camden Cty. Corr. Facility*, 318 F.3d 575, 585 (3d Cir. 2003) (holding that a reasonable jury could conclude that a governmental entity's failure to establish a policy to address inmates' immediate medication needs constituted deliberate indifference); *A.M. ex rel. J.M.K. v. Luzerne Cty. Juvenile Detention Ctr.*, 372 F.3d 572, 585 (3d Cir. 2004) (detention center's lack of policies to address the physical and mental health needs of residents caused the plaintiff harm). Because the Court finds that Petitioners are likely to

Here, having viewed the totality of the circumstances, the Court finds that Petitioners are likely to succeed on their claim. By failing to implement the CDC's instructions for the most vulnerable individuals, and by detaining those persons in a jail setting during a rapidly accelerating COVID-19 pandemic without providing them with adequate means to follow hygiene and other health protocols, Respondents have placed Petitioners at a substantially enhanced risk for severe illness or death. There can be no greater punishment. Accordingly, the Court is satisfied Petitioners have demonstrated that Respondents' conduct amounts to punishment under the Due Process Clause.

## **2. Irreparable Harm**

To be entitled to a preliminary injunction, a movant must also establish that he or she is "more likely than not" to suffer irreparable harm absent the requested relief. *See Reilly*, 858 F.3d at 179. Respondents appear to argue that Petitioners cannot meet the irreparable harm requirement because their likelihood of contracting COVID-19 is speculative. *See Gov. Br.* at 26, 33-36. The Court disagrees.

As the Supreme Court observed in *Helling*, "it would be odd to deny an injunction to inmates who plainly proved an unsafe, life-threatening condition in their prison on the ground that nothing yet had happened to them." 509 U.S. at 33 (noting that "the Courts of Appeals have plainly recognized that a remedy for unsafe conditions need not await a tragic event"). The Court rejects Respondents' argument that the risk of harm to these Petitioners is speculative.

Petitioners, who all suffer from underlying medical conditions, may have a 20% chance of death if they contract COVID-19 (according to preliminary data from China), and they are detained in facilities where the virus is still spreading and where they "cannot practically adhere to social

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succeed on their claim that the conditions of confinement at the Facilities amount to punishment, the Court need not decide whether Petitioner can establish deliberate indifference to their serious medical needs.

distancing guidelines or the adequate level of personal hygiene, that have been touted as the most effective means to thwart the spread of the virus.” *See Rafael L.O.*, 2020 WL 1808843, at \*8. The cases to which Respondents cite are readily distinguishable on this basis. *Francisco M. v. Decker*, No. 20-2176 (D.N.J. Mar. 25, 2020), *see* Gov. Br. at 3, 19, 20, 34, 35, involved a detainee who was not medically vulnerable to COVID-19, and, in an order granting expedited briefing on the merits of his petition, the court opined that the harms he alleged, at that time, were “speculative” when there were only two cases at the jail where he was housed. *See Francisco M.*, No. 20-2176, ECF No. 11 at 3-4. Similarly, *Nikolic v. Decker*, No. 19-6047, 2020 WL 1304398 (S.D.N.Y. Mar. 19, 2020), *see* Gov. Br. at 18, 19, 36, was decided before the confirmed outbreak of COVID-19 at area jails. Moreover, in that case, the court directed Mr. Nikolic to file a new petition seeking immediate release, which he did, and the court granted his immediate release last week. *See Nikolic*, No. 20-2500 (Tr. of Oral Decision) at 18-22, Haas Decl., Ex. 2.

Against this backdrop, Petitioners have demonstrated irreparable harm should they remain in confinement. *Rafael L.O.*, 2020 WL 1808843, at \*8; *Thakker*, 2020 WL 1671563 at \*7 (“[C]atastrophic results may ensue, both to Petitioners and to the communities surrounding the Facilities.”); *see also Hope v. Doll*, No. 20-562 (M.D. Pa. Apr. 7, 2020) (“We cannot allow the Petitioners before us, all at heightened risk for severe complications from COVID-19, to bear the consequences of ICE’s inaction.”); *Coronel*, 2020 WL 1487274, at \*8 (finding that “[d]ue to their serious underlying medical conditions” and their placement in immigration detention, where they are “at significantly higher risk of contracting COVID-19,” the petitioners “face a risk of severe, irreparable harm”). The Court therefore finds that Petitioners have demonstrated irreparable harm should they remain incarcerated at the Facilities.

### 3. Balancing of the Equities

“Before granting an injunction, a district court must balance the relative harm to the parties, i.e., the potential injury to the plaintiff if an injunction does not issue versus the potential injury to the defendant if the injunction is issued.” *Novartis Consumer Health, Inc. v. Johnson & Johnson-Merck Consumer Pharm. Co.*, 290 F.3d 578, 596 (3d Cir. 2002) (internal citation omitted). Here, the Court finds the potential of injury to Petitioners is high for the reasons set forth above. Notably, the public interest also supports the release of Petitioners before they contract COVID-19 to preserve critical medical resources and prevent further stress on the states’ and country’s already overburdened healthcare systems. *See Rafael L.O.*, 2020 WL 1808843, at \*9.

Respondents also have a legitimate interest in ensuring that Petitioners do not flee and in protecting the public. As Judge Vasquez found in *Rafael L.O.*, the Court believes that it can address those very important interests in fashioning appropriate conditions of release for each Petitioner. *See id.* In that regard, Petitioners in this matter are each discretionally detained by ICE under 8 U.S.C. § 1226(a). Among them, they have no pending charges, and all have significant ties to this country such that they can be safely released on reasonable conditions of supervision. For those with the most serious criminal histories, the Court will impose the most stringent conditions of release, including electronic monitoring.

Fedor B. has never been criminally arrested. Ostolaza Decl. ¶¶ 4, 6. Noe C.M.’s two criminal convictions are for driving while intoxicated and driving without a license and aggravated driving while intoxicated and unlicensed operation. Kim Decl. ¶ 15. Santiago C.C. has been arrested twice in the fifteen years he has lived in the United States, resulting in only one conviction for driving while ability impaired, an infraction (a lower level offense than a misdemeanor) under New York law. Ostolaza Decl. ¶ 11; RAP Sheet, Ex. 8. Santiago C.C. disputes the charges from

the second arrest, involving allegations by his wife, which were fully dismissed and sealed in January 2020. *See* Bond Evid., Ex. 9. Cristian A.R. has a single arrest and conviction for attempted endangering the welfare of a child, a misdemeanor under state law, for which he received a one-year conditional discharge sentence and no term of incarceration. *See* Kim Decl. ¶¶ 4-6. Finally, Alvaro N.M. is fifty-nine years old and was last arrested for a felony twenty-eight years ago. Although his convictions involve very serious offenses, they date from the early 1990s, and are so temporally distant that they do not subject him to mandatory immigration detention. His only arrests in the last twenty years have been for failures to register as a sex offender in 2002 and 2007 related to the 1990s' felony convictions, and he has registered without incident every other year as required. *See* Kim Decl. ¶ 21.

**B. Extraordinary Circumstances Justify Releasing Petitioners from Detention**

Petitioners in this matter are vulnerable to severe complications and death if they contract COVID-19 and are incarcerated in Facilities at the epicenter of the outbreak where they cannot practically adhere to social distancing guidelines or the adequate level of personal hygiene to stop the spread of the virus. These facts warrant the extraordinary remedy of release on bail, and make bail necessary, to make the habeas remedy effective. *See Landano*, 970 F.2d at 1239.

The Court further notes that the current circumstances in the Varick Immigration Court render the bond hearing, which Petitioners requested in the alternative, an insufficient remedy. First, Respondents have made clear that they will not cooperate in the advancing of immediate bond hearings for Petitioners. Gov. Br. at 2. But even if the Court were to order Respondents to provide prompt bond hearings to Petitioners, the declarations of Petitioners' counsel strongly suggest that those bond hearings would not occur as scheduled, *see* Pet. Reply Br. at 21-22, and illustrate the severe impact on the New York Immigration Court due to COVID-19, *see* Oshiro

Decl. ¶¶ 30-52. Also rendering bond hearings unlikely to occur is attorneys' inability to communicate with their clients, which is necessary to prepare them to testify and/or to review documentary evidence. *See, e.g., id.* ¶¶ 53-55; Zacarias Decl. ¶ 10; Gordillo Decl. ¶ 12. Finally, even if Petitioners can have bond set, the bond offices in New York City and Newark are closed, and it is unclear where their families or friends would have to travel to post bond. *See* Arcia-Quijano Decl. ¶ 17. The Court finds that COVID-19's impact on the Varick Immigration Court, which has resulted in delays in bond proceedings, and the closure of bond offices in New York City and Newark, are extraordinary circumstances that weigh in favor of release under appropriate conditions for these medically-vulnerable Petitioners.

As to the conditions of release, the Court is satisfied that there are reasonable conditions that can adequately protect the public and ensure the Petitioners' appearance for future immigration proceedings. The specific conditions of release are set forth in the Order accompanying this Opinion.

#### IV. CONCLUSION

For the foregoing reasons, Petitioners' Emergency Motion for Temporary Restraining Order, ECF No. 13, is **GRANTED**, and the Court orders Petitioners' immediate release subject to the conditions as ordered. An appropriate Order accompanies this Opinion.

Dated: April 12, 2020

/s/ Madeline Cox Arleo  
**Hon. Madeline Cox Arleo**  
**UNITED STATES DISTRICT JUDGE**

# Exhibit AD

to Choudhury Decl.



**SUPREME COURT OF NEW JERSEY  
DOCKET NO. 084230**

**FILED**

**MAR 22 2020**

*Heather J. Bule*  
CLERK

**CRIMINAL ACTION**

**In the Matter of the Request to  
Commute or Suspend County Jail  
Sentences**

**CONSENT ORDER**

This matter having come before the Court on the request for relief by the Office of the Public Defender (see attached letter dated March 19, 2020), seeking the Court's consideration of a proposed Order to Show Cause (see attached) designed to commute or suspend county jail sentences currently being served by county jail inmates either as a condition of probation for an indictable offense or because of a municipal court conviction; and

The Court, on its own motion, having relaxed the Rules of Court to permit the filing of the request for relief directly with the Supreme Court, based on the dangers posed by Coronavirus disease 19 ("COVID-19"), and the statewide impact of the nature of the request in light of the Public Health Emergency and State of Emergency declared by the Governor. *See* Executive Order No. 103 (2020) (Mar. 9, 2020); and

The Office of the Attorney General, the County Prosecutors Association, the Office of the Public Defender, the American Civil Liberties Union of New Jersey having engaged in mediation before the Honorable Philip S. Carchman, P.J.A.D. (ret.); and

The parties having reviewed certifications from healthcare professionals regarding the profound risk posed to people in correctional facilities arising from the spread of COVID-19; and

The parties agreeing that the reduction of county jail populations, under appropriate conditions, is in the public interest to mitigate risks imposed by COVID-19; and

It being agreed to by all parties as evidenced by the attached duly executed consent form;

IT IS HEREBY ORDERED, that

- A. No later than 6:00 a.m. on Tuesday, March 24, 2020, except as provided in paragraph C, any inmate currently serving a county jail sentence (1) as a condition of probation, or (2) as a result of a municipal court conviction, shall be ordered released. The Court's order of release shall include, at a minimum, the name of each inmate to be released, the inmate's State Bureau of Identification (SBI) number, and the county jail where the inmate is being detained, as well as any standard or

specific conditions of release. Jails shall process the release of inmates as efficiently as possible, understanding that neither immediate nor simultaneous release is feasible.

1. For inmates serving a county jail sentence as a condition of probation, the custodial portion of the sentence shall either be served at the conclusion of the probationary portion of the sentence or converted into a “time served” condition, at the discretion of the sentencing judge, after input from counsel.
  2. For inmates serving a county jail sentence as a result of a municipal court conviction, the custodial portion of the sentence shall be suspended until further order of this Court upon the rescission of the Public Health Emergency declared Executive Order No. 103, or deemed satisfied, at the discretion of the sentencing judge, after input from counsel.
- B. No later than noon on Thursday, March 26, 2020, except as provided in paragraph C, any inmate serving a county jail sentence for any reason other than those described in paragraph A shall be ordered released. These sentences include, but are not limited to (1) a resentencing following a finding of a violation of probation in any Superior Court or municipal court, and (2) a county jail sentence not tethered to a

probationary sentence for a fourth-degree crime, disorderly persons offense, or petty disorderly persons offense in Superior Court. The custodial portion of the sentence shall be suspended until further order of this Court upon the rescission of the Public Health Emergency declared Executive Order No. 103, or deemed satisfied, at the discretion of the sentencing judge, after input from counsel. Jails shall process the release of inmates as efficiently as possible, understanding that neither immediate nor simultaneous release is feasible.

- C. Where the County Prosecutor or Attorney General objects to the release of an inmate described in Paragraph A, they shall file a written objection no later than 5:00 p.m. on Monday, March 23, 2020. Where the County Prosecutor or Attorney General objects to the release of an inmate described in Paragraph B, they shall file a written objection no later than 8:00 a.m. on Thursday, March 26, 2020.

1. The objection shall delay the order of release of the inmate and shall explain why the release of the inmate would pose a significant risk to the safety of the inmate or the public.
2. Written objections shall be filed by email to the Supreme Court Emergent Matter inbox with a copy to the Office of the Public Defender.

3. The Office of the Public Defender shall provide provisional representation to all inmates against whom an objection has been lodged under this Paragraph.
4. The Office of the Public Defender shall, no later than 5:00 p.m. on Tuesday, March 24, 2020, provide responses to any objections to release associated with inmates described in Paragraph A, as it deems appropriate. The Office of the Public Defender shall, no later than 5:00 p.m. on Thursday, March 26, 2020, provide responses to any objections to release associated with inmates described in Paragraph B, as it deems appropriate.
5. The Court shall appoint judge(s) or Special Master(s) to address the cases in which an objection to release has been raised.
  - a. On or before Wednesday, March 25, 2020, the judge(s) or Special Master(s) will begin considering disputed cases arising from Paragraph A; on or before Friday, March 27, 2020, the judge(s) or Special Master(s) will consider disputed cases arising from Paragraph B.
    - i. The judge(s) or Special Master(s) shall conduct summary proceedings, which shall be determined on the papers. In the event the judge(s) or Special

Master(s) conduct a hearing of any sort, inmates' presence shall be waived.

- ii. Release shall be presumed, unless the presumption is overcome by a finding by a preponderance of the evidence that the release of the inmate would pose a significant risk to the safety of the inmate or the public.
- iii. At any point, the Prosecutor may withdraw its objection by providing notice to the judge(s) or Special Master(s) with a copy to the Office of the Public Defender. In that case, inmates shall be released subject to the provisions of Paragraphs D-I.
- iv. If the judge(s) or Special Master(s) determine by a preponderance of the evidence that the risk to the safety of the inmate or the public can be effectively managed, the judge(s) or Special Master(s) shall order the inmate's immediate release, subject to the provisions of paragraphs D-I.

1. The Order of the judge(s) or Special Master(s) may be appealed on an emergent basis, in a summary manner to the Appellate Division.
  2. Should a release Order be appealed, the release Order shall be stayed pending expedited review by the Appellate Division.
  3. The record on appeal shall consist of the objection and response filed pursuant to this Paragraph.
- v. If the judge(s) or Special Master(s) determine by a preponderance of the evidence that risks to the safety of the inmate or the public cannot be effectively managed, the judge(s) or Special Master(s) shall order the inmate to serve the balance of the original sentence.

1. The Order of the judge(s) or Special Master(s) may be appealed on an emergent basis, in a summary manner to the Appellate Division.

2. Should an Order requiring an inmate to serve the balance of his sentence be appealed, the Appellate Division shall conduct expedited review.

3. The record on appeal shall consist of the objection and response filed pursuant to this Paragraph.

b. The judge(s) or Special Master(s) should endeavor to address all objections no later than Friday, March 27, 2020.

D. Any warrants associated with an inmate subject to release under this order, other than those associated with first-degree or second-degree crimes, shall be suspended. Warrants suspended under this Order shall remain suspended until ten days after the rescission of the Public Health Emergency associated with COVID-19. *See* Executive Order No. 103 (2020) (Mar. 9, 2020).

E. In the following circumstances, the county jail shall not release an inmate subject to release pursuant to Paragraphs A, B, or C(5)(a)(iii) or (iv), absent additional instructions from the judge(s) or Special Master(s):



1. For any inmate who has tested positive for COVID-19 or has been identified by the county jail as presumptively positive for COVID-19, the county jail shall immediately notify the parties and the County Health Department of the inmate's medical condition, and shall not release the inmate without further instructions from the judge(s) or Special Master(s). In such cases, the parties shall immediately confer with the judge(s) or Special Master(s) to determine a plan for isolating the inmate and ensuring the inmate's medical treatment and/or mandatory self-quarantine.
2. For any inmate who notifies the county jail that he or she does not wish, based on safety, health, or housing concerns, to be released from detention pursuant to this Consent Order, the county jail shall immediately notify the parties of the inmate's wishes, and shall not release the inmate without further instructions from the judge(s) or Special Master(s). In such cases, the parties shall immediately confer with the judge(s) or Special Master(s) to determine whether to release the inmate over the inmate's objection.

F. Where an inmate is released pursuant to Paragraphs A, B, or C(5)(a)(iii) or (iv), conditions, other than in-person reporting, originally imposed by the trial court shall remain in full force and effect. County jails shall inform all inmates, prior to their release, of their continuing obligation to abide by conditions of probation designed to promote public safety. Specifically:

1. No-contact orders shall remain in force.
2. Driver's license suspensions remain in force.
3. Obligations to report to probation officers in-person shall be converted to telephone or video reporting until further order of this Court.
4. All inmates being released from county jails shall comply with any Federal, State, and local laws, directives, orders, rules, and regulations regarding conduct during the declared emergency. Among other obligations, inmates being released from county jails shall comply with Executive Order No. 107 (2020) (Mar. 21, 2020), which limits travel from people's homes and mandates "social distancing," as well as any additional Executive Orders issued by the Governor during the Public Health Emergency associated with COVID-19.

5. All inmates being released from county jails are encouraged to self-quarantine for a period of fourteen (14) days.
  6. Unless otherwise ordered by the judge(s) or Special Master(s), any inmate being released from a county jail who appears to be symptomatic for COVID-19 is ordered to self-quarantine for a period of fourteen (14) days and follow all applicable New Jersey Department of Health protocols for testing, treatment, and quarantine or isolation.
- G. County Prosecutors and other law enforcement agencies shall, to the extent practicable, provide notice to victims of the accelerated release of inmates.
1. In cases involving domestic violence, notification shall be made. N.J.S.A. 2C:25-26.1. Law enforcement shall contact the victim using the information provided on the “Victim Notification Form.” Attorney General Law Enforcement Directive No. 2005-5.
    - a. Where the information provided on the “Victim Notification Form” does not allow for victim contact, the Prosecutor shall notify the Attorney General.

- b. If the Attorney General, or his designee, is convinced that law enforcement has exhausted all reasonable efforts to contact the victim, he may relax the obligations under N.J.S.A. 2C:25-26.1.
  2. In other cases with a known victim, law enforcement shall make all reasonable efforts to notify victims of the inmate's accelerated release.
  3. To the extent permitted by law, the Attorney General agrees to relax limitations on benefits under the Violent Crimes Compensation Act (N.J.S.A. 52:4B-1, *et seq.*) to better provide victims who encounter the need for safety, health, financial, mental health or legal assistance from the State Victims of Crime Compensation Office.
- H. The Office of the Public Defender agrees to provide the jails information to be distributed to each inmate prior to release that includes:
1. Information about the social distancing practices and stay-at-home guidelines set forth by Executive Order No. 107, as well as other sanitary and hygiene practices that limit the spread of COVID-19;

2. Information about the terms and conditions of release pursuant to this consent Order;
  3. Guidance about how to contact the Office of the Public Defender with any questions about how to obtain services from social service organizations, including mental health and drug treatment services or any other questions pertinent to release under this consent Order.
- I. Any inmate released pursuant to this Order shall receive a copy of this Order, as well as a copy of any other Order that orders their release from county jail, prior to their release.
  - J. Relief pursuant to this Order is limited to the temporary suspension of custodial jail sentences; any further relief requires an application to the sentencing court.

3/22/2020 9:50 p.m.

Date

/s/Stuart Rabner

Chief Justice Stuart Rabner, for the Court

The undersigned hereby consents to the form and entry of the foregoing Order.

3/22/2020

Date

/s/Gurbir S. Grewal

Office of the Attorney General

3/22/2020

Date

/s/Angelo J. Onofri

County Prosecutors Association of New Jersey

3/22/2020

Date

/s/Joseph E. Krakora

Office of the Public Defender

3/22/2020

Date

/s/Alexander Shalom

American Civil Liberties Union of New Jersey

# Exhibit AE

to Choudhury Decl.

## IDEAS

# I Used to Run ICE. We Need to Release the Nonviolent Detainees.

It's the only way to protect detention facilities and the people in them from COVID-19.

MARCH 22, 2020

**John Sandweg**

Former acting director of Immigration and Customs Enforcement



CHRIS CARLSON / AP IMAGES

With more than 37,000 detainees closely confined in facilities across the country, Immigration and Customs Enforcement (ICE) detention centers are extremely susceptible to outbreaks of infectious diseases. The design of these facilities requires inmates to remain in close contact with one another—the opposite of the social distancing now recommended for stopping the spread of the lethal coronavirus.

*[ Read: [What you need to know about the coronavirus](#) ]*



As the former Acting Director of ICE under President Obama, I know that preventing the virus from being introduced into these facilities is impossible. This week, the Trump administration announced that, in light of its concern that the virus could be introduced into detention centers, it would shift its enforcement operations to focus only on criminals and dangerous individuals. This means that the agency will arrest and place in detention only those undocumented immigrants who have serious criminal convictions. Those without a criminal record will be allowed to stay at home as they go through the deportation process. This is a necessary and crucial first step, but the administration must do more: It must release the thousands of nonviolent, low-flight-risk detainees currently in ICE custody.

ICE is fortunate that the threat posed by these detention centers can be mitigated rather easily. By releasing from custody the thousands of detainees who pose no threat to public safety and do not constitute an unmanageable flight risk, ICE can reduce the overcrowding of its detention centers, and thus make them safer, while also putting fewer people at risk.

This doesn't mean that dangerous criminals will be walking the streets. Those who threaten Americans' safety can and must continue to be detained. However, the immigration detention system is not designed to detain only those who have committed serious crimes or pose a significant flight risk. In fact, only a small percentage of those in ICE detention have been convicted of a violent crime. Many have never even been charged with a criminal offense. ICE can quickly reduce the detained population without endangering our communities.

*[ Read: How Trump radicalized ICE ]*

The large-scale release of detainees doesn't mean that undocumented immigrants should get a free pass either. Those who are released can and should continue to go through the deportation process. ICE can employ electronic monitoring and other tools to ensure their appearance at mandated hearings and remove them from the country when appropriate.

When an outbreak of COVID-19 occurs in an ICE facility, the detainees won't be the only ones at risk. An outbreak will expose the hundreds of ICE agents and officers, medical personnel, contract workers, and others who work in these facilities to the virus. Once exposed, many of them will unknowingly take the virus

home to their family and community. Moreover, once the virus tears through a detention center, crucial and limited medical resources will need to be diverted to treat those infected. ICE can, and must, reduce the risk it poses to so many people, and the most effective way to do so is to drastically reduce the number of people it is currently holding.

*We want to hear what you think about this article. Submit a letter to the editor or write to [letters@theatlantic.com](mailto:letters@theatlantic.com).*





# Exhibit AF

to Choudhury Decl.



**World Health  
Organization**

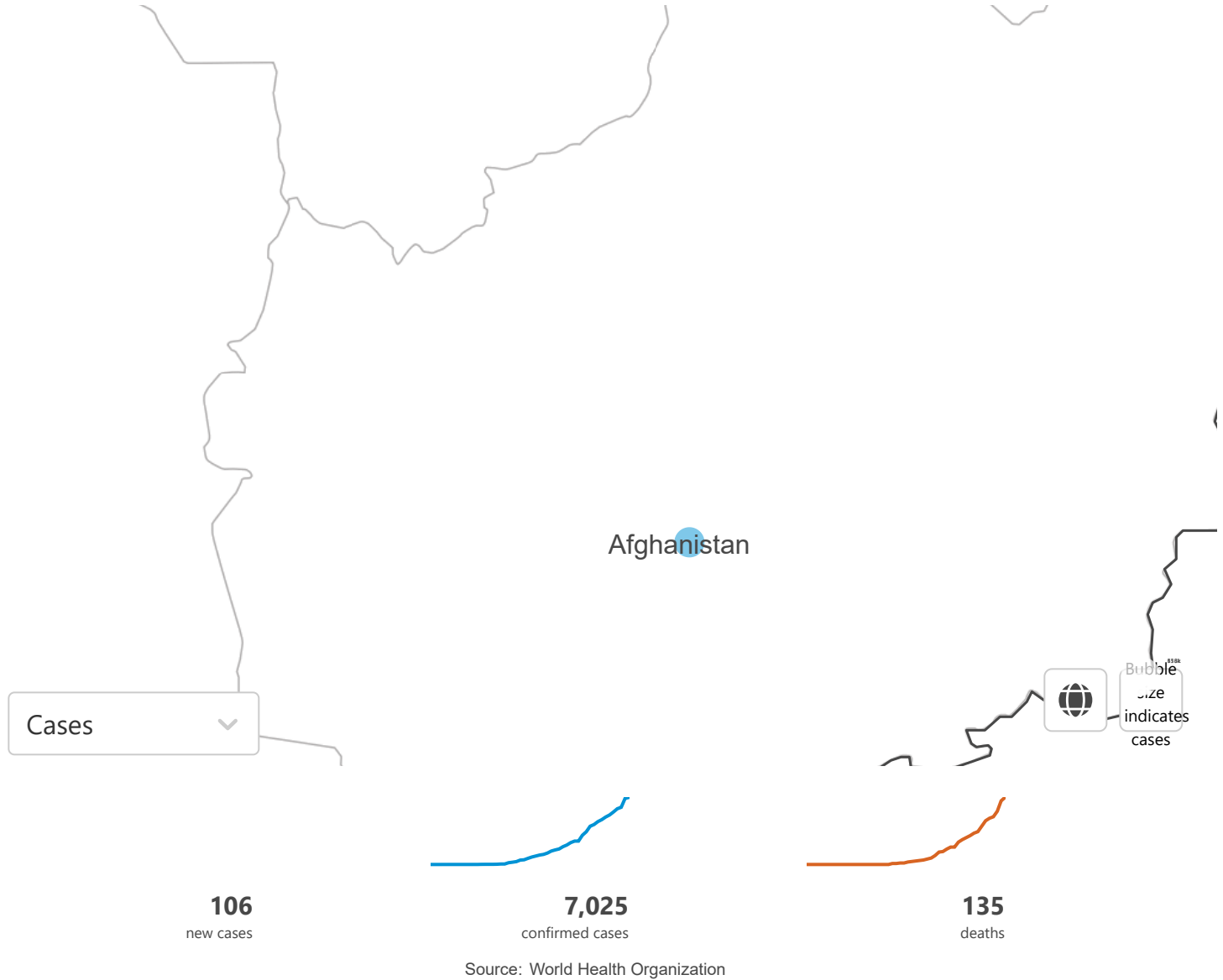
Covid-19 Response Fund

[Donate](#)

**Global** >  **Pakistan**  
Last updated: 2020/4/17, 10:00pm CEST

**Overview**

**Explorer**



In **Pakistan**, from **Feb 26** to **2:00am CEST, 17 April 2020**, there have been **7,025 confirmed cases** of COVID-19 with **135 deaths**.

### Confirmed Cases Over Time

Daily ▾



Covid-19 Response Fund

[Donate](#)

Global >  Pakistan  
Last updated: 2020/4/17, 10:00pm CEST

[Overview](#)[Explorer](#)

Mar

Apr

## Deaths Over Time

**135**

deaths

Source: World Health Organization

Daily



Mar

Apr

[WHO Health Emergency Dashboard](#) [WHO \(COVID-19\) Homepage](#)