

**IN THE UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF ILLINOIS**

JOAQUIN HERRERA-HERRERA,

Petitioner-Plaintiff,

v.

MICHAEL DOWNEY, in his individual capacity and official capacity as Sheriff of Kankakee County; CHAD KOLITWENZEW, Chief of Corrections of the Jerome Combs Detention Center; ROBERT GUADIAN, Field Office Director, Enforcement and Removal Operations, U.S. Immigration and Customs Enforcement; MATTHEW ALBENCE, Acting Director, U.S. Immigration and Customs Enforcement; and CHAD WOLF, Acting Secretary, U.S. Department of Homeland Security,

Respondents-Defendants.

Case No. _____

**DECLARATION OF
NUSRAT J. CHOUDHURY
IN SUPPORT OF PETITIONER'S
EMERGENCY PETITION
FOR A WRIT OF HABEAS CORPUS**

AND

**COMPLAINT FOR INJUNCTIVE
AND DECLARATORY RELIEF**

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 Petitioner-Plaintiff in this action.

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

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

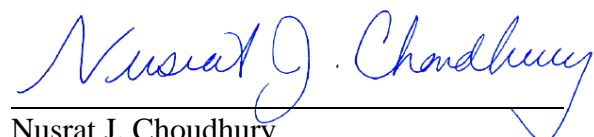
Ex.	Document
1	World Health Org., <i>WHO Coronavirus Disease (COVID-19) Dashboard</i> , https://covid19.who.int/ (last visited May 12, 2020).
2	State of Ill., <i>Executive & Administrative Orders</i> , https://www2.illinois.gov/government/executive-orders (last visited May 12, 2020).

Ex.	Document
3	State of Ill., <i>Coronavirus (COVID-19) Response</i> , https://coronavirus.illinois.gov/s/ (last visited May 12, 2020).
4	Ill. Exec. Order in Response to COVID-19 (COVID-19 Exec. Order No. 8), Ill. Exec. Order No. 2020-10, (Mar. 20, 2020), https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-10.pdf .
5	Ill. Exec. Order in Response to COVID-19 (COVID-19 Exec. Order No. 31), Ill. Exec. Order No. 2020-33 (Apr. 30, 2020), https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-33.aspx .
6	Ill. Exec. Order in Response to COVID-19 (COVID-19 Exec. Order No. 11), Ill. Exec. Order 2020-13, (Mar. 26, 2020), https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-13.pdf .
7	Rich Shapiro, <i>Coronavirus Could “Wreak Havoc” on U.S. Jails, Experts Warn</i> , NBC News (Mar. 12, 2020, 12:04 PM), https://www.nbcnews.com/news/us-news/coronavirus-could-wreak-havoc-u-s-jails-experts-warn-n1156586 .
8	Anne C. Spaulding, MD MPH, <i>Coronavirus COVID-19 and the Correctional Facility: For the Correctional Healthcare Worker</i> , 17 (Mar. 9, 2020), https://www.ncchc.org/filebin/news/COVID_for_CF_HCW_3.9.20.pdf .
9	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), https://www.nytimes.com/2020/04/08/us/coronavirus-cook-county-jail-chicago.html .
10	Cook Cty. Sheriff’s Office, <i>COVID-19 Cases at CCDOC</i> , https://www.cookcountysheriff.org/covid-19-cases-at-ccdod/ (last visited May 12, 2020).
11	<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), https://www.chicagotribune.com/coronavirus/ct-coronavirus-pandemic-chicago-illinois-news-20200325-swgp5hlecrbabjqx52etj2rruq-story.html .
12	Josh McGhee, <i>Stateville Prison Outbreak Signals COVID-19 Threat to Inmates, Surrounding Hospital Systems</i> , Chi. Reporter (Apr. 13, 2020), https://www.chicagoreporter.com/stateville-prison-outbreak-signals-covid-19-threat-to-inmates-surrounding-hospital-systems/ .
13	Ill. Dep’t of Corrections, <i>COVID-19 Response</i> , https://www2.illinois.gov/idoc/facilities/Pages/Covid19Response.aspx (last visited May 11, 2020).
14	U.S. Immigration and Customs Enforcement, <i>ICE Guidance on COVID-19</i> , https://www.ice.gov/coronavirus (last visited May 12, 2020).

Ex.	Document
15	Daniel Coombs & Michael Irvine, <i>Modeling COVID-19 and Impacts on U.S. Immigration and Enforcement (ICE) Detention Facilities, 2020</i> (“ICE Facilities Study”), J. Urb. Health 2020, https://whistleblower.org/wp-content/uploads/2020/04/Irvine_JUH_ICE_COVID19_model.pdf (last visited May 6, 2020).
16	Catherine E. Shoichet, <i>Doctors Warn of ‘Tinderbox Scenario’ If Coronavirus Spreads in ICE Detention</i> , CNN (Mar. 20, 2020), https://www.cnn.com/2020/03/20/health/doctors-ice-detention-coronavirus/index.html .
17	Kankakee Cty. Health Dep’t., <i>Daily COVID-19 Update for Kankakee County</i> (May 11, 2020), https://www.kankakeehealth.org/images/COVID-19_Daily_update_5.11.pdf .
18	Sam Whitehead, <i>CDC Director on Models for the Months to Come: ‘This Virus Is Going to Be With Us’</i> , NPR (Mar. 31, 2020, 5:16 AM), https://www.npr.org/sections/health-shots/2020/03/31/824155179/cdc-director-on-models-for-the-months-to-come-this-virus-is-going-to-be-with-us (Interview with CDC Director Dr. Robert Redfield).
19	Ctrs. For Disease Control and Prevention, <i>Testing for COVID-19</i> , https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html (last visited May 6, 2020).
20	Ctrs. for Disease Control and Prevention, <i>Coronavirus Disease (COVID-19), Cases in the U.S.</i> , https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html (last visited May 12, 2020).
21	Ctrs. For Disease Control and Prevention, <i>Coronavirus Disease 2019 (COVID-19): People Who Are at Higher Risk</i> , https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html (last visited May 12, 2020).
22	Ctrs. For Disease Control and Prevention, <i>Coronavirus Disease 2019 (COVID-19): How It Spreads</i> , https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html (last visited May 12, 2020).
23	Ctrs. For Disease Control and Prevention, <i>Coronavirus Disease 2019 (COVID-19): Protect Yourself</i> , https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html (last visited May 12, 2020).
24	Sarah Mervosh, <i>See Which States and Cities Have Told Residents to Stay Home</i> , N.Y. Times, updated (Apr. 20, 2020), https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html .
25	Siobhan Roberts, <i>Flattening the Coronavirus Curve</i> , N.Y. Times (Mar. 27, 2020), https://www.nytimes.com/article/flatten-curve-coronavirus.html .
26	<i>Cook County Jail Now Reports 210 Inmates Have Now Tested Positive for COVID-19</i> , NBC Chi. (Apr. 4, 2020), https://www.nbcchicago.com/news/coronavirus/cook-county-jail-now-reports-210-inmates-have-tested-positive-for-covid-19/2250366/ .

Ex.	Document
27	U.S. Dep't of Health and Human Services, Ctrs. for Disease Control and Prevention, <i>Order Suspending Introduction of Certain Persons From Countries Where a Communicable Disease Exists</i> (Mar. 20, 2020), https://www.cdc.gov/quarantine/pdf/CDC-Order-Prohibiting-Introduction-of-Persons_Final_3-20-20_3-p.pdf .
28	Molly Parker, <i>3 Detainees, 1 Correctional Officer of Pulaski County Detention Center Diagnosed with COVID-19</i> , Southern Illinoisan, updated (Apr. 13, 2020), 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 .
29	Am. Cancer Soc'y, <i>What Cancer Patients, Their Families, and Caregivers Need to Know About the Coronavirus</i> , https://www.cancer.org/latest-news/common-questions-about-the-new-coronavirus-outbreak.html ; https://www.cancer.gov/contact/emergency-preparedness/coronavirus#if-i-have-cancer-am-i-at-higher-risk-of-getting-covid-19 (last visited May 12, 2020).
30	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), https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf .
31	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).
32	<i>Immigration Court Backlog Tool</i> , TRAC Reports, Inc., https://trac.syr.edu/phptools/immigration/court_backlog/ (last visited May 11, 2020).

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 14th day of May, 2020.



Nusrat J. Choudhury
NY Reg. No. 4538302

Application for admission to CDIL pending.

CERTIFICATE OF SERVICE

The undersigned, an attorney, certifies that on May 14, 2020, she caused a copy of the above and foregoing DECLARATION OF NUSRAT J. CHOUHDURY to be served on all counsel of record via the Court's electronic filing system (CM/ECF) and to the following:

By Summons Process Service:

Michael Downey, Sheriff
Sheriff of Kankakee County
3000 Justice Way
Kankakee, IL 60901

Chad Kolitwenzew
Chief of Corrections of the Jerome Combs Detention Center
3050 Justice Way
Kankakee, IL 60901

By US Certified Mail:

Robert Guadian
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
101 W Ida B Walls Drive, Suite 4000
Chicago, IL 60605

Matthew Albence
Deputy Director and Senior Official Performing the Duties of the Director
of U.S. Immigration and Customs Enforcement
500 12th St., SW
Washington, DC 20536

Chad Wolf
Acting Secretary of Homeland Security
Office of Executive Secretary, MS 0525
2707 Martin Luther King Jr. Ave SE
Washington, DC 20528

Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

Office of the United States Attorney
ATTENTION: Tami Richmond
Secretary to the United States Attorney
318 S. Sixth Street

Springfield, IL 62701

By Email:

Jim Rowe
Kankakee County State's Attorney
JROWE@k3county.net

Nancy Ann Nicholson
Kankakee County State's Attorney
nnicholson@k3county.net

Hilary W. Frooman
Assistant U.S. Attorney
U.S. Attorney's Office for the Central District of Illinois
Courteilary.frooman@usdoj.gov

John David Hoelzer
Assistant U.S. Attorney
U.S. Attorney's Office for the Central District of Illinois
john.hoelzer@usdoj.gov

/s/ Rebecca K. Glenberg

Exhibit 1

to Choudhury Decl.



World Health
Organization

Covid-19 Response Fund

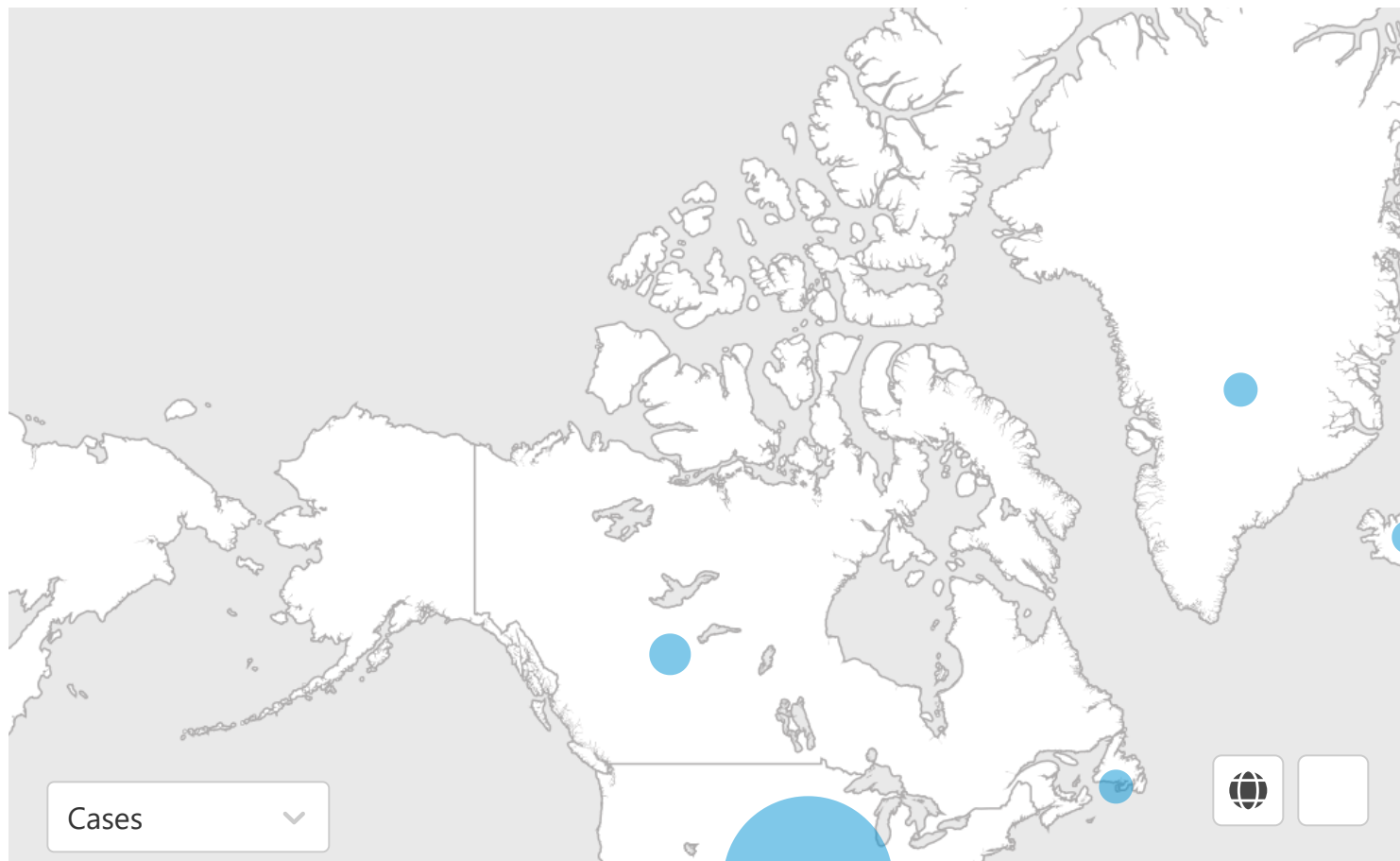
Donate

WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/5/12, 6:42pm CEST

Overview

Explorer



87,913

new cases

4,098,018

confirmed cases

Source: World Health Organization

283,271

deaths

Globally, as of 6:42pm CEST, 12 May 2020, there have been **4,098,018 confirmed cases** of COVID-19, including **283,271 deaths**, reported to WHO.

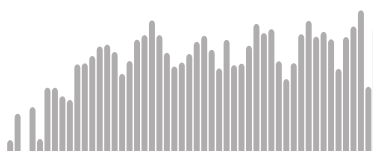
Confirmed Cases Over Time

4,098,018

confirmed cases

Source: World Health Organization

Daily





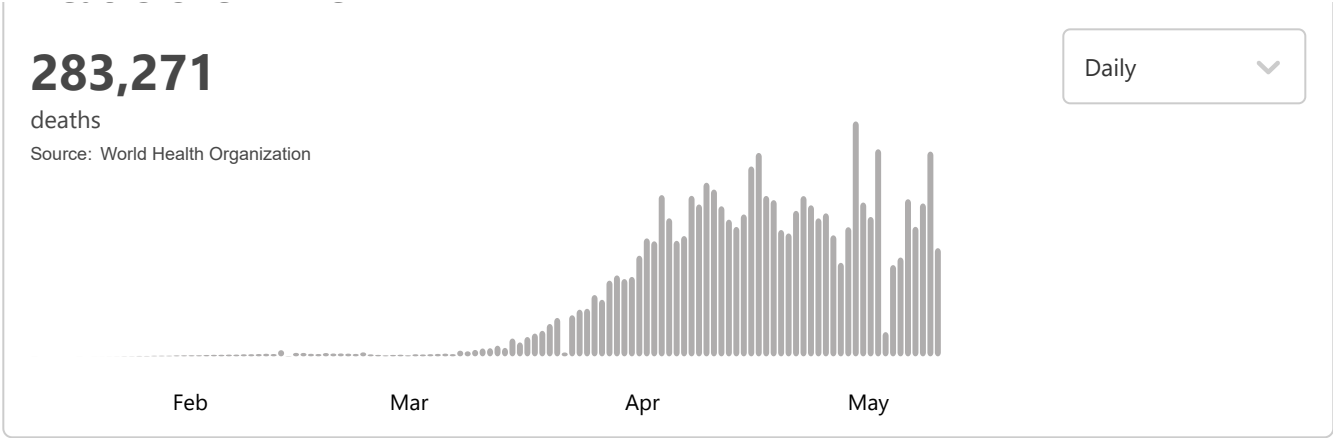
Covid-19 Response Fund

Donate

WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/5/12, 6:42pm CEST

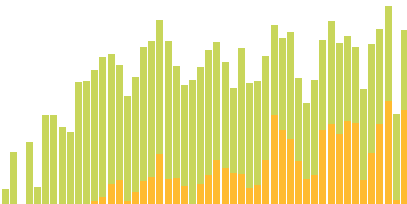
Overview Explorer



Case Comparison

WHO Regions

Europe	1,755,790
	confirmed cases
Americas	1,743,717
	confirmed cases
Eastern Mediterranean	281,744
	confirmed cases
Western Pacific	161,872
	confirmed cases
South-East Asia	107,354
	confirmed cases
Africa	46,829
	confirmed cases





Covid-19 Response Fund

[Donate](#)**WHO Coronavirus Disease (COVID-19) Dashboard**

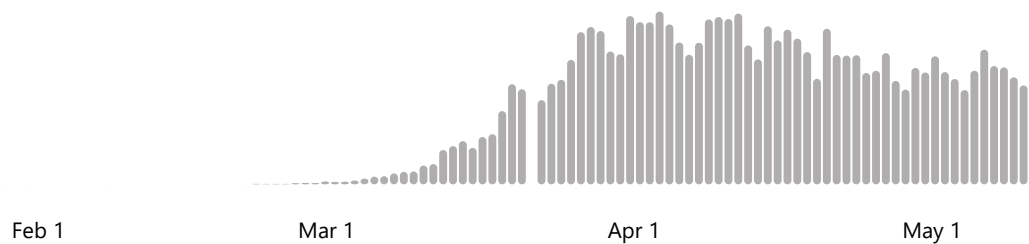
Data last updated: 2020/5/12, 6:42pm CEST

[Overview](#)[Explorer](#)**Daily Cases**

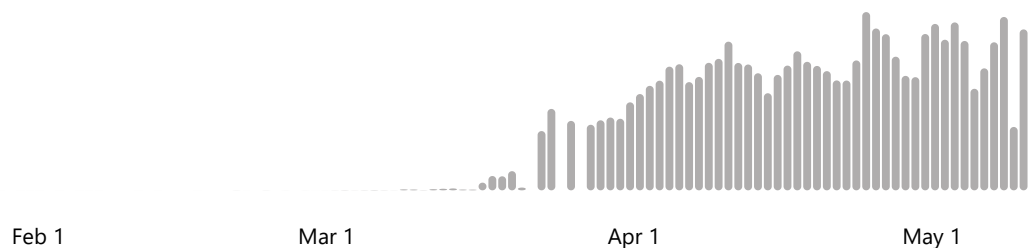
By WHO Region

Europe**1,755,790**

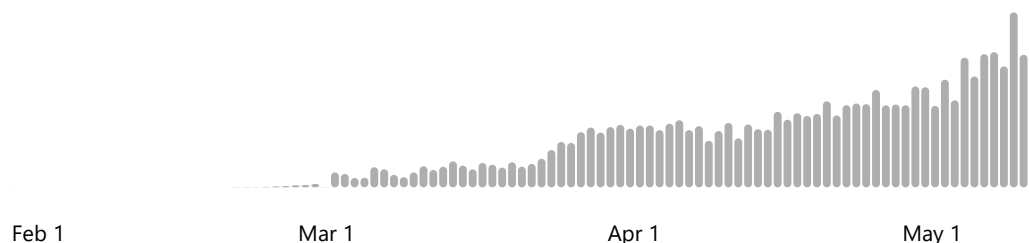
confirmed cases

**Americas****1,743,717**

confirmed cases

**Eastern Mediterranean****281,744**

confirmed cases



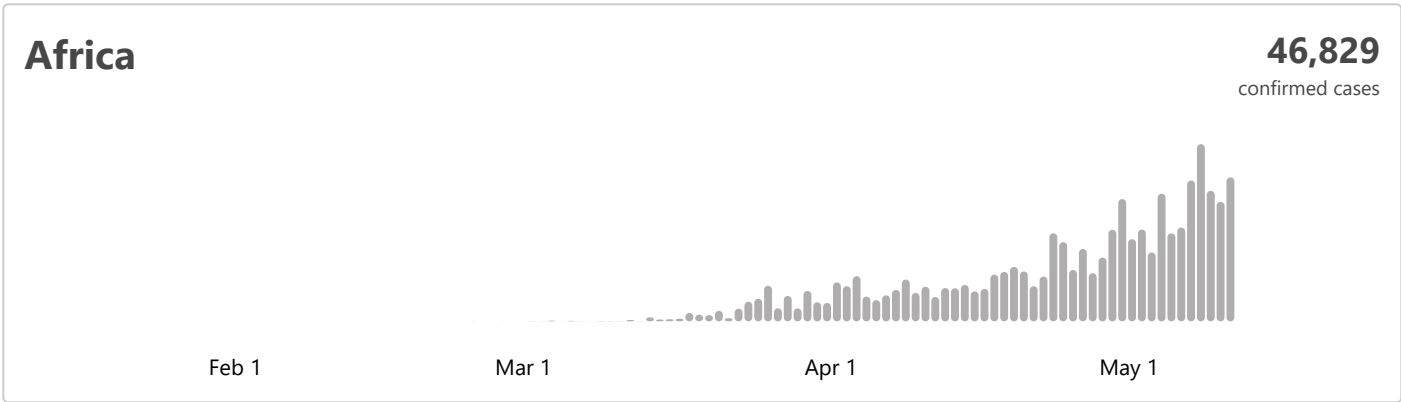
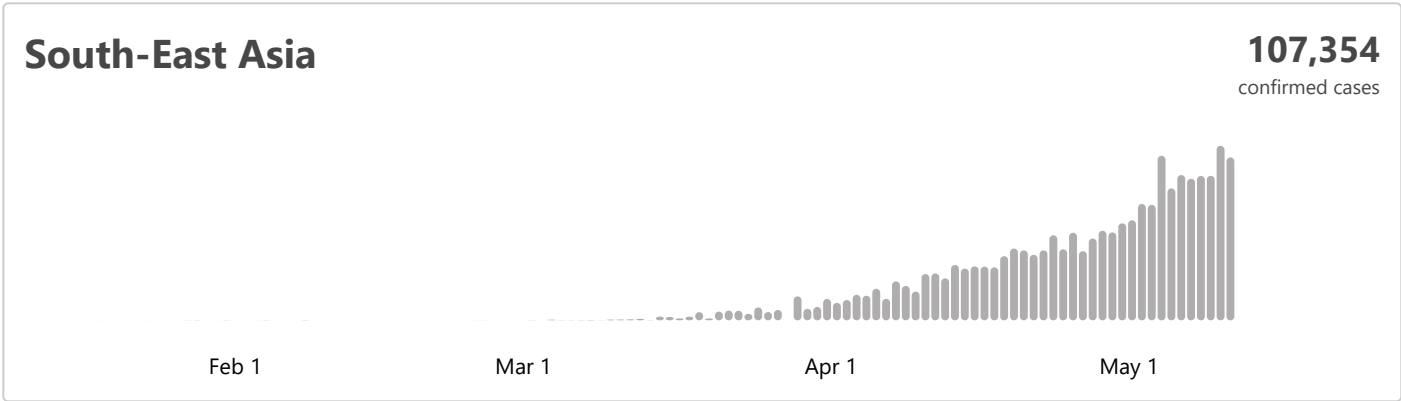


Covid-19 Response Fund

Donate

WHO Coronavirus Disease (COVID-19) Dashboard
Data last updated: 2020/5/12, 6:42pm CEST

Overview Explorer



Source: World Health Organization



WHO Coronavirus Disease (COVID-19) Dashboard
Data last updated: 2020/5/12, 6:42pm CEST

Covid-19 Response Fund

i

Donate

Overview **Explorer**

Exhibit 2

to Choudhury Decl.

➕ View up to date information on how Illinois is handling the Coronavirus Disease 2019 (COVID-19) from the [State of Illinois Coronavirus Response Site](https://coronavirus.illinois.gov/) (<https://coronavirus.illinois.gov/>).

Illinois.gov (/) ▶ Government (/government) ▶ Executive Orders (/government/executive-orders)

Executive & Administrative Orders

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.



- 3-12-2020 Read proclamation (/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020.pdf) (Arabic)
(/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020_Arabic.pdf) (Polish)
(/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020_Polish.pdf) (Chinese)
(/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020_Chinese.pdf) (Spanish)
(/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020_Spanish.pdf) (Hindi)
(/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020_Hindi.pdf)
- 4-01-2020 Read proclamation (/sites/gov/Documents/APPROVED%20-%20Coronavirus%20Disaster%20Proc%20WORD.pdf) (Arabic)
(/sites/gov/Documents/CoronavirusDisasterProc-4-1-2020_Arabic.pdf) (Polish)
(/sites/gov/Documents/CoronavirusDisasterProc-4-1-2020_Polish.pdf) (Chinese)
(/sites/gov/Documents/CoronavirusDisasterProc-4-1-2020_Chinese.pdf) (Spanish)

(/sites/gov/Documents/CoronavirusDisasterProc-4-1-2020_Spanish.pdf) (Hindi)

(/sites/gov/Documents/CoronavirusDisasterProc-4-1-2020_Hindi.pdf)

- 4-30-2020 Read proclamation (/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020.pdf) (Arabic) (/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020_Arabic.pdf) (Polish) (/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020_Polish.pdf) (Chinese) (/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020_Chinese.pdf) (Spanish) (/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020_Spanish.pdf) (Hindi) (/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020_Hindi.pdf)

Links to Executive Orders

ALL (/Pages/government/execorders/executive-orders.aspx#ExecOrder) | 2020

(/Pages/government/execorders/executive-orders.aspx#y2020) | 2019

(/Pages/government/execorders/executive-orders.aspx#y2019) | 2018

(/Pages/government/execorders/executive-orders.aspx#y2018) | 2017

(/Pages/government/execorders/executive-orders.aspx#y2017) | 2016

(/Pages/government/execorders/executive-orders.aspx#y2016) | 2015

(/Pages/government/execorders/executive-orders.aspx#y2015) | 2014

(/Pages/government/execorders/executive-orders.aspx#y2014) | 2013

(/Pages/government/execorders/executive-orders.aspx#y2013) | 2012

(/Pages/government/execorders/executive-orders.aspx#y2012) | 2011

(/Pages/government/execorders/executive-orders.aspx#y2011) | 2010

(/Pages/government/execorders/executive-orders.aspx#y2010)

| 2009 (/Pages/government/execorders/executive-orders.aspx#y2009) | 2008

(/Pages/government/execorders/executive-orders.aspx#y2008) | 2007

(/Pages/government/execorders/executive-orders.aspx#y2007) | 2006

(/Pages/government/execorders/executive-orders.aspx#y2006) | 2005

(/Pages/government/execorders/executive-orders.aspx#y2005) | 2004

(/Pages/government/execorders/executive-orders.aspx#y2004) | 2003

(/Pages/government/execorders/executive-orders.aspx#y2003) | 2002

(/Pages/government/execorders/executive-orders.aspx#y2002) | 2001

(/Pages/government/execorders/executive-orders.aspx#y2001) | 2000

(/Pages/government/execorders/executive-orders.aspx#y2000) | 1999

(/Pages/government/execorders/executive-orders.aspx#y1999)

Links to Administrative Orders

ALL (/Pages/government/execorders/executive-orders.aspx#AdminOrder) | 2013

(/Pages/government/execorders/executive-orders.aspx#AO2013) | 2010

(/Pages/government/execorders/executive-orders.aspx#AO2010) | 2009

[\(/Pages/government/execorders/executive-orders.aspx#AO2009\)](#) | [2006](#)
[\(/Pages/government/execorders/executive-orders.aspx#AO2006\)](#) | [2004](#)
[\(/Pages/government/execorders/executive-orders.aspx#AO2004\)](#) | [2003](#)
[\(/Pages/government/execorders/executive-orders.aspx#AO2003\)](#) | [2002](#)
[\(/Pages/government/execorders/executive-orders.aspx#AO2002\)](#) | [1999](#)
[\(/Pages/government/execorders/executive-orders.aspx#AO1999\)](#)

Executive Orders

Calendar Year 2020

Executive Order Number 36

MARRIAGE LICENSES — To obtain a marriage license, couples may appear before the county clerk and conduct a marriage ceremony using two-way audio-video communication technology, if certain conditions are met. Suspends the requirement that a fully executed marriage license must be submitted to the county clerk within 10 days. Suspends the requirement that a marriage license becomes effective one day after the date of issuance.

[Executive Order 2020-36 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-36.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-36.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Polish.pdf\)](#) [\(Chinese\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Chinese.pdf\)](#) [\(Spanish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Spanish.pdf\)](#) [\(Hindi\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Hindi.pdf\)](#)

Executive Order Number 35

SUSPENDS VARIOUS PROVISIONS — Suspends provisions in the Assisted Living and Shared Housing Act, the Nursing Home Care Act and the Community Care Act. For example, suspends IDPH conducting an on-site review at each facility annually. IDPH will continue to conduct on-site reviews to the extent feasible. Suspends provisions regarding pest control, milk production, mobile homes, body piercing and speech language pathology.

[Executive Order 2020-35 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-35.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-35.pdf\)](#)

Executive Order Number 34

CANNABIS REQUIREMENTS — Suspends the requirement that IDFPRI issue up to 75 Conditional Adult Use Dispensing Organization Licenses before May 1, 2020. Suspends certain requirements, including the need for an adult use cannabis dispensing organization agent to obtain an agent

identification card from IDFPR prior to beginning work at a dispensary and the need for a medical or adult use cannabis dispensing organization agent to keep an agent identification card visible at all times when in the dispensary.

[Executive Order 2020-34 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-34.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-34.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-34%20Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-34%20Polish.pdf\)](#) [\(Chinese\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-34%20Chinese.pdf\)](#) [\(Spanish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-34-Spanish.pdf\)](#) [\(Hindi\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-34%20Hindi.pdf\)](#)

Executive Order Number 33

REISSUES EXECUTIVE ORDERS — Reissues Executive Orders [2020-03 \(/Pages/Executive-Orders/ExecutiveOrder2020-03.aspx\)](#) through [2020-31 \(/Pages/Executive-Orders/ExecutiveOrder2020-31.aspx\)](#), extending most provisions through May 29, 2020.

[Executive Order 2020-33 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-33.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-33.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-33%20Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-33%20Polish.pdf\)](#) [\(Chinese\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-33%20Chinese.pdf\)](#) [\(Spanish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-33%20Spanish.pdf\)](#) [\(Hindi\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-33%20Hindi.pdf\)](#)

Executive Order Number 32

NEW STAY AT HOME ORDER— This new order allows Illinoisans to leave their home for essential activities, including for health and safety, for necessary supplies and services, for outdoor activity, for certain types of work, to take care of others, and to engage in the free exercise of religion, but otherwise requires them to stay at home or their place of residence to prevent spread of COVID-19. Individuals are required to wear a face covering in public places when they are unable to maintain a six-foot social distance, such as in stores. Defines essential businesses and operations. Non-essential retail stores may fulfill online and telephonic orders through pick-up outside the store or delivery.

[Executive Order 2020-32 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-32.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-32.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-32-Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-32%20Polish.pdf\)](#) [\(Chinese\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-32%20Chinese.pdf\)](#) [\(Spanish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-32-Spanish.pdf\)](#) [\(Hindi\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-32%20Hindi.pdf\)](#)

Executive Order Number 31

AMENDS PROVISIONS IN THE ILLINOIS SCHOOL CODE — Suspends provisions in the teacher preparation programs. Suspends requiring internships for endorsements on professional educator licenses. Suspends requiring certain courses as a prerequisite to receiving a high school diploma for twelfth grade students who are unable to complete coursework as a result of the suspension of in-person instruction due to COVID-19.

[Executive Order 2020-31 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-31.aspx\)](#)

[\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-31.pdf\)](#) [\(Arabic\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-31-Arabic.pdf\)](#) [\(Polish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-31-Polish.pdf\)](#) [\(Chinese\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-31-Chinese.pdf\)](#) [\(Spanish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-31-Spanish.pdf\)](#) [\(Hindi\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-31-Hindi.pdf\)](#)

Executive Order Number 30

CLARIFIES CEASING EVICTIONS — Defines “State Agency.” Prohibits residential eviction actions and all law enforcement officers are instructed to cease enforcing evictions for non-residential premises, unless the tenant poses a threat. Permits service of pleadings to be conducted personally, by first-class mail, or by electronic mail.

[Executive Order 2020-30 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-30.aspx\)](#)

[\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-30.pdf\)](#) [\(Arabic\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-30-Arabic.pdf\)](#) [\(Polish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-30-Polish.pdf\)](#) [\(Chinese\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-30-Chinese.pdf\)](#) [\(Spanish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-30-Spanish.pdf\)](#) [\(Hindi\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-30-Hindi.pdf\)](#)

Executive Order Number 29

ILLINOIS INSURANCE CODE — Suspends certain provisions in the Illinois Insurance Code that require in-person education and/or exams within a certain time frame in order to maintain or obtain a professional insurance license.

[Executive Order 2020-29 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-](#)

[29.aspx\)](#) [\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-29.pdf\)](#) [\(Arabic\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-29-Arabic.pdf\)](#) [\(Polish\)](#)

([/Documents/ExecOrders/2020/ExecutiveOrder-2020-29-Polish.pdf](#)) ([Chinese](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-29-Chinese.pdf](#)) ([Spanish](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-29-Spanish.pdf](#)) ([Hindi](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-29-Hindi.pdf](#))

Executive Order Number 28

RADIOLOGY CERTIFICATIONS — Suspends the provision in the Radiation Protection Act of 1990 that limits the validity of industrial radiography certifications to five years and industrial radiography trainee certifications to two years. Industrial radiography certifications and industrial radiography trainee certifications that have expired or will expire may be extended.

[Executive Order 2020-28 \(HTML\)](#) ([/Pages/Executive-Orders/ExecutiveOrder2020-28.aspx](#)) ([English](#)) ([/Documents/ExecOrders/2020/ExecutiveOrder-2020-28.pdf](#)) ([Arabic](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-28-Arabic.pdf](#)) ([Polish](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-28-Polish.pdf](#)) ([Chinese](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-28-Chinese.pdf](#)) ([Spanish](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-28-Spanish.pdf](#)) ([Hindi](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-28-Hindi.pdf](#))

Executive Order Number 27

MEDICAL SCIENCE INSTITUTIONS — Suspends medical science institutions from holding indigent cadavers for 30 days after receipt from the State facility, for cadavers testing positive for COVID-19. Suspends requiring the director of any State facility in custody of an unclaimed cadaver to donate the cadaver to a qualified medical science institution for the advancement of medical science, for cadavers testing positive for COVID-19.

[Executive Order 2020-27 \(HTML\)](#) ([/Pages/Executive-Orders/ExecutiveOrder2020-27.aspx](#)) ([English](#)) ([/Documents/ExecOrders/2020/ExecutiveOrder-2020-27.pdf](#)) ([Arabic](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-27-Arabic.pdf](#)) ([Polish](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-27-Polish.pdf](#)) ([Chinese](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-27-Chinese.pdf](#)) ([Spanish](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-27-Spanish.pdf](#)) ([Hindi](#))
([/Documents/ExecOrders/2020/ExecutiveOrder-2020-27-Hindi.pdf](#))

Executive Order Number 26

HOSPITAL CAPACITY — IDPH shall exercise discretion enforcing certain regulations. Suspends specific provisions in the Hospital Licensing Act, the Hospital Report Card Act, the Department of Public Health Powers and Duties Law, the Illinois Adverse Health Care Events Reporting Law of 2005, and the Emergency Medical Services (EMS) Systems Act. Hospitals licensed by IDPH or the State of Illinois may establish an ACF to provide room and board, nursing, and diagnosis or treatment to patients to increase regional hospital capacity.

[Executive Order 2020-26 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-26.aspx\)](#) [\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-26.pdf\)](#) [\(Arabic\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-26-Arabic.pdf\)](#) [\(Polish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-26-Polish.pdf\)](#) [\(Chinese\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-26-Chinese.pdf\)](#) [\(Spanish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-26-Spanish.pdf\)](#) [\(Hindi\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-26-Hindi.pdf\)](#)

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 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-25.aspx\)](#) [\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-25.pdf\)](#) [\(Arabic\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Arabic.pdf\)](#) [\(Polish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Polish.pdf\)](#) [\(Chinese\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Chinese.pdf\)](#) [\(Spanish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Spanish.pdf\)](#) [\(Hindi\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-25-Hindi.pdf\)](#)

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 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-24.aspx\)](#) [\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-24.pdf\)](#) [\(Arabic\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Arabic.pdf\)](#) [\(Polish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Polish.pdf\)](#) [\(Chinese\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Chinese.pdf\)](#) [\(Spanish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Spanish.pdf\)](#) [\(Hindi\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-24-Hindi.pdf\)](#)

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 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-23.aspx\)](#) [\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-23.pdf\)](#) [\(Arabic\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Arabic.pdf\)](#) [\(Polish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Polish.pdf\)](#) [\(Chinese\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Chinese.pdf\)](#) [\(Spanish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Spanish.pdf\)](#) [\(Hindi\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-23-Hindi.pdf\)](#)

Executive Order Number 22

VARIOUS PROVISIONS — Suspends the date of each township's annual meeting for calendar year 2020. Suspends the provision that no license of a funeral director intern shall be renewed more than twice and suspends the requirement that the transportation of deceased human remains must be under the immediate direct supervision of a licensee. Under the Child Care Act of 1969, the definition of "child" is suspended to ensure those who are 18 years or older can remain in their placement. In the Health Care Worker Background Check Act, suspends the time period for designated students, applicants, and employees to have their fingerprints collected electronically.

[Executive Order 2020-22 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-22.aspx\)](#) [\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-22.pdf\)](#) [\(Arabic\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-22-Arabic.pdf\)](#) [\(Polish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-22-Polish.pdf\)](#) [\(Chinese\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-22-Chinese.pdf\)](#) [\(Spanish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-22-Spanish.pdf\)](#) [\(Hindi\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-22-Hindi.pdf\)](#)

Executive Order Number 21

ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) — Suspends the allowable time period for furloughs and the phrase "for a period of time not to exceed 14 days." The phrase "to obtain medical, psychiatric or psychological services when adequate services are not otherwise available" shall be suspended and furloughs for medical, psychiatric or psychological purposes shall be allowed. The IDOC shall file emergency rules as needed.

[Executive Order 2020-21 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-21.aspx\)](#) [\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-21.pdf\)](#) [\(Arabic\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-21-Arabic.pdf\)](#) [\(Polish\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-21-Polish.pdf\)](#) [\(Chinese\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-21-Chinese.pdf\)](#) [\(Spanish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-21-Spanish.pdf\)](#) [\(Hindi\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-21-Hindi.pdf\)](#)

Executive Order Number 20

PUBLIC ASSISTANCE — Suspends the requirement that an applicant for public assistance must provide an audio recording of their verbal attestation during a telephone application for public assistance benefits. Instead, a verbal attestation documented by the State constitutes a valid signature. Unsigned applications for public assistance received by mail can be signed by a verbal attestation by telephone.

[Executive Order 2020-20 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-20.aspx\)](#)

[\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-20.pdf\)](#) [\(Arabic\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-20-Arabic.pdf\)](#) [\(Polish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-20-Polish.pdf\)](#) [\(Chinese\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-20-Chinese.pdf\)](#) [\(Spanish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-20-Spanish.pdf\)](#) [\(Hindi\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-20-Hindi.pdf\)](#)

Executive Order Number 19

HEALTH CARE FACILITIES, PROFESSIONALS, AND VOLUNTEERS — Defines healthcare facilities, health care professionals and health care volunteers. Calls for the postponement or cancelation of elective surgeries. Health care facilities, professionals, and volunteers are immune from civil liability for any injury or death alleged, unless caused by gross negligence or willful misconduct.

[Executive Order 2020-19 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-19.aspx\)](#)

[\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-19.pdf\)](#) [\(Arabic\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-19-Arabic.pdf\)](#) [\(Polish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-19-Polish.pdf\)](#) [\(Chinese\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-19-Chinese.pdf\)](#) [\(Spanish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-19-Spanish.pdf\)](#) [\(Hindi\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-19-Hindi.pdf\)](#)

Executive Order Number 18

STAY AT HOME ORDER EXTENSION — An extension of the state's disaster proclamation, requiring individuals to stay at home or their place of residence for an additional 30 days. Individuals may leave their homes only for essential activities or for essential operations. Extends the suspension of on-site learning in K-12 schools, with schools transitioning from Act of God Days to

Remote Learning Days. Provides the authority for the governor to sign additional executive orders to extend the Stay at Home order. This supersedes [Executive Order 2020-10 \(/Pages/Executive-Orders/ExecutiveOrder2020-10.aspx\)](#).

[Executive Order 2020-18 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-18.aspx\)](#)
([English \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-18.pdf\)](#)) ([Arabic \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-18-Arabic.pdf\)](#)) ([Polish \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-18-Polish.pdf\)](#)) ([Chinese \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-18-Chinese.pdf\)](#)) ([Spanish \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-18-Spanish.pdf\)](#)) ([Hindi \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-18-Hindi.pdf\)](#))

Executive Order Number 17

EXTENDS CANNABIS APPLICATIONS — Further extends the deadline for cannabis craft grower, infuser and transporter license applications and directs applicants to mail completed applications. This supersedes Section 1 of [Executive Order 2020-03* \(/Pages/Executive-Orders/ExecutiveOrder2020-03.aspx\)](#).

[Executive Order 2020-17 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-17.aspx\)](#)
([English \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-17.pdf\)](#)) ([Arabic \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-17-Arabic.pdf\)](#)) ([Polish \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-17-Polish.pdf\)](#)) ([Chinese \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-17-Chinese.pdf\)](#)) ([Spanish \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-17-Spanish.pdf\)](#)) ([Hindi \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-17-Hindi.pdf\)](#))

Executive Order Number 16

SUSPENDS PROVISIONS IN THE ILLINOIS VEHICLE CODE — Suspends the repossession of vehicles; however, individuals must still comply with any obligation they may have to a loan agreement or otherwise. Suspends classroom training for private security and fingerprint vendors, as any training can be conducted online.

[Executive Order 2020-16 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-16.aspx\)](#)
([English \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-16.pdf\)](#)) ([Arabic \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-16-Arabic.pdf\)](#)) ([Polish \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-16-Polish.pdf\)](#)) ([Chinese \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-16-Chinese.pdf\)](#)) ([Spanish \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-16-Spanish.pdf\)](#)) ([Hindi \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-16-Hindi.pdf\)](#))

Executive Order Number 15

SUSPENDS PROVISIONS IN THE ILLINOIS SCHOOL CODE — Suspends requirements on the administration of assessments, school terms, and the calculation of daily pupil attendance. Allows ISBE to implement rules regarding remote learning. Permits the use of early childhood block grant funding to provide child care for children of employees performing essential work. Any bids received by a school district for construction purposes may be communicated and accepted electronically.

[Executive Order 2020-15 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-15.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-15.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-15-Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-15-Polish.pdf\)](#) [\(Chinese\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-15-Chinese.pdf\)](#) [\(Spanish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-15-Spanish.pdf\)](#) [\(Hindi\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-15-Hindi.pdf\)](#)

Executive Order Number 14

NOTARY AND WITNESS GUIDELINES - any act of notarization or witnessing required by Illinois law may be completed remotely by via two-way audio-video communication technology provided that the acts follows specific guidelines set forth in the Order and by the Secretary of State.

[Executive Order 2020-14 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-14.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-14.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-14-Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-14-Polish.pdf\)](#) [\(Chinese\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-14-Chinese.pdf\)](#) [\(Spanish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-14-Spanish.pdf\)](#) [\(Hindi\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-14-Hindi.pdf\)](#)

Executive Order Number 13

SUSPENDS ADMISSIONS TO IDOC FROM COUNTY JAILS — Admissions to the Illinois Department of Corrections from all Illinois county jails are suspended, except at the discretion of the Director of the Illinois Department of Corrections for limited essential transfers.

[Executive Order 2020-13 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-13.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-13.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-13-Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-13-Polish.pdf\)](#) [\(Chinese\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-13-Chinese.pdf\)](#) [\(Spanish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-13-Spanish.pdf\)](#) [\(Hindi\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-13-Hindi.pdf\)](#)

Executive Order Number 12

Health Care Workers — Individuals who are certified as a nurse assistant, but are currently inactive on the Health Care Worker Registry, may be hired under certain provisions, such as the inactive status being no more than five years and limiting conditional employment to three months pending the result of a more extensive background check.

[Executive Order 2020-12 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-12.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-12.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-12-Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-12-Polish.pdf\)](#) [\(Chinese\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-12-Chinese.pdf\)](#) [\(Spanish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-12-Spanish.pdf\)](#) [\(Hindi\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-12-Hindi.pdf\)](#)

Executive Order Number 11

ESSENTIAL HUMAN SERVICES OPERATIONS — Individuals may leave their residence to work for or obtain any Human Services Operations, such as adoption agencies, long-term care facilities, residential settings for individuals with disabilities and day care centers for children of essential employees. Illinois school districts do not need approval by the school board for an e-learning curriculum.

[Executive Order 2020-11 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-11.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-11.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-11-Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-11-Polish.pdf\)](#) [\(Chinese\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-11-Chinese.pdf\)](#) [\(Spanish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-11-Spanish.pdf\)](#) [\(Hindi\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-11-Hindi.pdf\)](#)

Executive Order Number 10

STAY AT HOME — All individuals must stay at home, with exceptions for essential activities, essential government functions, and essential businesses and operations. All non-essential business and operations must cease, aside from Minimum Basic Operations. Business can continue with employees working from home. Local government units across the state must halt all evictions, and gatherings of more than 10 people are prohibited.

[Executive Order 2020-10 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-10.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-10.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-10%20Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-10%20Polish.pdf\)](#) [\(Chinese\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-10%20Chinese.pdf\)](#) (Spanish)

[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-10%20Spanish.pdf\)](#) (Hindi)

[\(/Documents/ExecOrders/2020/ExecutiveOrder%202020-10%20Hindi.pdf\)](#)

Executive Order Number 9

TELEHEALTH — All health insurers regulated by the Department of Insurance are required to cover telehealth services and reimburse providers at the same rate as in-person visits and are prohibited from imposing any cost-sharing for in-network providers.

[Executive Order 2020-09 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-09.aspx\)](#)

[\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-09.pdf\)](#) (Arabic)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-09-Arabic.pdf\)](#) (Polish)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-09-Polish.pdf\)](#) (Chinese)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-09-Chinese.pdf\)](#) (Spanish)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-09-Spanish.pdf\)](#) (Hindi)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-09-Hindi.pdf\)](#)

Executive Order Number 8

SECRETARY OF STATE OPERATIONS — During the duration of the disaster proclamation and 30 days thereafter, the urgent need to address the expiration of vehicle registrations, driver's licenses, permits, parking decals, Illinois identification cards and hearings pursuant to the Illinois Vehicle Code is suspended, as are the filing of statements of economic interest.

[Executive Order 2020-08 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-08.aspx\)](#)

[\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-08.pdf\)](#) (Arabic)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-08-Arabic.pdf\)](#) (Polish)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-08-Polish.pdf\)](#) (Chinese)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-08-Chinese.pdf\)](#) (Spanish)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-08-Spanish.pdf\)](#) (Hindi)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-08-Hindi.pdf\)](#)

Executive Order Number 7

RESTAURANTS & BARS — Beginning March 16 at 9 p.m., bars and restaurants must suspend on-premises consumption, but are permitted to continue delivery service, drive-through and curbside pick-up. Gatherings of 50 or more people are prohibited, including fitness centers, private clubs, and theaters.

[Executive Order 2020-07 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-07.aspx\)](#)

[\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-07.pdf\)](#) (Arabic)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-07-Arabic.pdf\)](#) (Polish)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-07-Polish.pdf\)](#) (Chinese)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-07-Chinese.pdf\)](#) [\(Spanish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-07-Spanish.pdf\)](#) [\(Hindi\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-07-Hindi.pdf\)](#)

Executive Order Number 6

K-12 SCHOOLS CLARIFICATION — All public and private schools must close for educational purposes, but schools operated by the Illinois Department of Juvenile Justice, the Illinois State Board of Education or the Illinois Department of Human Services may remain open.

[Executive Order 2020-06 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-06.aspx\)](#)

[\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-06.pdf\)](#) [\(Arabic\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-06-Arabic.pdf\)](#) [\(Polish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-06-Polish.pdf\)](#) [\(Chinese\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-06-Chinese.pdf\)](#) [\(Spanish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-06-Spanish.pdf\)](#) [\(Hindi\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-06-Hindi.pdf\)](#)

Executive Order Number 5

K-12 SCHOOLS — All public and private K-12 schools must close for educational purposes; however, this will not affect the availability of school buildings to supply food for students in need.

[Executive Order 2020-05 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-05.aspx\)](#)

[\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-05.pdf\)](#) [\(Arabic\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-05-Arabic.pdf\)](#) [\(Polish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-05-Polish.pdf\)](#) [\(Chinese\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-05-Chinese.pdf\)](#) [\(Spanish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-05-Spanish.pdf\)](#) [\(Hindi\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-05-Hindi.pdf\)](#)

Executive Order Number 4

LARGE GATHERINGS — Gatherings of 1,000 or more people are prohibited, including concerts, conferences and sporting events as well as closes the James R. Thompson Center to the public, except for necessary state business.

[Executive Order 2020-04 \(HTML\)](#) [\(/Pages/Executive-Orders/ExecutiveOrder2020-04.aspx\)](#)

[\(English\)](#) [\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-04.pdf\)](#) [\(Arabic\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-04-Arabic.pdf\)](#) [\(Polish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-04-Polish.pdf\)](#) [\(Chinese\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-04-Chinese.pdf\)](#) [\(Spanish\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-04-Spanish.pdf\)](#) [\(Hindi\)](#)

[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-04-Hindi.pdf\)](#)

Executive Order Number 3

CANNABIS APPLICATIONS — The deadline for cannabis grower, infuser and transporter license applications is extended, and applicants are now allowed to mail completed applications, rather than submitting in person.

[Executive Order 2020-03 \(HTML\) \(/Pages/Executive-Orders/ExecutiveOrder2020-03.aspx\)](#)
[\(English\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-03.pdf\)](#) [\(Arabic\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-03-Arabic.pdf\)](#) [\(Polish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-03-Polish.pdf\)](#) [\(Chinese\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-03-Chinese.pdf\)](#) [\(Spanish\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-03-Spanish.pdf\)](#) [\(Hindi\)](#)
[\(/Documents/ExecOrders/2020/ExecutiveOrder-2020-03-Hindi.pdf\)](#)

Executive Order Number 2

EXECUTIVE ORDER STRENGTHENING THE STATE'S COMMITMENT TO ENDING THE OPIOID EPIDEMIC

[Executive Order Number 20-02 \(PDF, 153 KB\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-02.pdf\)](#)

Executive Order Number 1

EXECUTIVE ORDER AMENDMENT TO EXECUTIVE ORDER 10 (2019) CEMENTING ILLINOIS' COMPREHENSIVE 2020 CENSUS EFFORT

[Executive Order Number 20-01 \(PDF, 66 KB\) \(/Documents/ExecOrders/2020/ExecutiveOrder-2020-01.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#\)](#)

Calendar Year 2019

Executive Order Number 13

EXECUTIVE ORDER ESTABLISHING THE GOVERNOR'S TASK FORCE ON FORENSIC SCIENCE

[Executive Order Number 19-13 \(PDF, 118 KB\) \(/Documents/ExecOrders/2019/ExecutiveOrder-2019-13.pdf\)](#)

Executive Order Number 12

EXECUTIVE ORDER REORGANIZING DIVISIONS WITHIN THE DEPARTMENT OF STATE POLICE

[Executive Order Number 19-12 \(PDF, 157 KB\) \(/Documents/ExecOrders/2019/ExecutiveOrder-2019-12.pdf\)](#)

Executive Order Number 11

EXECUTIVE ORDER STRENGTHENING OUR COMMITMENT TO AFFIRMING AND INCLUSIVE SCHOOLS

[Executive Order Number 19-11 \(HTML\) \(/Pages/government/execorders/2019_11.aspx\)](#) | [Executive Order Number 19-11 \(PDF, 302 KB\) \(/Documents/ExecOrders/2019/ExecutiveOrder-2019-11.pdf\)](#)

Executive Order Number 10

EXECUTIVE ORDER CEMENTING ILLINOIS' COMPREHENSIVE 2020 CENSUS EFFORT

[Executive Order Number 19-10 \(HTML\) \(/Pages/government/execorders/2019_10.aspx\)](#) | [Executive Order Number 19-10 \(PDF, 196 KB\) \(/Documents/ExecOrders/2019/ExecutiveOrder-10-2019.pdf\)](#)

Executive Order Number 9

EXECUTIVE ORDER CREATING THE JUSTICE, EQUITY, AND OPPORTUNITY INITIATIVE

[Executive Order Number 19-9 \(HTML\) \(/Pages/government/execorders/2019_9.aspx\)](#) | [Executive Order Number 19-09 \(PDF, 192 KB\) \(/Documents/ExecOrders/2019/19703-Executive_Order_2019-9.pdf\)](#)

Executive Order Number 8

EXECUTIVE ORDER STRENGTHENING THE STATE'S COMMITMENT TO ENDING THE HIV EPIDEMIC

[Executive Order Number 19-8 \(HTML\) \(/Pages/government/execorders/2019_8.aspx\)](#) | [Executive Order Number 19-08 \(PDF, 91 KB\) \(/Documents/ExecOrders/2019/19661-Executive_Order_2019-08.pdf\)](#)

Executive Order Number 7

EXECUTIVE ORDER STRENGTHENING OUR COMMITMENT TO IMMIGRANTS, REFUGEES, AND ASYLUM SEEKERS

[Executive Order Number 19-7 \(HTML\) \(/Pages/government/execorders/2019_7.aspx\)](#) | [Executive Order Number 19-07 \(PDF, 128 KB\) \(/Documents/ExecOrders/2019/19628-Executive_Order_2019-07.pdf\)](#)

Executive Order Number 6

EXECUTIVE ORDER JOINING THE US CLIMATE ALLIANCE AND COMMITTING TO THE PRINCIPLES OF THE PARIS CLIMATE AGREEMENT

[Executive Order Number 19-6 \(HTML\) \(/Pages/government/execorders/2019_6.aspx\)](#) | [Executive Order Number 19-06 \(PDF, 108 KB\) \(/Documents/ExecOrders/2019/19626-Executive_Order_2019-06.pdf\)](#)

Executive Order Number 5**Executive Order**

[Executive Order Number 19-5 \(HTML\) \(/Pages/government/execorders/2019_5.aspx\)](#) |

[Executive Order Number 19-05 \(PDF, 119 KB\) \(/Documents/ExecOrders/2019/19622-](#)

[Executive_Order_2019-05.pdf\)](#)

Executive Order Number 4**EXECUTIVE ORDER STRENGTHENING OUR COMMITMENT TO ILLINOIS'S VETERANS AND THEIR FAMILIES**

[Executive Order Number 19-4 \(HTML\) \(/Pages/government/execorders/2019_4.aspx\)](#) |

[Executive Order Number 19-04 \(PDF, 174 KB\) \(/Documents/ExecOrders/2019/19620-](#)

[Executive_Order_2019-4.pdf\)](#)

Executive Order Number 3**EXECUTIVE ORDER STRENGTHENING THE STATE'S COMMITMENT TO WORKFORCE DEVELOPMENT AND JOB CREATION**

[Executive Order Number 19-3 \(HTML\) \(/Pages/government/execorders/2019_3.aspx\)](#) |

[Executive Order Number 19-03 \(PDF, 117 KB\) \(/Documents/ExecOrders/2019/19612-](#)

[Executive_Order_2019-03.pdf\)](#)

Executive Order Number 2**Executive Order Strengthening Working Families**

[Executive Order Number 19-2 \(HTML\) \(/Pages/government/execorders/2019_2.aspx\)](#) |

[Executive Order Number 19-02 \(PDF, 128 KB\) \(/Documents/ExecOrders/2019/19609-](#)

[Executive_Order_2019-02.pdf\)](#)

Executive Order Number 1**Executive Order Strengthening the State's Commitment to Effective and Transparent Government in Compliance with the Laws**

[Executive Order Number 19-1 \(HTML\) \(/Pages/government/execorders/2019_1.aspx\)](#) |

[Executive Order Number 19-01 \(PDF, 112 KB\)](#)

[\(/Documents/ExecOrders/2019/ExecutiveOrder2019-01.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#\)](#)

Calendar Year 2018**Executive Order Number 13****Executive Order Establishing the Autonomous Illinois Initiative**

[Executive Order Number 18-13 \(HTML\) \(/Pages/government/execorders/2018_13.aspx\)](#) |

[Executive Order Number 18-13 \(PDF, 73 KB\)](#)

[\(/Documents/ExecOrders/2018/ExecutiveOrder2018-13.pdf\)](#)

Executive Order Number 12**Executive Order to Eliminate Nepotism in State Government Hiring**

[Executive Order Number 18-12 \(HTML\) \(/Pages/government/execorders/2018_12.aspx\)](#) |

[Executive Order Number 18-12 \(PDF, 73 KB\)](#)

[\(/Documents/ExecOrders/2018/ExecutiveOrder2018-12.pdf\)](#)

Executive Order Number 11**Executive Order Reducing the Size of Government Through the Abolition of Inoperative Boards and Commissions**

[Executive Order Number 18-11 \(HTML\) \(/Pages/government/execorders/2018_11.aspx\)](#) |

[Executive Order Number 18-11 \(PDF, 120 KB\)](#)

[\(/Documents/ExecOrders/2018/ExecutiveOrder2018-11.pdf\)](#)

Executive Order Number 10**Executive Order Reducing the Size of Government Through the Revocation of Executive Orders**

[Executive Order Number 18-10 \(HTML\) \(/Pages/government/execorders/2018_10.aspx\)](#) |

[Executive Order Number 18-10 \(PDF, 77 KB\)](#)

[\(/Documents/ExecOrders/2018/ExecutiveOrder2018-10.pdf\)](#)

Executive Order Number 9**Executive Order Prohibiting the Withholding of Agency Fees**

[Executive Order Number 18-9 \(HTML\) \(/Pages/government/execorders/2018_9.aspx\)](#) |

[Executive Order Number 18-9 \(PDF, 246 KB\)](#)

[\(/Documents/ExecOrders/2018/ExecutiveOrder2018-9.pdf\)](#)

Executive Order Number 8**Executive Order Reforming the Administration and Eliminating the Backlog of Anti-Discrimination and Equal Opportunity Hearings at the Human Rights Commission**

[Executive Order Number 18-8 \(HTML\) \(/Pages/government/execorders/2018_8.aspx\)](#) |

[Executive Order Number 18-8 \(PDF, 94 KB\)](#)

[\(/Documents/ExecOrders/2018/ExecutiveOrder2018-8.pdf\)](#)

Executive Order Number 7**Executive Order to Ensure Representative Contracting in State Procurement**

[Executive Order Number 18-7 \(HTML\) \(/Pages/government/execorders/2018_7.aspx\)](#) |

[Executive Order Number 18-7 \(PDF, 246 KB\)](#)

[\(/Documents/ExecOrders/2018/ExecutiveOrder2018-7.pdf\)](#)

Executive Order Number 6**Executive Order to Ensure Representative Contracting in State Procurement**

[Executive Order Number 18-6 \(HTML\) \(/Pages/government/execorders/2018_6.aspx\)](#) |

Executive Order Number 18-6 (PDF, 124 KB)**(/Documents/ExecOrders/2018/ExecutiveOrder2018-6.pdf)****Executive Order Number 5****Executive Order Reducing the Size of Government Through the Abolition of Inoperative Boards and Commissions****Executive Order Number 18-5 (HTML) (/Pages/government/execorders/2018_5.aspx) |****Executive Order Number 18-5 (PDF, 107 KB)****(/Documents/ExecOrders/2018/ExecutiveOrder2018-5.pdf)****Executive Order Number 4****Executive Order Establishing the Executive Mansion as the Governor's Mansion****Executive Order Number 18-4 (HTML) (/Pages/government/execorders/2018_4.aspx) |****Executive Order Number 18-4 (PDF, 81 KB)****(/Documents/ExecOrders/2018/ExecutiveOrder2018-4.pdf)****Executive Order Number 3****Executive Order Requiring the Illinois Department of Transportation to Comply with Federal State Safety Oversight Requirements****Executive Order Number 18-3 (HTML) (/Pages/government/execorders/2018_3.aspx) |****Executive Order Number 18-3 (PDF, 109 KB)****(/Documents/ExecOrders/2018/ExecutiveOrder2018-3.pdf)****Executive Order Number 2****Executive Order Strengthening the State's Ethics Laws and Compliance****Executive Order Number 18-2 (HTML) (/Pages/government/execorders/2018_2.aspx) |****Executive Order Number 18-2 (PDF, 106 KB)****(/Documents/ExecOrders/2018/ExecutiveOrder2018-2.pdf)****Executive Order Number 1****Executive Order to Eliminate Impermissible Conflicts of Interest at the Property Tax Appeals Board****Executive Order Number 18-1 (HTML) (/Pages/government/execorders/2018_1.aspx) |****Executive Order Number 18-1 (PDF, 836 KB)****(/Documents/ExecOrders/2018/ExecutiveOrder2018-1.pdf)****go to top (/Pages/government/execorders/executive-orders.aspx#)****Calendar Year 2017****Executive Order Number 5****Executive Order Establishing the Governor's Opioid Prevention and Intervention Task Force****Executive Order Number 17-5 (HTML) (/Pages/government/execorders/2017_5.aspx) |**

Executive Order Number 17-5 (PDF, 94 KB)**(/Documents/ExecOrders/2017/ExecutiveOrder2017-5.pdf)****Executive Order Number 4****Executive Order to Continue and Expand Successes in Improving State Administrative Proceedings****Executive Order Number 17-4 (HTML) (/Pages/government/execorders/2017_4.aspx) |****Executive Order Number 17-4 (PDF, 94 KB)****(/Documents/ExecOrders/2017/ExecutiveOrder2017-4.pdf)****Executive Order Number 3****Executive Order Transferring Certain Functions from the Department of Commerce and Economic Opportunity****Executive Order Number 17-3 (HTML) (/Pages/government/execorders/2017_3.aspx) |****Executive Order Number 17-3 (PDF, 2.42 MB)****(/Documents/ExecOrders/2017/ExecutiveOrder2017-3.pdf)****Executive Order Number 2****Executive Order Strengthening the State's Investigation, Adjudication, and Enforcement of Anti-Discrimination and Equal Opportunity Laws****Executive Order Number 17-2 (HTML) (/Pages/government/execorders/2017_2.aspx) |****Executive Order Number 17-2 (PDF, 1.78 MB)****(/Documents/ExecOrders/2017/ExecutiveOrder2017-2.pdf)****Executive Order Number 1****Executive Order Consolidating the State's Historic Preservation Functions and Establishing the Abraham Lincoln Presidential Library and Museum Agency****Executive Order Number 17-1 (HTML) (/Pages/government/execorders/2017_1.aspx) |****Executive Order Number 17-1 (PDF, 3.49 MB)****(/Documents/ExecOrders/2017/ExecutiveOrder2017-1.pdf)****go to top (/Pages/government/execorders/executive-orders.aspx#)****Calendar Year 2016****Executive Order Number 13****Executive Order Establishing the Illinois Competitiveness Council****Executive Order Number 16-13 (HTML) (/Pages/government/execorders/2016_13.aspx) |****Executive Order Number 16-13 (PDF, 240.9 KB)****(/Documents/ExecOrders/2016/ExecutiveOrder2016-13.pdf)**

Executive Order Number 12**Executive Order Rescinding Executive Order Number 2 (2004)****[Executive Order Number 16-12 \(HTML\) \(/Pages/government/execorders/2016_12.aspx\) |](#)****[Executive Order Number 16-12 \(PDF, 82.6 KB\)](#)****[\(/Documents/ExecOrders/2016/ExecutiveOrder2016-12.pdf\)](#)****Executive Order Number 11****Executive Order To Establish The Illinois Bicentennial Commission and The Office of The Illinois Bicentennial****[Executive Order Number 16-11 \(HTML\) \(/Pages/government/execorders/2016_11.aspx\) |](#)****[Executive Order Number 16-11 \(PDF, 1.2 MB\)](#)****[\(/Documents/ExecOrders/2016/ExecutiveOrder2016-11.pdf\)](#)****Executive Order Number 10****Executive Order Updating Terminology At The Illinois Department Of Children And Family Services****[Executive Order Number 16-10 \(HTML\) \(/Pages/government/execorders/2016_10.aspx\) |](#)****[Executive Order Number 16-10 \(PDF, 588.6 KB\)](#)****[\(/Documents/ExecOrders/2016/ExecutiveOrder2016-10.pdf\)](#)****Executive Order Number 9****Executive Order Implementing The Next Phase Of The Millennium Reserve Initiative****[Executive Order Number 16-9 \(HTML\) \(/Pages/government/execorders/2016_9.aspx\) |](#)****[Executive Order Number 16-9 \(PDF, 183 KB\)](#)****[\(/Documents/ExecOrders/2016/ExecutiveOrder2016-09.pdf\)](#)****Executive Order Number 8****Executive Order To Ensure Equal Opportunity Is Provided To All Illinois Businesses****[Executive Order Number 16-8 \(HTML\) \(/Pages/government/execorders/2016_8.aspx\) |](#)****[Executive Order Number 16-8 \(PDF, 215.6 KB\)](#)****[\(/Documents/ExecOrders/2016/ExecutiveOrder2016-08.pdf\)](#)****Executive Order Number 7****Executive Order Designating The Illinois Department Of Transportation As The State Safety Oversight Agency****[Executive Order Number 16-7 \(HTML\) \(/Pages/government/execorders/2016_7.aspx\) |](#)****[Executive Order Number 16-7 \(PDF, 154.5 KB\)](#)****[\(/Documents/ExecOrders/2016/ExecutiveOrder2016-07.pdf\)](#)****Executive Order Number 6****Executive Order To Eliminate The Backlog and Delay In State Administrative Proceedings****[Executive Order Number 16-6 \(HTML\) \(/Pages/government/execorders/2016_6.aspx\) |](#)**

Executive Order Number 16-6 (PDF, 272 KB)**(/Documents/ExecOrders/2016/ExecutiveOrder2016-06.pdf)****Executive Order Number 5****Executive Order Establishing The Health Care Fraud Elimination Task Force****Executive Order Number 16-5 (HTML) (/Pages/government/execorders/2016_5.aspx) |****Executive Order Number 16-5 (PDF, 1 MB) (/Documents/ExecOrders/2016/ExecutiveOrder16-05.pdf)****Executive Order Number 4****Executive Order Updating And Strengthening Administrative Order 6 (2003)****Executive Order Number 16-4 (HTML) (/Pages/government/execorders/2016_4.aspx) |****Executive Order Number 16-4 (PDF, 524.7 kB)****(/Documents/ExecOrders/2016/ExecutiveOrder2016-4.pdf)****Executive Order Number 3****Executive Order Establishing The Governor's Cabinet On Children And Youth****Executive Order Number 16-3 (HTML) (/Pages/government/execorders/2016_3.aspx) |****Executive Order Number 16-3 (PDF, 799.7 KB)****(/Documents/ExecOrders/2016/ExecutiveOrder2016-03.pdf)****Executive Order Number 2****Executive Order Promoting Collaboration For Economic Development****Executive Order Number 16-2 (HTML) (/Pages/government/execorders/2016_2.aspx) |****Executive Order Number 16-2 (PDF, 555.3 KB)****(/Documents/ExecOrders/2016/ExecutiveOrder2016-02.pdf)****Executive Order Number 1****Executive Order Consolidating Multiple Information Technology Functions Into A Single Department Of Innovation And Technology****Executive Order Number 16-1 (HTML) (/Pages/government/execorders/2016_1.aspx) |****Executive Order Number 16-1 (PDF, 650.6 KB)****(/Documents/ExecOrders/2016/ExecutiveOrder2016-01.pdf)****go to top (/Pages/government/execorders/executive-orders.aspx#)****Calendar Year 2015****Executive Order Number 16****Executive order rescinding executive order number 2003-01****Executive Order Number 15-16 (HTML) (/Pages/government/execorders/2015_16.aspx) |****Executive Order Number 15-16 (PDF, 56.5 KB)****(/Documents/ExecOrders/2015/ExecutiveOrder2015-16.pdf)**

Executive Order Number 15

Executive order initiating consolidation of local governments and school districts, and eliminating unfunded mandates

[Executive Order Number 15-15 \(HTML\) \(/Pages/government/execorders/2015_15.aspx\)](#) |

[Executive Order Number 15-15 \(PDF, 173 KB\)](#)

[\(/Documents/ExecOrders/2015/ExecutiveOrder2015-15.pdf\)](#)

Executive Order Number 14

Establishing the Illinois State Commission on Criminal Justice and Sentencing Reform

[Executive Order Number 15-14 \(HTML\) \(/Pages/government/execorders/2015_14.aspx\)](#) |

[Executive Order Number 15-14 \(PDF, 224 KB\)](#)

[\(/Documents/ExecOrders/2015/ExecutiveOrder2015-14.pdf\)](#)

Executive Order Number 13

Respecting State Employees' Freedom of Speech

[Executive Order Number 15-13 \(HTML\) \(/Pages/government/execorders/2015_13.aspx\)](#) |

[Executive Order Number 15-13 \(PDF, 300 KB\)](#)

[\(/Documents/ExecOrders/2015/ExecutiveOrder2015-13.pdf\)](#)

Executive Order Number 12

Ensure Equal Opportunity is Provided to all Illinois Persons and Businesses

[Executive Order Number 15-12 \(HTML\) \(/Pages/government/execorders/2015_12.aspx\)](#) |

[Executive Order Number 15-12 \(PDF, 199 KB\)](#)

[\(/Documents/ExecOrders/2015/ExecutiveOrder2015-12.pdf\)](#)

Executive Order Number 11

Rescinding Executive Order Numbers 15-01, 15-02, 15-03, 15-04, 15-05, 15-06, and 15-07

[Executive Order Number 15-11 \(HTML\) \(/Pages/government/execorders/2015_11.aspx\)](#) |

[Executive Order Number 15-11 \(PDF, 128 KB\)](#)

[\(/Documents/ExecOrders/2015/ExecutiveOrder2015-11.pdf\)](#)

Executive Order Number 10

Requiring Transparency within State and Local Government

[Executive Order Number 15-10 \(HTML\) \(/Pages/government/execorders/2015_10.aspx\)](#) |

[Executive Order Number 15-10 \(PDF, 128 KB\)](#)

[\(/Documents/ExecOrders/2015/ExecutiveOrder2015-10.pdf\)](#)

Executive Order Number 9

Ensure Ethical and Responsive Government

[Executive Order Number 15-9 \(HTML\) \(/Pages/government/execorders/2015_9.aspx\)](#) |

[Executive Order Number 15-9 \(PDF, 283 KB\)](#)

[\(/Documents/ExecOrders/2015/ExecutiveOrder2015-09.pdf\)](#)

Executive Order Number 8**Address the State's Fiscal Crisis**

[Executive Order Number 15-8 \(HTML\) \(/Pages/government/execorders/2015_8.aspx\) |](#)

[Executive Order Number 15-8 \(PDF, 344 KB\)](#)

[\(/Documents/ExecOrders/2015/ExecutiveOrder2015-08.pdf\)](#)

Executive Order Number 7**Minimum Wage Requirements for State Contractors and Subcontractors**

[Executive Order Number 15-7 \(HTML\) \(/Pages/government/execorders/2015_7.aspx\) |](#)

[Executive Order Number 15-7 \(PDF, 151 KB\) \(/Documents/ExecOrders/2015/execorder2015-07.pdf\)](#)

Executive Order Number 6**Illinois Open Data**

[Executive Order Number 15-6 \(HTML\) \(/Pages/government/execorders/2015_6.aspx\) |](#)

[Executive Order Number 15-6 \(PDF, 486 KB\) \(/Documents/ExecOrders/2015/execorder2015-06.pdf\)](#)

Executive Order Number 5**Enhanced Ethical Standard for Financial Disclosure**

[Executive Order Number 15-5 \(HTML\) \(/Pages/government/execorders/2015_5.aspx\) |](#)

[Executive Order Number 15-5 \(PDF, 107 KB\) \(/Documents/ExecOrders/2015/execorder2015-05.pdf\)](#)

Executive Order Number 4**Executive Order Concerning Medicaid Expansion Implementation and Affordable Care Act Enrollment**

[Executive Order Number 15-4 \(HTML\) \(/Pages/government/execorders/2015_4.aspx\) |](#)

[Executive Order Number 15-4 \(PDF, 198 KB\) \(/Documents/ExecOrders/2015/execorder2015-4.pdf\)](#)

Executive Order Number 3**Pregnancy Discrimination in State Employment**

[Executive Order Number 15-3 \(HTML\) \(/Pages/government/execorders/2015_3.aspx\) |](#)

[Executive Order Number 15-3 \(PDF, 121 KB\) \(/Documents/ExecOrders/2015/execorder2015-3.pdf\)](#)

Executive Order Number 2**Executive Order Establishing Governor's New Americans Trust Initiative**

[Executive Order Number 15-2 \(HTML\) \(/Pages/government/execorders/2015_2.aspx\) |](#)

[Executive Order Number 15-2 \(PDF, 181 KB\) \(/Documents/ExecOrders/2015/execorder2015-2.pdf\)](#)

Executive Order Number 1**Executive Order Establishing Governor's New Americans' Welcoming Initiative**

[Executive Order Number 15-1 \(HTML\) \(/Pages/government/execorders/2015_1.aspx\)](#) |

[Executive Order Number 15-1 \(PDF, 149 KB\) \(/Documents/ExecOrders/2015/execorder2015-1.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#\)](#)

Calendar Year 2014**Executive Order Number 11****Executive Order Creating an Ebola Virus Task Force**

[Executive Order Number 14-11 \(HTML\) \(/Pages/government/execorders/2014_11.aspx\)](#) |

[Executive Order Number 14-11 \(PDF, 226 KB\) \(/Documents/ExecOrders/2014/execorder2014-11.pdf\)](#)

Executive Order Number 10**Creation of the Department of Transportation Technical Merit Board**

[Executive Order Number 14-10 \(HTML\) \(/Pages/government/execorders/2014_10.aspx\)](#) |

[Executive Order Number 14-10 \(PDF, 197 KB\) \(/Documents/ExecOrders/2014/execorder2014-10.pdf\)](#)

Executive Order Number 9**Executive Order Establishing the Illinois Pet Advocacy Task Force**

[Executive Order Number 14-09 \(HTML\) \(/Pages/government/execorders/2014_9.aspx\)](#) |

[Executive Order Number 14-09 \(PDF, 174 KB\) \(/Documents/ExecOrders/2014/execorder2014-09.pdf\)](#)

Executive Order Number 8**Implementing Employment First in Illinois**

[Executive Order Number 14-08 \(HTML\) \(/Pages/government/execorders/2014_8.aspx\)](#) |

[Executive Order Number 14-08 \(PDF, 378 KB\) \(/Documents/ExecOrders/2014/execorder2014-08.pdf\)](#)

Executive Order Number 7**Creation of the State Bicentennial Commission**

[Executive Order Number 14-07 \(HTML\) \(/Pages/government/execorders/2014_7.aspx\)](#) |

[Executive Order Number 14-07 \(PDF, 248 KB\) \(/Documents/ExecOrders/2014/execorder2014-07.pdf\)](#)

Executive Order Number 6**Establishment of the Illinois Data Exchange Coordinating Council**

[Executive Order Number 14-06 \(HTML\) \(/Pages/government/execorders/2014_6.aspx\)](#) |

[Executive Order Number 14-06 \(PDF, 439 KB\) \(/Documents/ExecOrders/2014/execorder2014-06.pdf\)](#)

Executive Order Number 5

Transfer the Illinois Commission on Volunteerism and Community Service from the Department of Human Services to the Department of Public Health

[Executive Order Number 14-05 \(HTML\) \(/Pages/government/execorders/2014_5.aspx\)](#) |

[Executive Order Number 14-05 \(PDF, 335 KB\) \(/Documents/ExecOrders/2014/execorder2014-05.pdf\)](#)

Executive Order Number 4

Reorganize the Department of Human Services by the Consolidation of the Divisions of Mental Health and Alcoholism and Substance Abuse

[Executive Order Number 14-04 \(HTML\) \(/Pages/government/execorders/2014_4.aspx\)](#) |

[Executive Order Number 14-04 \(PDF, 342 KB\) \(/Documents/ExecOrders/2014/execorder2014-04.pdf\)](#)

Executive Order Number 3

Creation of the Division of Real Estate Within the Department of Financial and Professional Regulation

[Executive Order Number 14-03 \(HTML\) \(/Pages/government/execorders/2014_3.aspx\)](#) |

[Executive Order Number 14-03 \(PDF, 400 KB\) \(/Documents/ExecOrders/2014/execorder2014-03.pdf\)](#)

Executive Order Number 2

Small Business Advocate

[Executive Order Number 14-02 \(HTML\) \(/Pages/government/execorders/2014_2.aspx\)](#) |

[Executive Order Number 14-02 \(PDF, 186 KB\) \(/Documents/ExecOrders/2014/execorder2014-02.pdf\)](#)

Executive Order Number 1

Creation of the Governor's Office of Health Innovation and Transformation

[Executive Order Number 14-01 \(HTML\) \(/Pages/government/execorders/2014_1.aspx\)](#) |

[Executive Order Number 14-01 \(PDF, 198 KB\) \(/Documents/ExecOrders/2014/execorder2014-01.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#\)](#)

Calendar Year 2013

Executive Order Number 6

Establishment of the Northeastern Illinois Public Transit Task Force

[Executive Order Number 13-06 \(HTML\) \(/Pages/government/execorders/2013_6.aspx\)](#) |

[Executive Order Number 13-06 \(PDF, 196 KB\) \(/Documents/ExecOrders/2013/execorder2013-06.pdf\)](#)

Executive Order Number 5

Executive Order Eliminating and Consolidating Boards and Commissions

[Executive Order Number 13-05 \(HTML\) \(/Pages/government/execorders/2013_5.aspx\)](#) |

[Executive Order Number 13-05 \(PDF, 373 KB\) \(/Documents/ExecOrders/2013/execorder2013-05.PDF\)](#)

Executive Order Number 4

Executive Order Eliminating and Consolidating Boards and Commissions

[Executive Order Number 13-04 \(HTML\) \(/Pages/government/execorders/2013_4.aspx\)](#) |

[Executive Order Number 13-04 \(PDF, 648 KB\) \(/Documents/ExecOrders/2013/execorder2013-04.pdf\)](#)

Executive Order Number 3

Executive Order Creating the Steering Committee for the Millennium Reserve

[Executive Order Number 13-03 \(HTML\) \(/Pages/government/execorders/2013_3.aspx\)](#) |

[Executive Order Number 13-03 \(PDF, 361 KB\) \(/Documents/ExecOrders/2013/execorder2013-03.pdf\)](#)

Executive Order Number 2

Executive Order Applying Relevant Military Education and Training Obtained by Illinois Service Members to Professional Licensing Standards

[Executive Order Number 13-02 \(HTML\) \(/Pages/government/execorders/2013_2.aspx\)](#) |

[Executive Order Number 13-02 \(PDF, 189 KB\) \(/Documents/ExecOrders/2013/execorder2013-02.pdf\)](#)

Executive Order Number 1

Reorganize Agencies by the Transfer of the Senior Health Insurance Program of the Department of Insurance to the Department on Aging

[Executive Order Number 13-01 \(HTML\) \(/Pages/government/execorders/2013_1.aspx\)](#) |

[Executive Order Number 13-01 \(PDF, 146 KB\) \(/Documents/ExecOrders/2013/execorder2013-01.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2012

Executive Order Number 3

Establishing An Open Operating Standard for Illinois: Using Information Technology to Promote Transparency, Efficiency and Savings

[Executive Order Number 12-03 \(HTML\) \(/Pages/government/execorders/2012_3.aspx\)](#) |

[Executive Order Number 12-03 \(PDF, 181 KB\) \(/Documents/ExecOrders/2012/execorder2012-03.pdf\)](#)

Executive Order Number 2

Executive Order Strengthening Reporting Requirements and Protective Services for Adults with Disabilities

[Executive Order Number 12-02 \(HTML\) \(/Pages/government/execorders/2012_2.aspx\)](#) |

[Executive Order Number 12-02 \(PDF, 108 KB\) \(/Documents/ExecOrders/2012/execorder2012-02.pdf\)](#)

Executive Order Number 1

Executive Order to Reorganize Agencies by the Transfer of Certain Functions of the Department of Healthcare and Family Services to the Department of Central Management Services, the Department of Corrections, the Department of Juvenile Justice, the Department of Human Services and the Department of Veterans' Affairs

[Executive Order Number 12-01 \(HTML\) \(/Pages/government/execorders/2012_1.aspx\)](#) |

[Executive Order Number 12-01 \(PDF, 248 KB\) \(/Documents/ExecOrders/2012/execorder2012-01.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2011

Executive Order Number 5

Executive Order Creating the Task Force on Social Innovation, Entrepreneurship, and Enterprise

[Executive Order Number 11-05 \(HTML\) \(/Pages/government/execorders/2011_5.aspx\)](#) |

[Executive Order Number 11-05 \(PDF, 140 KB\) \(/Documents/ExecOrders/2011/execorder2011-05.pdf\)](#)

Executive Order Number 4

Executive Order Regarding the Governor's Rural Affairs Council

[Executive Order Number 11-04 \(HTML\) \(/Pages/government/execorders/2011_4.aspx\)](#) |

[Executive Order Number 11-04 \(PDF, 124 KB\) \(/Documents/ExecOrders/2011/execorder2011-04.pdf\)](#)

Executive Order Number 3

Executive Order to Reorganize Agencies by the Transfer of the Carnival and Amusement Ride Inspection Division of the Department of Labor to the Department of Agriculture

[Executive Order Number 11-03 \(HTML\) \(/Pages/government/execorders/2011_3.aspx\) |](#)

[Executive Order Number 11-03 \(PDF, 188 KB\) \(/Documents/ExecOrders/2011/execorder2011-03.pdf\)](#)

Executive Order Number 2

Executive Order to Reorganize Agencies by the Transfer of the OSHA Program of the Department of Commerce and Economic Opportunity to the Department of Labor

[Executive Order Number 11-02 \(HTML\) \(/Pages/government/execorders/2011_2.aspx\) |](#)

[Executive Order Number 11-02 \(PDF, 184 KB\) \(/Documents/ExecOrders/2011/execorder2011-02.pdf\)](#)

Executive Order Number 1

Executive Order to Reorganize Agencies by the Transfer of Certain Programs of the Department of Healthcare and Family Services to the Department of Central Management Services, the Department of Corrections, the Department of Juvenile Justice, the Department of Human Services and the Department of Veterans' Affairs

[Executive Order Number 11-01 \(HTML\) \(/Pages/government/execorders/2011_1.aspx\) |](#)

[Executive Order Number 11-01 \(PDF, 214 KB\) \(/Documents/ExecOrders/2011/execorder2011-01.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2010

Executive Order Number 14

Executive Order for the Establishment of a Coastal Management Program in Illinois

[Executive Order Number 10-14 \(HTML\) \(/Pages/government/execorders/2010_14.aspx\) |](#)

[Executive Order Number 10-14 \(PDF, 226 KB\) \(/Documents/ExecOrders/2010/execorder2010-14.pdf\)](#)

Executive Order Number 13

Executive Order Creating the Elgin-Ohare West Bypass Advisory Council

[Executive Order Number 10-13 \(HTML\) \(/Pages/government/execorders/2010_13.aspx\) |](#)

[Executive Order Number 10-13 \(PDF, 179 KB\) \(/Documents/ExecOrders/2010/execorder2010-13.pdf\)](#)

Executive Order Number 12

Executive Order Creating the Illinois Health Reform Implementation Council

[Executive Order Number 10-12 \(HTML\) \(/Pages/government/execorders/2010_12.aspx\) |](#)

[Executive Order Number 10-12 \(PDF, 192 KB\) \(/Documents/ExecOrders/2010/execorder2010-12.pdf\)](#)

Executive Order Number 11**Executive Order Creating the Illinois Anti-Violence Commission**

[Executive Order Number 10-11 \(HTML\) \(/Pages/government/execorders/2010_11.aspx\) |](#)

[Executive Order Number 10-11 \(PDF, 150 KB\) \(/Documents/ExecOrders/2010/execorder2010-11.pdf\)](#)

Executive Order Number 10**Executive Order Requiring Additional Spending Reductions**

[Executive Order Number 10-10 \(HTML\) \(/Pages/government/execorders/2010_10.aspx\) |](#)

[Executive Order Number 10-10 \(PDF, 170 KB\) \(/Documents/ExecOrders/2010/execorder2010-10.pdf\)](#)

Executive Order Number 9**Executive Order Creating Put Illinois to Work**

[Executive Order Number 10-09 \(HTML\) \(/Pages/government/execorders/2010_09.aspx\) |](#)

[Executive Order Number 10-09 \(PDF, 170 KB\) \(/Documents/ExecOrders/2010/execorder2010-09.pdf\)](#)

Executive Order Number 8**Executive Order Creating the Office of Early Childhood Development**

[Executive Order Number 10-08 \(HTML\) \(/Pages/government/execorders/2010_08.aspx\) |](#)

[Executive Order Number 10-08 \(PDF, 155 KB\) \(/Documents/ExecOrders/2010/execorder2010-08.pdf\)](#)

Executive Order Number 7**Executive Order to Promote Clean Water, Outdoor Recreational Space, and Youth Environmental Education Initiatives**

[Executive Order Number 10-07 \(HTML\) \(/Pages/government/execorders/2010_07.aspx\) |](#)

[Executive Order Number 10-07 \(PDF, 172 KB\) \(/Documents/ExecOrders/2010/execorder2010-07.pdf\)](#)

Executive Order Number 6**Executive Order to transfer functions from the Department of Human Services to the Department of Public Health**

[Executive Order Number 10-06 \(HTML\) \(/Pages/government/execorders/2010_06.aspx\) |](#)

[Executive Order Number 10-06 \(PDF, 323 KB\) \(/Documents/ExecOrders/2010/execorder2010-06.pdf\)](#)

Executive Order Number 5**Executive Order Commissioning a plan for integrating the Department of Juvenile Justice into the Department of Children and Family Services**

[Executive Order Number 10-05 \(HTML\) \(/Pages/government/execorders/2010_05.aspx\) |](#)

[Executive Order Number 10-05 \(PDF, 154 KB\) \(/Documents/ExecOrders/2010/execorder2010-05.pdf\)](#)

Executive Order Number 4

Executive Order to consolidate agencies by the transfer of certain reproduction services of the Department of Commerce and Economic Opportunity, the Department of Healthcare and Family Services, the Department of Public Health and the Department on Aging to the Department of Human Services facility at 5020 Industrial Drive, Building B,

[Executive Order Number 10-04 \(HTML\) \(/Pages/government/execorders/2010_04.aspx\) |](#)

[Executive Order Number 10-04 \(PDF, 266 KB\) \(/Documents/ExecOrders/2010/execorder2010-04.pdf\)](#)

Executive Order Number 3

Executive Order on Project Labor Agreements

[Executive Order Number 10-03 \(HTML\) \(/Pages/government/execorders/2010_03.aspx\) |](#)

[Executive Order Number 10-03 \(PDF, 36 KB\) \(/Documents/ExecOrders/2010/execorder2010-03.pdf\)](#)

Executive Order Number 2

Executive Order Creating Governor's Office of New Americans

[Executive Order Number 10-02 \(HTML\) \(/Pages/government/execorders/2010_02.aspx\) |](#)

[Executive Order Number 10-02 \(PDF, 125 KB\) \(/Documents/ExecOrders/2010/execorder2010-02.pdf\)](#)

Executive Order Number 1

Executive Order Creating the Office of Health Information Technology

[Executive Order Number 10-01 \(HTML\) \(/Pages/government/execorders/2010_01.aspx\) |](#)

[Executive Order Number 10-01 \(PDF, 167 KB\) \(/Documents/ExecOrders/2010/execorder2010-01.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2009

Executive Order Number 20

Executive Order creating the Illinois Human Services Commission

[Executive Order Number 09-20 \(HTML\) \(/Pages/government/execorders/2009_20.aspx\) |](#)

[Executive Order Number 09-20 \(PDF, 204 KB\) \(/Documents/ExecOrders/2009/execorder2009-20.pdf\)](#)

Executive Order Number 19

Executive Order creating the Office of the Public Health Advocate within the Department of Public Health

[Executive Order Number 09-19 \(HTML\) \(/Pages/government/execorders/2009_19.aspx\) |](#)

[Executive Order Number 09-19 \(PDF, 169 KB\) \(/Documents/ExecOrders/2009/execorder2009-19.pdf\)](#)

Executive Order Number 18

Amendment to executive order 13 (2009) establishing the economic recovery commission

[Executive Order Number 09-18 \(HTML\) \(/Pages/government/execorders/2009_18.aspx\) |](#)

[Executive Order Number 09-18 \(PDF, 129 KB\) \(/Documents/ExecOrders/2009/execorder2009-18.pdf\)](#)

Executive Order Number 17

Executive Order revoking Executive Orders 09-06 and 09-08 concerning reorganization of the Illinois Historic Preservation Agency and Illinois Main Street Program.

[Executive Order Number 09-17 \(HTML\) \(/Pages/government/execorders/2009_17.aspx\) |](#)

[Executive Order Number 09-17 \(PDF, 68 KB\) \(/Documents/ExecOrders/2009/execorder2009-17.pdf\)](#)

Executive Order Number 16

Executive Order creating the Cemetery Oversight Task Force to review cemetery regulation and to make recommendations.

[Executive Order Number 09-16 \(HTML\) \(/Pages/government/execorders/2009_16.aspx\) |](#)

[Executive Order Number 09-16 \(PDF, 151 KB\) \(/Documents/ExecOrders/2009/execorder2009-16.pdf\)](#)

Executive Order Number 15

Executive Order providing that the State shall recognize a representative for individual providers in the Home-Based Support Services Program.

[Executive Order Number 09-15 \(HTML\) \(/Pages/government/execorders/2009_15.aspx\) |](#)

[Executive Order Number 09-15 \(PDF, 150 KB\) \(/Documents/ExecOrders/2009/execorder2009-15.pdf\)](#)

Executive Order Number 14

Executive Order creating the Illinois Taxpayer's Sunshine Commission to advise the Governor concerning the relevance, efficiency, and effectiveness of executive branch programs and to report its recommendations.

[Executive Order Number 09-14 \(HTML\) \(/Pages/government/execorders/2009_14.aspx\) |](#)

[Executive Order Number 09-14 \(PDF, 118 KB\) \(/Documents/ExecOrders/2009/execorder2009-14.pdf\)](#)

Executive Order Number 13

Executive Order creating the Economic Recovery Advisory Commission to study policies and provide advice concerning economic recovery and to report its recommendations.

[Executive Order Number 09-13 \(HTML\) \(/Pages/government/execorders/2009_13.aspx\) | Executive Order Number 09-13 \(PDF, 118 KB\) \(/Documents/ExecOrders/2009/execorder2009-13.pdf\)](#)

Executive Order Number 12

Executive Order creating the Admissions Review Commission to examine State university admissions practices and policies and file a report.

[Executive Order Number 09-12 \(HTML\) \(/Pages/government/execorders/2009_12.aspx\) | Executive Order Number 09-12 \(PDF, 90 KB\) \(/Documents/ExecOrders/2009/execorder2009-12.pdf\)](#)

Executive Order Number 11

Executive Order imposing requirements upon entities directly responsible to the Governor regarding: waste prevention; energy efficiency and conservation; water quality and conservation; sustainable transportation; education and outreach; and cooperation. Encourages other governmental entities to participate in sustainability initiatives and take advantage of competitive pricing on green products available through State contracts. Creates a Sustainable Illinois Community designation program.

[Executive Order Number 09-11 \(HTML\) \(/Pages/government/execorders/2009_11.aspx\) | Executive Order Number 09-11 \(PDF, 259 KB\) \(/Documents/ExecOrders/2009/execorder2009-11.pdf\)](#)

Executive Order Number 10

Executive Order protecting the integrity of State boards and commissions.

[Executive Order Number 09-10 \(HTML\) \(/Pages/government/execorders/2009_10.aspx\) | Executive Order Number 09-10 \(PDF, 157 KB\) \(/Documents/ExecOrders/2009/execorder2009-10.pdf\)](#)

Executive Order Number 9

Executive Order rescinding Executive Order Number Number 08-03

[Executive Order Number 09-09 \(HTML\) \(/Pages/government/execorders/2009_9.aspx\) | Executive Order Number 09-09 \(PDF, 90 KB\) \(/Documents/ExecOrders/2009/execorder2009-9.pdf\)](#)

Executive Order Number 8

Executive Order reorganizing the Illinois Main Street Program

[Executive Order Number 09-08 \(HTML\) \(/Pages/government/execorders/2009_8.aspx\) | Executive Order Number 09-08 \(PDF, 240 KB\) \(/Documents/ExecOrders/2009/execorder2009-8.pdf\)](#)

Executive Order Number 7**Executive Order to reduce energy consumption in state facilities****[Executive Order Number 09-07 \(HTML\) \(/Pages/government/execorders/2009_7.aspx\) |](#)****[Executive Order Number 09-07 \(PDF, 357 KB\) \(/Documents/ExecOrders/2009/execorder2009-7.pdf\)](#)****Executive Order Number 6****Executive Order to reorganize agencies by the transfer of the Illinois Historic Preservation Agency to the Department of Natural Resources****[Executive Order Number 09-06 \(HTML\) \(/Pages/government/execorders/2009_6.aspx\) |](#)****[Executive Order Number 09-06 \(PDF, 359 KB\) \(/Documents/ExecOrders/2009/execorder2009-6.pdf\)](#)****Executive Order Number 5****Executive Order to transfer the functions of the Illinois Racing Board and the Illinois Gaming Board provided by the Department of Revenue to the Illinois Racing Board and the Illinois Gaming Board.****[Executive Order Number 09-05 \(HTML\) \(/Pages/government/execorders/2009_5.aspx\) |](#)****[Executive Order Number 09-05 \(PDF, 257 KB\) \(/Documents/ExecOrders/2009/execorder2009-5.pdf\)](#)****Executive Order Number 4****Executive Order to reorganize agencies by the transfer of the functions of the Division of Insurance, Department of Financial and Professional Regulation into the re-established Department of Insurance.****[Executive Order Number 09-04 \(HTML\) \(/Pages/government/execorders/2009_4.aspx\) |](#)****[Executive Order Number 09-04 \(PDF, 398 KB\) \(/Documents/ExecOrders/2009/execorder2009-4.pdf\)](#)****Executive Order Number 3****Executive Order creating the "Taxpayer Action Board"****[Executive Order Number 09-03 \(HTML\) \(/Pages/government/execorders/2009_3.aspx\) |](#)****[Executive Order Number 09-03 \(PDF, 129 KB\) \(/Documents/ExecOrders/2009/execorder2009-3.pdf\)](#)****Executive Order Number 2****Executive Order to reorganize agencies by the transfer of certain programs of the Department of Healthcare and Family Services to the Department of Commerce and Economic Opportunity****[Executive Order Number 09-02 \(HTML\) \(/Pages/government/execorders/2009_2.aspx\) |](#)****[Executive Order Number 09-02 \(PDF, 273 KB\) \(/Documents/ExecOrders/2009/execorder2009-2.pdf\)](#)**

Executive Order Number 1**Executive Order creating the "Illinois Reform Commission"**

[Executive Order Number 09-01 \(HTML\) \(/Pages/government/execorders/2009_1.aspx\)](#) |

[Executive Order Number 09-01 \(PDF, 70 KB\) \(/Documents/ExecOrders/2009/execorder2009-1.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2008**Executive Order Number 3****Executive Order further protecting the integrity of State procurements.**

[Executive Order Number 08-03 \(HTML\) \(/Pages/government/execorders/2008_3.aspx\)](#) |

[Executive Order Number 08-03 \(PDF, 249 KB\) \(/Documents/ExecOrders/2008/execorder2008-3.pdf\)](#)

Executive Order Number 2**Executive Order establishing Interstate 57 between mile post 0 and mile post 106 as the Ken Gray Expressway.**

[Executive Order Number 08-02 \(HTML\) \(/Pages/government/execorders/2008_2.aspx\)](#) |

[Executive Order Number 08-02 \(PDF, 43 KB\) \(/Documents/ExecOrders/2008/execorder2008-2.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#\)](#)

Calendar Year 2007**Executive Order Number 2****EXECUTIVE ORDER TO REORGANIZE AGENCIES BY THE TRANSFER OF CERTAIN FUNCTIONS OF THE DEPARTMENT OF REVENUE TO THE DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**

[Executive Order Number 07-02 \(HTML\) \(/Pages/government/execorders/2007_2.aspx\)](#) |

[Executive Order Number 07-02 \(PDF, 1.38 MB\) \(/Documents/ExecOrders/2007/execorder2007-2.pdf\)](#)

Executive Order Number 1**EXECUTIVE ORDER PROTECTING THE INTEGRITY OF STATE PROCUREMENT**

[Executive Order Number 07-01 \(HTML\) \(/Pages/government/execorders/2007_1.aspx\)](#) |

[Executive Order Number 07-01 \(PDF, 31 KB\) \(/Documents/ExecOrders/2007/execorder2007-1.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2006

Executive Order Number 12

Executive Order requiring proper end-of-life management of computers and other electronic equipment.

[Executive Order Number 06-12 \(HTML\) \(/Pages/government/execorders/2006_12.aspx\) |](#)

[Executive Order Number 06-12 \(PDF, 27 KB\) \(/Documents/ExecOrders/2006/execorder2006-12.pdf\)](#)

Executive Order Number 11

Executive Order on climate change and green house gas reduction.

[Executive Order Number 06-11 \(HTML\) \(/Pages/government/execorders/2006_11.aspx\) |](#)

[Executive Order Number 06-11 \(PDF, 30 KB\) \(/Documents/ExecOrders/2006/execorder2006-11.pdf\)](#)

Executive Order Number 10

Executive Order to establish the Illinois Parent Leadership Council.

[Executive Order Number 06-10 \(HTML\) \(/Pages/government/execorders/2006_10.aspx\) |](#)

[Executive Order Number 06-10 \(PDF, 27 KB\) \(/Documents/ExecOrders/2006/execorder2006-10.pdf\)](#)

Executive Order Number 9

Executive Order relating to peer-to-peer file-sharing software.

[Executive Order Number 06-09 \(HTML\) \(/Pages/government/execorders/2006_9.aspx\) |](#)

[Executive Order Number 06-09 \(PDF, 26 KB\) \(/Documents/ExecOrders/2006/execorder2006-9.pdf\)](#)

Executive Order Number 8

Executive Order creating the Division of Patient Safety within the Department of Public Health.

[Executive Order Number 06-08 \(HTML\) \(/Pages/government/execorders/2006_8.aspx\) |](#)

[Executive Order Number 06-08 \(PDF, 24 KB\) \(/Documents/ExecOrders/2006/execorder2006-8.pdf\)](#)

Executive Order Number 7

Executive Order to continue the Council on Responsible Fatherhood.

[Executive Order Number 06-07 \(HTML\) \(/Pages/government/execorders/2006_7.aspx\) |](#)

[Executive Order Number 06-07 \(PDF, 27 KB\) \(/Documents/ExecOrders/2006/execorder2006-7.pdf\)](#)

Executive Order Number 6

Executive Order to consolidate certain human resources, personnel, payroll, timekeeping, procurement, and financial processes.

[Executive Order Number 06-06 \(HTML\) \(/Pages/government/execorders/2006_6.aspx\) |](#)

[Executive Order Number 06-06 \(PDF, 35 KB\) \(/Documents/ExecOrders/2006/execorder2006-6.pdf\)](#)

Executive Order Number 5

Executive Order concerning construction activities in special flood hazard areas.

[Executive Order Number 06-05 \(HTML\) \(/Pages/government/execorders/2006_5.aspx\) |](#)

[Executive Order Number 06-05 \(PDF, 92 KB\) \(/Documents/ExecOrders/2006/execorder2006-5.pdf\)](#)

Executive Order Number 4

Executive Order creating the Governor's Illinois Abraham Lincoln Bicentennial Commission.

[Executive Order Number 06-04 \(HTML\) \(/Pages/government/execorders/2006_4.aspx\) |](#)

[Executive Order Number 06-04 \(PDF, 90 KB\) \(/Documents/ExecOrders/2006/execorder2006-4.pdf\)](#)

Executive Order Number 3

Amendment to [Executive Order 06 \(2005\) \(/Pages/government/execorders/2005_6.aspx\)](#)

which created the Illinois Regenerative Institute for Stem Cell Research.

[Executive Order Number 06-03 \(HTML\) \(/Pages/government/execorders/2006_3.aspx\) |](#)

[Executive Order Number 06-03 \(PDF, 25 KB\) \(/Documents/ExecOrders/2006/execorder2006-3.pdf\)](#)

Executive Order Number 2

Executive Order authorizing the Illinois Naval Militia.

[Executive Order Number 06-02 \(HTML\) \(/Pages/government/execorders/2006_2.aspx\) |](#)

[Executive Order Number 06-02 \(PDF, 25 KB\) \(/Documents/ExecOrders/2006/execorder2006-2.pdf\)](#)

Executive Order Number 1

Executive Order for the development of State and regional water-supply plans.

[Executive Order Number 06-01 \(HTML\) \(/Pages/government/execorders/2006_1.aspx\) |](#)

[Executive Order Number 06-01 \(PDF, 91 KB\) \(/Documents/ExecOrders/2006/execorder2006-1.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2005

Executive Order Number 10

Executive Order creating new Americans Immigrant Policy Council.

[Executive Order Number 05-10 \(HTML\) \(/Pages/government/execorders/2005_10.aspx\) |](#)

[Executive Order Number 05-10 \(PDF, 90 KB\) \(/Documents/ExecOrders/2005/execorder2005-10.pdf\)](#)

Executive Order Number 9

Executive Order to establish the Broadband Deployment Council.

[Executive Order Number 05-09 \(HTML\) \(/Pages/government/execorders/2005_9.aspx\)](#) |

[Executive Order Number 9 \(PDF, 29 KB\) \(/Documents/ExecOrders/2005/execorder2005-9.pdf\)](#)

Executive Order Number 8

Executive Order creating the Governor's Commission on Discrimination and Hate Crimes.

[Executive Order Number 05-08 \(HTML\) \(/Pages/government/execorders/2005_8.aspx\)](#) |

[Executive Order Number 05-08 \(PDF, 28 KB\) \(/Documents/ExecOrders/2005/execorder2005-8.pdf\)](#)

Executive Order Number 7

Executive Order establishing a State military decoration honoring those who served in the Global War on Terrorism.

[Executive Order Number 05-07 \(HTML\) \(/Pages/government/execorders/2005_7.aspx\)](#) |

[Executive Order Number 7 \(PDF, 26 KB\) \(/Documents/ExecOrders/2005/execorder2005-7.pdf\)](#)

Executive Order Number 6

Executive Order creating the Illinois Regenerative Institute for Stem Cell Research.

[Executive Order Number 05-06 \(HTML\) \(/Pages/government/execorders/2005_6.aspx\)](#) |

[Executive Order Number 05-06 \(PDF, 33 KB\) \(/Documents/ExecOrders/2005/execorder2005-6.pdf\)](#)

Executive Order Number 5

Executive Order on a sweatshop free procurement policy.

[Executive Order Number 05-05 \(HTML\) \(/Pages/government/execorders/2005_5.aspx\)](#) |

[Executive Order Number 05-05 \(PDF, 41 KB\) \(/Documents/ExecOrders/2005/execorder2005-5.pdf\)](#)

Executive Order Number 4

Executive Order on land-use planning and military installation compatibility.

[Executive Order Number 05-04 \(HTML\) \(/Pages/government/execorders/2005_4.aspx\)](#) |

[Executive Order Number 05-04 \(PDF, 27 KB\) \(/Documents/ExecOrders/2005/execorder2005-4.pdf\)](#)

Executive Order Number 3

Executive Order to Reorganize agencies by the transfer of certain healthcare procurement and administrative functions primarily of the Department of Central Management Services to the newly renamed Department of Healthcare and Family Services.

[Executive Order Number 05-03 \(HTML\) \(/Pages/government/execorders/2005_3.aspx\) |](#)

[Executive Order Number 05-03 \(PDF, 42 KB\) \(/Documents/ExecOrders/2005/execorder2005-3.pdf\)](#)

Executive Order Number 2

Executive Order regarding the Illinois Green Government Coordinating Council.

[Executive Order Number 05-02 \(HTML\) \(/Pages/government/execorders/2005_2.aspx\) |](#)

[Executive Order Number 2 \(PDF, 25 KB\) \(/Documents/ExecOrders/2005/execorder2005-2.pdf\)](#)

Executive Order Number 1

Executive Order on collective negotiation by day care home providers.

[Executive Order Number 05-01 \(HTML\) \(/Pages/government/execorders/2005_1.aspx\) |](#)

[Executive Order Number 05-01 \(PDF, 29 KB\) \(/Documents/ExecOrders/2005/execorder2005-1.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2004

Executive Order Number 14

Executive Order creating the Safe Games Illinois Task Force on Violent and Sexually Explicit Video Games.

[Executive Order Number 04-14 \(HTML\) \(/Pages/government/execorders/2004_14.aspx\) |](#)

[Executive Order Number 04-14 \(PDF, 37 KB\) \(/Documents/ExecOrders/2004/execorder2004-14.pdf\)](#)

Executive Order Number 13

Executive Order reforming the Executive Protection Unit.

[Executive Order Number 04-13 \(HTML\) \(/Pages/government/execorders/2004_13.aspx\) |](#)

[Executive Order Number 04-13 \(PDF, 281 KB\) \(/Documents/ExecOrders/2004/execorder2004-13.pdf\)](#)

Executive Order Number 12

Executive Order authorizing the implementation of the National Incident Management System.

[Executive Order Number 04-12 \(HTML\) \(/Pages/government/execorders/2004_12.aspx\) |](#)

[Executive Order Number 04-12 \(PDF, 28 KB\) \(/Documents/ExecOrders/2004/execorder2004-12.pdf\)](#)

Executive Order Number 11

Executive Order authorizing the utilization of metal detectors for the purpose of enhancing security at the State Capitol building and the Capitol complex.

[Executive Order Number 04-11 \(HTML\) \(/Pages/government/execorders/2004_11.aspx\) |](#)
[Executive Order Number 04-11 \(PDF, 27 KB\) \(/Documents/ExecOrders/2004/execorder2004-11.pdf\)](#)

Executive Order Number 10

Executive Order establishing Interstate 88 between Sterling, Illinois and The Quad cities as the Ronald Reagan Memorial Highway.

[Executive Order Number 04-10 \(HTML\) \(/Pages/government/execorders/2004_10.aspx\) |](#)
[Executive Order Number 04-10 \(PDF, 89 KB\) \(/Documents/ExecOrders/2004/execorder2004-10.pdf\)](#)

Executive Order Number 9

Executive Order establishing Interstate 55 between Carlinville and Springfield as the Vince Demuzio Expressway.

[Executive Order Number 04-09 \(HTML\) \(/Pages/government/execorders/2004_9.aspx\) |](#)
[Executive Order Number 04-09 \(PDF, 89 KB\) \(/Documents/ExecOrders/2004/execorder2004-9.pdf\)](#)

Executive Order Number 8

Executive Order to monitor fuel retail and wholesale prices through the Department of Revenue.

[Executive Order Number 04-08 \(HTML\) \(/Pages/government/execorders/2004_8.aspx\) |](#)
[Executive Order Number 04-08 \(PDF, 89 KB\) \(/Documents/ExecOrders/2004/execorder2004-8.pdf\)](#)

Executive Order Number 7

Executive Order instituting use of E-85 and biodiesel blend fuels in flexible fuel vehicles and diesel powered vehicles in the State of Illinois fleet.

[Executive Order Number 04-07 \(HTML\) \(/Pages/government/execorders/2004_7.aspx\) |](#)
[Executive Order Number 04-07 \(PDF, 113 KB\) \(/Documents/ExecOrders/2004/execorder2004-7.pdf\)](#)

Executive Order Number 6

Executive Order to reorganize agencies by the transfer of functions of the Department of Financial Institutions, the Department of Insurance, the Department of Professional Regulation and the Office of Banks and Real Estate into the newly created Department of Financial and Professional Regulation.

[Executive Order Number 04-06 \(HTML\) \(/Pages/government/execorders/2004_6.aspx\) |](#)
[Executive Order Number 04-06 \(PDF, 112 KB\) \(/Documents/ExecOrders/2004/execorder2004-6.pdf\)](#)

Executive Order Number 5

Executive Order to transfer certain administrative and support functions of the Illinois Building Commission to the Capital Development Board.

[Executive Order Number 04-05 \(HTML\) \(/Pages/government/execorders/2004_5.aspx\)](#) |

[Executive Order Number 04-05 \(PDF, 98 KB\) \(/Documents/ExecOrders/2004/execorder2004-5.pdf\)](#)

Executive Order Number 4

Executive Order to reorganize agencies by the transfer of certain functions of the Department of Central Management Services to the Department of State Police.

[Executive Order 04-04 \(HTML\) \(/Pages/government/execorders/2004_4.aspx\)](#) | **[Executive](#)**

[Order Number 04-04 \(PDF, 95 KB\) \(/Documents/ExecOrders/2004/execorder2004-4.pdf\)](#)

Executive Order Number 3

Executive Order to reorganize agencies by the transfer of certain programs of the Department of Commerce and Economic Opportunity and the Department of Revenue to the Department of Public Aid and the Department on Aging.

[Executive Order Number 04-03 \(HTML\) \(/Pages/government/execorders/2004_3.aspx\)](#) |

[Executive Order Number 04-03 \(PDF, 101 KB\) \(/Documents/ExecOrders/2004/execorder2004-3.pdf\)](#)

Executive Order Number 2

Executive order to reorganize agencies by the transfer of certain media relations fuctions to the Department of Central Management Services.

[Executive Order Number 04-02 \(HTML\) \(/Pages/government/execorders/2004_2.aspx\)](#) |

[Executive Order Number 04-02 \(PDF, 97 KB\) \(/Documents/ExecOrders/2004/execorder2004-2.pdf\)](#)

Executive Order Number 1

Executive Order abolishing the Women's Commission and creating the Governor's Office of Women's Affairs.

[Executive Order Number 04-01 \(HTML\) \(/Pages/government/execorders/2004_1.aspx\)](#) |

[Executive Order Number 1 \(PDF, 92 KB\) \(/Documents/ExecOrders/2004/execorder2004-1.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2003**Executive Order Number 19**

Executive Order to establish an Illinois HIPPA Taskforce.

[Executive Order Number 03-19 \(HTML\) \(/Pages/government/execorders/2003_19.aspx\)](#) |

[Executive Order Number 03-19 \(PDF, 93 KB\) \(/Documents/ExecOrders/2003/execorder2003-19.pdf\)](#)

Executive Order Number 18

Executive Order to establish comprehensive housing initiative.

[Executive Order Number 03-18 \(HTML\) \(/Pages/government/execorders/2003_18.aspx\)](#) |

[Executive Order Number 03-18 \(PDF, 101 KB\) \(/Documents/ExecOrders/2003/execorder2003-18.pdf\)](#)

Executive Order Number 17

Executive Order creating a terrorism task force.

[Executive Order Number 03-17 \(HTML\) \(/Pages/government/execorders/2003_17.aspx\)](#) |

[Executive Order Number 03-17 \(PDF, 91 KB\) \(/Documents/ExecOrders/2003/execorder2003-17.pdf\)](#)

Executive Order Number 16

Executive Order creating the Illinois Integrated Justice Information System Implementation Board.

[Executive Order Number 03-16 \(HTML\) \(/Pages/government/execorders/2003_16.aspx\)](#) |

[Executive Order Number 03-16 \(PDF, 94 KB\) \(/Documents/ExecOrders/2003/execorder2003-16.pdf\)](#)

Executive Order Number 15

Executive Order on prescription drugs.

[Executive Order Number 03-15 \(HTML\) \(/Pages/government/execorders/2003_15.aspx\)](#) |

[Executive Order Number 03-15 \(PDF, 94 KB\) \(/Documents/ExecOrders/2003/execorder2003-15.pdf\)](#)

Executive Order Number 14

Executive Order in response to orthopox outbreak.

[Executive Order Number 03-14 \(HTML\) \(/Pages/government/execorders/2003_14.aspx\)](#) |

[Executive Order Number 03-14 \(PDF, 89 KB\) \(/Documents/ExecOrders/2003/execorder2003-14.pdf\)](#)

Executive Order Number 13

Executive Order on project labor agreements.

[Executive Order Number 03-13 \(HTML\) \(/Pages/government/execorders/2003_13.aspx\)](#) |

[Executive Order Number 03-13 \(PDF, 94 KB\) \(/Documents/ExecOrders/2003/execorder2003-13.pdf\)](#)

Executive Order Number 12

Executive Order to transfer functions of the Department of Nuclear Safety to the Illinois Emergency Management Agency.

[Executive Order Number 03-12 \(HTML\) \(/Pages/government/execorders/2003_12.aspx\) |](#)

[Executive Order Number 03-12 \(PDF, 95 KB\) \(/Documents/ExecOrders/2003/execorder2003-12.pdf\)](#)

Executive Order Number 11

Executive Order to transfer functions of the Prairie State 2000 Authority and programs of the Illinois Department of Employment Security and the Illinois Community College Board to the Department of Commerce and Economic Opportunity.

[Executive Order Number 03-11 \(HTML\) \(/Pages/government/execorders/2003_11.aspx\) |](#)

[Executive Order Number 03-11 \(PDF, 103 KB\) \(/Documents/ExecOrders/2003/execorder2003-11.pdf\)](#)

Executive Order Number 10

Executive Order to consolidate facilities management, internal auditing and staff legal functions.

[Executive Order Number 03-10 \(HTML\) \(/Pages/government/execorders/2003_10.aspx\) |](#)

[Executive Order Number 03-10 \(PDF, 103 KB\) \(/Documents/ExecOrders/2003/execorder2003-10.pdf\)](#)

Executive Order Number 9

Executive Order to transfer functions of the Department of the Lottery, the Liquor Control Commission and the Illinois Racing Board to the Department of Revenue.

[Executive Order Number 03-09 \(HTML\) \(/Pages/government/execorders/2003_9.aspx\) |](#)

[Executive Order Number 03-09 \(PDF, 102 KB\) \(/Documents/ExecOrders/2003/execorder2003-9.pdf\)](#)

Executive Order Number 8

Executive Order on collective bargaining by personal care assistants.

[Executive Order Number 03-08 \(HTML\) \(/Pages/government/execorders/2003_8.aspx\) |](#)

[Executive Order Number 03-08 \(PDF, 91 KB\) \(/Documents/ExecOrders/2003/execorder2003-8.pdf\)](#)

Executive Order Number 7

Executive Order to reorganize agencies by the abolishment of certain entities of the Executive Branch.

[Executive Order Number 03-07 \(HTML\) \(/Pages/government/execorders/2003_7.aspx\) |](#)

[Executive Order Number 03-07 \(PDF, 98 KB\) \(/Documents/ExecOrders/2003/execorder2003-7.pdf\)](#)

Executive Order Number 6

Executive Order on compensation for military personnel.

[Executive Order Number 03-06 \(HTML\) \(/Pages/government/execorders/2003_6.aspx\) |](#)

[Executive Order Number 03-06 \(PDF, 91 KB\) \(/Documents/ExecOrders/2003/execorder2003-6.pdf\)](#)

Executive Order Number 5

Executive Order mandating ethics training for all State employees.

[Executive Order Number 03-05 \(HTML\) \(/Pages/government/execorders/2003_5.aspx\)](#) |

[Executive Order Number 03-05 \(PDF, 91 KB\) \(/Documents/ExecOrders/2003/execorder2003-5.pdf\)](#)

Executive Order Number 4

Executive Order Banning Retaliation against whistle blowers.

[Executive Order Number 03-04 \(HTML\) \(/Pages/government/execorders/2003_4.aspx\)](#) |

[Executive Order Number 03-04 \(PDF, 90 KB\) \(/Documents/ExecOrders/2003/execorder2003-4.pdf\)](#)

Executive Order Number 3

Executive Order creating the Office of Inspector General and an Ethics Hotline.

[Executive Order Number 03-03 \(HTML\) \(/Pages/government/execorders/2003_3.aspx\)](#) |

[Executive Order Number 03-03 \(PDF, 95 KB\) \(/Documents/ExecOrders/2003/execorder2003-3.pdf\)](#)

Executive Order Number 2

Executive Order mandating a freeze on the acquisition of State motor vehicles and the implementation of a comprehensive review of potential cost savings associated with State motor vehicles.

[Executive Order Number 03-02 \(HTML\) \(/Pages/government/execorders/2003_2.aspx\)](#) |

[Executive Order Number 03-02 \(PDF, 97 KB\) \(/Documents/ExecOrders/2003/execorder2003-2.pdf\)](#)

Executive Order Number 1

Executive Order instituting immediate hiring and promotion freeze.

[Executive Order Number 03-01 \(HTML\) \(/Pages/government/execorders/2003_1.aspx\)](#) |

[Executive Order Number 03-01 \(PDF, 89 KB\) \(/Documents/ExecOrders/2003/execorder2003-1.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2002

Executive Order Number 10

Executive Order for disaster funding.

[Executive Order Number 02-10 \(HTML\) \(/Pages/government/execorders/2002_10.aspx\)](#) |

[Executive Order Number 02-10 \(PDF, 102 KB\) \(/Documents/ExecOrders/2002/execorder2002-10.pdf\)](#)

Executive Order Number 9

Executive Order for disaster funding.

[Executive Order Number 02-09 \(HTML\) \(/Pages/government/execorders/2002_9.aspx\)](#) |

[Executive Order Number 02-09 \(PDF, 118 KB\) \(/Documents/ExecOrders/2002/execorder2002-9.pdf\)](#)

Executive Order Number 8

Executive Order to continue the establishment of the Illinois Delegation to the Midwestern Higher Education Commission and the Board of Trustees of the Illinois Summer School for the Arts.

[Executive Order Number 02-08 \(HTML\) \(/Pages/government/execorders/2002_8.aspx\)](#) |

[Executive Order Number 02-08 \(PDF, 197 KB\) \(/Documents/ExecOrders/2002/execorder2002-8.pdf\)](#)

Executive Order Number 7

An Executive Order creating the Illinois Disabilities Services Advisory Committee.

[Executive Order Number 02-07 \(HTML\) \(/Pages/government/execorders/2002_7.aspx\)](#) |

[Executive Order Number 02-07 \(PDF, 123 KB\) \(/Documents/ExecOrders/2002/execorder2002-7.pdf\)](#)

Executive Order Number 6

Executive Order on renewable energy for State government.

[Executive Order Number 02-06 \(HTML\)](#)

[\(/Pages/government/execorders/2002_6.aspx\)](#) | **[Executive Order Number 02-06 \(PDF, 147 KB\) \(/Documents/ExecOrders/2002/execorder2002-6.pdf\)](#)**

Executive Order Number 5

Executive Order for the Interagency Coordinating Committee on Groundwater to establish a water quantity planning program.

[Executive Order Number 02-05 \(HTML\) \(/Pages/government/execorders/2002_5.aspx\)](#) |

[Executive Order Number 02-05 \(PDF, 129 KB\) \(/Documents/ExecOrders/2002/execorder2002-5.pdf\)](#)

Executive Order Number 4

Executive Order to merge the Office of Statewide Performance Review and the Illinois Office of Strategic Planning with the Bureau of the Budget.

[Executive Order Number 02-04 \(HTML\) \(/Pages/government/execorders/2002_4.aspx\)](#) |

[Executive Order Number 02-04 \(PDF, 151 KB\) \(/Documents/ExecOrders/2002/execorder2002-4.pdf\)](#)

Executive Order Number 3

Executive Order to reorganize agencies by the abolishment of certain entities of the Executive Branch.

[Executive Order Number 02-03 \(HTML\) \(/Pages/government/execorders/2002_3.aspx\)](#) |

[Executive Order Number 02-03 \(PDF, 347 KB\) \(/Documents/ExecOrders/2002/execorder2002-3.pdf\)](#)

Executive Order Number 2

Executive Order to extend African-American Family Commission.

[Executive Order Number 02-02 \(HTML\) \(/Pages/government/execorders/2002_2.aspx\)](#) |

[Executive Order Number 02-02 \(PDF, 154 KB\) \(/Documents/ExecOrders/2002/execorder2002-2.pdf\)](#)

Executive Order Number 1

Executive Order creating the Illinois Agenda for Excellence in Education.

[Executive Order Number 02-01 \(HTML\) \(/Pages/government/execorders/2002_1.aspx\)](#) |

[Executive Order Number 02-01 \(PDF, 295 KB\) \(/Documents/ExecOrders/2002/execorder2002-1.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2001**Executive Order Number 12**

Creating the Illinois Integrated Justice Information System Governing Board and An Approach to Integrated Justice Systems in Illinois

[Executive Order Number 01-12 \(PDF, 102 KB\) \(/Documents/ExecOrders/2001/execorder2001-12.pdf\)](#)

Executive Order Number 11

Executive Order for State Government "Green Activities"

[Executive Order Number 01-11 \(PDF, 118 KB\) \(/Documents/ExecOrders/2001/execorder2001-11.pdf\)](#)

Executive Order Number 10

Executive Order on Military Response to the September 11, 2001 Terrorist Attack

[Executive Order Number 01-10 \(PDF, 197 KB\) \(/Documents/ExecOrders/2001/execorder2001-10.pdf\)](#)

Executive Order Number 9

Amendment To Executive Order 7 (2000) Which Created the Green Illinois Communities Demonstration Program

Executive Order Number 01-09 (PDF, 123 KB) (/Documents/ExecOrders/2001/execorder2001-09.pdf)

Executive Order Number 8

Amendment To Executive Order 2 (2001) On Creating Energy Cabinet

Executive Order Number 01-08 (PDF, 147 KB) (/Documents/ExecOrders/2001/execorder2001-08.pdf)

Executive Order Number 7

Executive Order Creating the Governor's Commission on Reviving the Illinois School Code

Executive Order Number 01-07 (PDF, 129 KB) (/Documents/ExecOrders/2001/execorder2001-07.pdf)

Executive Order Number 6

Executive Order Reaffirming a Commitment to a Quality and Diversified Higher Education Faculty

Executive Order Number 01-06 (PDF, 151 KB) (/Documents/ExecOrders/2001/execorder2001-06.pdf)

Executive Order Number 5

Executive Order Creating the Universal Access to Pre-School Task Force

Executive Order Number 01-05 (PDF, 347 KB) (/Documents/ExecOrders/2001/execorder2001-05.pdf)

Executive Order Number 4

Executive Order Creating Mississippi Delta Advisory Council

Executive Order Number 01-04 (PDF, 154 KB) (/Documents/ExecOrders/2001/execorder2001-04.pdf)

Executive Order Number 3

Executive Order Creating Thoe Governor's Lewis & Clark Bicentennial Commission

Executive Order Number 01-03 (PDF, 295 KB) (/Documents/ExecOrders/2001/execorder2001-03.pdf)

Executive Order Number 2

Executive Order Creating Energy Cabinet

Executive Order Number 01-02 (PDF, 295 KB) (/Documents/ExecOrders/2001/execorder2001-02.pdf)

Executive Order Number 1

An Executive Order Regarding Emergency Relief From The Federal Motor Carrier Safety Regulations

Executive Order Number 01-01 (PDF, 295 KB) (/Documents/ExecOrders/2001/execorder2001-01.pdf)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](/Pages/government/execorders/executive-orders.aspx#ExecOrder)

Calendar Year 2000

Executive Order Number 16

An Executive Order Regarding Emergency Relief From The Federal Motor Carrier Safety Regulations

[Executive Order Number 00-16 \(PDF, 83 KB\) \(/Documents/ExecOrders/2000/execorder2000-16.pdf\)](/Documents/ExecOrders/2000/execorder2000-16.pdf)

Executive Order Number 15

Executive Order Regarding Team Permitting

[Executive Order Number 00-15 \(PDF, 110 KB\) \(/Documents/ExecOrders/2000/execorder2000-15.pdf\)](/Documents/ExecOrders/2000/execorder2000-15.pdf)

Executive Order Number 14

Executive Order Creating The Illinois VentureTech Advisory Committee

[Executive Order Number 00-14 \(PDF, 152 KB\) \(/Documents/ExecOrders/2000/execorder2000-14.pdf\)](/Documents/ExecOrders/2000/execorder2000-14.pdf)

Executive Order Number 13

An Executive Order Regarding The Illinois Gas Prices

[Executive Order Number 00-13 \(PDF, 70 KB\) \(/Documents/ExecOrders/2000/execorder2000-13.pdf\)](/Documents/ExecOrders/2000/execorder2000-13.pdf)

Executive Order Number 12

Executive Order Dealing With The Illinois Science And Technology Advisory Committee

[Executive Order Number 00-12 \(PDF, 71 KB\) \(/Documents/ExecOrders/2000/execorder2000-12.pdf\)](/Documents/ExecOrders/2000/execorder2000-12.pdf)

Executive Order Number 11

An Executive Order Creating The Illinois Main Street Council

[Executive Order Number 00-11 \(PDF, 97 KB\) \(/Documents/ExecOrders/2000/execorder2000-11.pdf\)](/Documents/ExecOrders/2000/execorder2000-11.pdf)

Executive Order Number 10

Executive Order Creating the Illinois Terrorism Task Force

[Executive Order Number 00-10 \(PDF, 100 KB\) \(/Documents/ExecOrders/2000/execorder2000-10.pdf\)](/Documents/ExecOrders/2000/execorder2000-10.pdf)

Executive Order Number 9

Executive Order To Rewrite and Reform the Illinois Penal Code

[Executive Order Number 00-09 \(PDF, 103 KB\) \(/Documents/ExecOrders/2000/execorder2000-09.pdf\)](/Documents/ExecOrders/2000/execorder2000-09.pdf)

Executive Order Number 8**Executive Order Creating Balanced Growth Cabinet**

[Executive Order Number 00-08 \(PDF, 116 KB\) \(/Documents/ExecOrders/2000/execorder2000-08.pdf\)](#)

Executive Order Number 7**Executive Order Executive Order Establishing the Green Illinois Communities Demonstration Program**

[Executive Order Number 00-07 \(PDF, 106 KB\) \(/Documents/ExecOrders/2000/execorder2000-07.pdf\)](#)

Executive Order Number 6**Executive Order Executive Order Establishing the Green Illinois Government Coordinating Council**

[Executive Order Number 00-06 \(PDF, 157 KB\) \(/Documents/ExecOrders/2000/execorder2000-06.pdf\)](#)

Executive Order Number 5**Executive Order Establishing the Administration of Credits in Regard to Payments of Illinois Privilege Tax and the Illinois Insurance Retaliatory Tax for 1997 and Earlier**

[Executive Order Number 00-05 \(PDF, 284 KB\) \(/Documents/ExecOrders/2000/execorder2000-05.pdf\)](#)

Executive Order Number 4**Executive Order Creating the Governor's Commission On Capital Punishment**

[Executive Order Number 00-04 \(PDF, 113 KB\) \(/Documents/ExecOrders/2000/execorder2000-04.pdf\)](#)

Executive Order Number 3**Executive Order Reassigning Functions Pertaining To Administration Of Illinois' Job Training Partnership Act, Workforce Investment Act, And Welfare-To-Work Programs**

[Executive Order Number 00-03 \(PDF, 193 KB\) \(/Documents/ExecOrders/2000/execorder2000-03.pdf\)](#)

Executive Order Number 2**Executive Order Establishing A Universal Certification Process And Certification Advisory Board**

[Executive Order Number 00-02 \(PDF, 105 KB\) \(/Documents/ExecOrders/2000/execorder2000-02.pdf\)](#)

Executive Order Number 1**Executive Order Regarding The Rural Affairs Council**

[Executive Order Number 00-01 \(PDF, 60 KB\) \(/Documents/ExecOrders/2000/execorder2000-](#)

01.pdf)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](/Pages/government/execorders/executive-orders.aspx#ExecOrder)

Calendar Year 1999

Executive Order Number 19

Executive Order Enlisting Assistance From State Agencies In The Completion Of An Official Decennial Census

[Executive Order Number 99-19 \(PDF, 6 KB\) \(/Documents/ExecOrders/1999/execorder1999-19.pdf\)](/Documents/ExecOrders/1999/execorder1999-19.pdf)

Executive Order Number 18

Executive Order Creating the Illinois Environmental Regulatory Review Commission (ERRC)

[Executive Order Number 99-18 \(PDF, 6 KB\) \(/Documents/ExecOrders/1999/execorder1999-18.pdf\)](/Documents/ExecOrders/1999/execorder1999-18.pdf)

Executive Order Number 17

Executive Order Amendment to Executive Order Number Six (1987) Appointing a Child Welfare Advisory Committee to the Department of Child and Family Services

[Executive Order Number 99-17 \(PDF, 8 KB\) \(/Documents/ExecOrders/1999/execorder1999-17.pdf\)](/Documents/ExecOrders/1999/execorder1999-17.pdf)

Executive Order Number 16

Executive Order Regarding Sexual Harassment in State Agencies

[Executive Order Number 99-16 \(PDF, 20 KB\) \(/Documents/ExecOrders/1999/execorder1999-16.pdf\)](/Documents/ExecOrders/1999/execorder1999-16.pdf)

Executive Order Number 15

Executive Order Reaffirming A Commitment to a Quality and Diversified Work Force

[Executive Order Number 99-15 \(PDF, 6 KB\) \(/Documents/ExecOrders/1999/execorder1999-15.pdf\)](/Documents/ExecOrders/1999/execorder1999-15.pdf)

Executive Order Number 14

An Executive Order Concerning Payments of Reparations to Victims of the Holocaust and Their Heirs

[Executive Order Number 99-14 \(PDF, 5 KB\) \(/Documents/ExecOrders/1999/execorder1999-14.pdf\)](/Documents/ExecOrders/1999/execorder1999-14.pdf)

Executive Order Number 13

Regarding Peace Keeping Forces Sent to the Yugoslavia/Kosovo Theater of Operations

[Executive Order Number 99-13 \(PDF, 4 KB\) \(/Documents/ExecOrders/1999/execorder1999-13.pdf\)](/Documents/ExecOrders/1999/execorder1999-13.pdf)

Executive Order Number 12**Executive Order Establishing the Illinois Federal Clearinghouse.****[Executive Order Number 99-12 \(PDF, 11 KB\) \(/Documents/ExecOrders/1999/execorder1999-12.pdf\)](#)****Executive Order Number 11****Executive Order Creating the Governor's Office on Literacy****[Executive Order Number 99-11 \(PDF, 8 KB\) \(/Documents/ExecOrders/1999/execorder1999-11.pdf\)](#)****Executive Order Number 10****Executive Order Creating Environment and Natural Resources Leadership Cabinet****[Executive Order Number 99-10 \(PDF, 10 KB\) \(/Documents/ExecOrders/1999/execorder1999-10.pdf\)](#)****Executive Order Number 9****An Executive Order on the Office Of Alcoholism And Substance Abuse Within the Illinois Department of Human Services****[Executive Order Number 99-09 \(PDF, 7 KB\) \(/Documents/ExecOrders/1999/execorder1999-09.pdf\)](#)****Executive Order Number 8****Executive Order Creating the Illinois Office of Strategic Planning****[Executive Order Number 99-08 \(PDF, 7 KB\) \(/Documents/ExecOrders/1999/execorder1999-08.pdf\)](#)****Executive Order Number 7****Executive Order Creating The Office Of Statewide Performance Review****[Executive Order Number 99-07 \(PDF, 7 KB\) \(/Documents/ExecOrders/1999/execorder1999-07.pdf\)](#)****Executive Order Number 6****Revocation of Executive Order Number Three (1997), all its Related Amendments, and Executive Order Number Two (1997)****[Executive Order Number 99-06 \(PDF, 7 KB\) \(/Documents/ExecOrders/1999/execorder1999-06.pdf\)](#)****Executive Order Number 5****Executive Order Creating the Illinois Technology Office****[Executive Order Number 99-05 \(PDF, 9 KB\) \(/Documents/ExecOrders/1999/execorder1999-05.pdf\)](#)**

Executive Order Number 4

Executive Order Creating the Governor's Commission on Discrimination and Hate Crimes
[Executive Order Number 99-04 \(PDF, 10 KB\) \(/Documents/ExecOrders/1999/execorder1999-04.pdf\)](#)

Executive Order Number 3

Amendment to Executive Order Number Four(1992) on Possession and Consumption of Alcohol or Drugs in State Vehicles or in Private Vehicles Being Used at State Expense
[Executive Order Number 99-03 \(PDF, 5 KB\) \(/Documents/ExecOrders/1999/execorder1999-03.pdf\)](#)

Executive Order Number 2

Executive Order Banning Political Solicitation of Financial Contributions from State Employees and Prohibiting State Employees from Soliciting Financial Contributions for the Governor's Campaign Finance Committee
[Executive Order Number 99-02 \(PDF, 10 KB\) \(/Documents/ExecOrders/1999/execorder1999-02.pdf\)](#)

Executive Order Number 1


Executive Order Creating the Governor's Commission on the Status of Women in Illinois
[Executive Order Number 99-01 \(PDF, 7 KB\) \(/Documents/ExecOrders/1999/execorder1999-01.pdf\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Administrative Orders

Calendar Year 2013


Administrative Order 1 2013 10-03-10

 **[Administrative Order 1 2013 \(PDF, 173 KB\) \(/Documents/ExecOrders/2013/adminorder-2013-1.pdf\)](#)**


[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2010

Administrative Order 4 2010 9-30-10**[Administrative Order 4, 2010](#)**


[\(/Pages/government/execorders/AdministrativeOrder-2010-4.aspx\)](#)  **[Administrative Order 4 2010 \(PDF, 224 KB\) \(/Documents/ExecOrders/2010/adminorder-2010-4.pdf\)](#)**

Administrative Order 3 2010 9-21-10**Administrative Order 3, 2010**


(/Pages/government/execorders/AdministrativeOrder-2010-3.aspx)  **Administrative Order 3 2010 (PDF, 109 KB) (/Documents/ExecOrders/2010/adminorder-2010-3.pdf)**

Administrative Order 2 2010 9-1-10 Vacation Time Accrual and Furlough Substitution Policy Superseding

Administrative Order 2 2010 (/Pages/government/execorders/AdministrativeOrder-2010-2.aspx)

 **Administrative Order 2 2010 (PDF, 54 KB) (/Documents/ExecOrders/2010/adminorder-2010-2.pdf)**

Administrative Order 1 2010 7-16-10**Administrative Order 1, 2010**

(/Pages/government/execorders/AdministrativeOrder-2010-1.aspx)  **Administrative Order 1 2010 (PDF, 51 KB) (/Documents/ExecOrders/2010/adminorder-2010-1.pdf)**


go to top (/Pages/government/execorders/executive-orders.aspx#ExecOrder)

Calendar Year 2009**Administrative Order 2 2009 12-10-09 Directive to State Agencies, Updating Guidelines for Compliance with the Rutan Decision****Administrative Order 2 2009**

(/Pages/government/execorders/AdministrativeOrder-2009-2.aspx)  **Administrative Order 2 2009 (PDF, 2.4 MB)**


(/Documents/ExecOrders/2009/adminorder2009-2.pdf) **Administrative Order 1 2009 11-20-09 Vacation Time Accrual Policy Superseding Administrative Order No. 3 (2003)**

Administrative Order 1 2009

(/Pages/government/execorders/AdministrativeOrder-2009-1.aspx)  **Administrative Order 1 2009 (PDF, 38 KB) (/Documents/ExecOrders/2009/adminorder2009-1.pdf)**

go to top (/Pages/government/execorders/executive-orders.aspx#ExecOrder)

Calendar Year 2006**Administrative Order 3 2006 05-08-06 Emergency Energy Conservation Plan**


 **Administrative Order 3 2006 (PDF, 55 KB) (/Documents/ExecOrders/2006/Adminorder-2006-3.PDF)**

Administrative Order 2 2006 05-10-06 Creation Of The Governor's Audit Committee

 **Administrative Order 2 2006 (PDF, 632 KB)**

(/Documents/ExecOrders/2006/adminorder-2006-2.PDF) **Administrative Order 1 2006 05-08-06**

Domestic Partner Benefits

 **[Administrative Order 1 2006 \(PDF, 83 KB\) \(/Documents/ExecOrders/2006/AdminOrder-2006-1.PDF\)](#)**

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2004

Administrative Orders 1 2004 07-07-04 Moratorium on all Business of the Health Facilities Planning Board

[Administrative Orders 1 2004 \(/Pages/government/execorders/AdministrativeOrder-2004-1.aspx\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#ExecOrder\)](#)

Calendar Year 2003

Administrative Orders 6 2003 12-11-03 Procedures for Investigating and Reporting Misconduct and Incidents at State Facilities

[Administrative Orders 6 2003](#)

[\(/Pages/government/execorders/AdministrativeOrder-2003-6.aspx\)](#)Administrative Orders 5

2003 06-17-03 Policy in Regards to Pension Contributions of Non-Bargaining Employees

[Administrative Orders 5 2003](#)

[\(/Pages/government/execorders/AdministrativeOrder-2003-5.aspx\)](#)Administrative Orders 4

2003 03-12-03 Policy in Regards to School Visitation Leave

[Administrative Orders 4 2003](#)

[\(/Pages/government/execorders/AdministrativeOrder-2003-4.aspx\)](#)Administrative Orders 3

2003 03-05-03 Vacation Time Accrual Policy

[Administrative Orders 3 2003](#)

[\(/Pages/government/execorders/AdministrativeOrder-2003-3.aspx\)](#)Administrative Orders 2

2003 02-24-03 State Agency Spending Restrictions and Reviews

[Administrative Orders 2 2003](#)

[\(/Pages/government/execorders/AdministrativeOrder-2003-2.aspx\)](#)Administrative Orders 1

2003 01-29-03 Legislative Procedures

[Administrative Orders 1 2003 \(/Pages/government/execorders/AdministrativeOrder-2003-1.aspx\)](#)

[go to top \(/Pages/government/execorders/executive-orders.aspx#\)](#)

Calendar Year 2002

Administrative Orders 4 2002 10-01-02 Early Retirement - Prior Approval of Granting Temporary Employment

Administrative Orders 4 2002

(/Pages/government/execorders/AdministrativeOrder-2002-4.aspx)  **Administrative Order #4 2002 Attachment (PDF, 8.4KB)**

(/Documents/ExecOrders/2002/AdminOrder-2002-4-att.pdf) **Administrative Orders 3 2002 09-05-02 Early Retirement - Restriction Upon the Employment Extensions of Key Employees**
Administrative Orders 3 2002

(/Pages/government/execorders/AdministrativeOrder-2002-3.aspx) **Administrative Orders 2 2002 09-05-02 General Funds Spending Restrictions**

Administrative Orders 2 2002

(/Pages/government/execorders/AdministrativeOrder-2002-2.aspx) **Administrative Orders 1 2002 02-14-02 E-Government**

 **Administrative Orders 1 2002 (PDF, 33.1 KB)**

(/Documents/ExecOrders/2002/AdministrativeOrders-2002-1.pdf)

go to top (/Pages/government/execorders/executive-orders.aspx#ExecOrder)

Calendar Year 1999


Administrative Orders 3 1999 10-19-99 Procedures For Investigation Of Employee Misconduct.

 **Administrative Orders 3 1999 (PDF, 6.23 KB)**

(/Documents/ExecOrders/1999/AdminOrder-1999-3.pdf) **Administrative Orders 2 1999 02-01-99 Policy & Guidelines For Federal Government Relations.**

 **Administrative Orders 2 1999 (PDF, 6.23 KB)**

(/Documents/ExecOrders/1999/AdminOrder-1999-2.pdf) **Administrative Orders 1 1999 01-29-99 Legislative Procedures.**

 **Administrative Orders 1 1999 (PDF, 6.23 KB) (/Documents/ExecOrders/1999/AdminOrder-1999-1.pdf)**

Stay Informed

Emergencies & Disasters (<https://www.illinois.gov/ready>)

Flag Honors (</Pages/News/flag-honors.aspx>)

Road Conditions (<http://www.gettingaroundillinois.com/>)

Traffic Alerts (<http://www.iltrafficalert.com/>)

Get Email Updates (<https://www.illinois.gov/gov/Pages/CommunicationsOptIn.aspx>)

Helpful Links

[Illinois Privacy Info \(/Pages/About/Privacy.aspx\)](#)

[Kids Privacy \(/Pages/About/Kids-Privacy.aspx\)](#)

[Contact Us \(/Pages/About/ContactUs.aspx\)](#)

[FOIA Contacts \(/Pages/FOIA-Contacts.aspx\)](#)

[State Press Contacts](#)

<https://www.illinois.gov/cms/agency/media/relations/Pages/MediaContacts.aspx>

Stay Connected



<http://twitter.com/GovPritzker>



<https://www.facebook.com/GovPritzker>



<http://instagram.com/GovPritzker>

Translate

Select Language ▼

Powered by [Google Translate \(https://translate.google.com\)](https://translate.google.com)

_(/)

① [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/)

ℹ [Amber Alerts \(http://www.amberillinois.org/\)](http://www.amberillinois.org/) 👤 [Illinois Privacy Info \(/Pages/About/Privacy.aspx\)](#)

[Governor JB Pritzker \(/sites/gov\)](#)

© 2020 [State of Illinois \(/\)](#)

Exhibit 3

to Choudhury Decl.

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

1-800-889-3931

🔍 Search...

[Preparation \(/s/preparation\)](#)

[FAQs](#)

[Resources](#)

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

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

3,601

Deaths

471,691

Total Tests Performed

*Numbers updated daily by 5pm. Last updated 5/12/2020 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 5/12/2020. Information to be updated daily.



Restore Illinois

Restore Illinois is about saving lives and livelihoods. The five-phased plan will reopen our state, guided by health metrics and with distinct business, education, and recreation activities characterizing each phase. This is an initial framework that will likely be updates as research and science develop and as the potential for treatments or vaccines is realized. The plan is based upon regional healthcare availability, and it recognizes the distinct impact COVID-19 has had on different regions of our state as well as regional variations in hospital capacity. View the full Restore Illinois Plan below.

5/5/2020 Read

[Restore Illinois Plan](#)

<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000BadS0AAJ?operationContext=S1>

[\(Arabic\)](#)

<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000BbPG7AAN?operationContext=S1>

[\(Polish\)](#)

<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000BbPFxAAN?operationContext=S1>

[\(Chinese\)](#)

<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000BbPG2AAN?operationContext=S1>

[\(Spanish\)](#)

<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000BbP31AAF?operationContext=S1>

[\(Hindi\)](#)

<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000BbPAZAA3?operationContext=S1>

[\(Tagalog\)](#)

<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000BbWjbAAF?operationContext=S1>



Unemployment Insurance

Illinois has seen an unprecedented number of unemployment claims during this challenging time — over 755,000 unemployment claims were processed from March 1 through April 18. This is 12 times the number of claims the Illinois Department of Employment Services (IDES) processed over the same period last year. From March 1 through April 16, IDES paid out more than \$700 million in benefits. The administration has moved swiftly to meet this increased demand and expand access to benefits during this time. Visit the [IDES COVID-19 and Unemployment Benefits](#) page to learn more. To learn more about the Federal Stimulus package download the [IDES Federal Stimulus Package Unemployment Benefits FAQ](#)

(<https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000Ah3hBAAR?operationContext=S1>).

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.

3-12-2020

Read proclamation (<https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020.pdf>)

(Arabic) (https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020_Arabic.pdf)

(Polish) (https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020_Polish.pdf)

(Chinese) (https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020_Chinese.pdf)

(Spanish) (https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020_Spanish.pdf)

(Hindi) (https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-3-12-2020_Hindi.pdf)

4-02-2020

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>)

4-30-2020

Read proclamation (<https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020.pdf>)

(Arabic) (https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020_Arabic.pdf)

(Polish) (https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020_Polish.pdf)

(Chinese) (https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020_Chinese.pdf)

[2020_Chinese.pdf](#))

(Spanish) ([https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-4-30-](https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020_Spanish.pdf)

[2020_Spanish.pdf](#))

(Hindi) (https://www2.illinois.gov/sites/gov/Documents/CoronavirusDisasterProc-4-30-2020_Hindi.pdf)



Testing

The administration has been working to expand COVID-19 testing capability across the state. There are currently three state-run drive-thru testing sites in Evanston, Pekin, and Markham along with dozens of other testing sites at health centers in every region of the state. A list of testing sites, their contact information, and their eligibility requirements for testing can be found on our [testing-sites webpage \(https://coronavirus.illinois.gov/s/testing-sites\)](https://coronavirus.illinois.gov/s/testing-sites).

Latest Executive Orders Related to COVID-19

Executive Order Number 36

MARRIAGE LICENSES — To obtain a marriage license, couples may appear before the county clerk and conduct a marriage ceremony using two-way audio-video communication technology, if certain conditions are met. Suspends the requirement that a fully executed marriage license must be submitted to the county clerk within 10 days. Suspends the requirement that a marriage license becomes effective one day after the date of issuance.

Executive Order 2020-36 (HTML) (<https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-36.aspx>)

(English) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-36.pdf>)

(Arabic) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Arabic.pdf>)

(Polish) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Polish.pdf>)

(Chinese) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Chinese.pdf>)

(Spanish) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Spanish.pdf>)

(Hindi) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Hindi.pdf>)

Executive Order Number 35

SUSPENDS VARIOUS PROVISIONS — Suspends provisions in the Assisted Living and Shared Housing Act, the Nursing Home Care Act and the Community Care Act. For example, suspends IDPH conducting an on-site review at each facility annually. IDPH will continue to conduct on-site reviews to the extent feasible. Suspends provisions regarding pest control, milk production, mobile homes, body piercing and speech language pathology.

Executive Order 2020-35 (HTML) (<https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-35.aspx>)

(English) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-35.pdf>)

Executive Order Number 34

CANNABIS REQUIREMENTS — Suspends the requirement that IDFPR issue up to 75 Conditional Adult Use Dispensing Organization Licenses before May 1, 2020. Suspends certain requirements, including the need for an adult use cannabis dispensing organization agent to obtain an agent identification card from IDFPR prior to beginning work at a dispensary and the need for a medical or adult use cannabis dispensing organization agent to keep an agent identification card visible at all times when in the dispensary.

Executive Order 2020-34 (HTML) (<https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-34.aspx>)

(English) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-34.pdf>)

(Arabic) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder%202020-34%20Arabic.pdf>)

(Polish) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder%202020-34%20Polish.pdf>)

(Chinese) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder%202020-34%20Chinese.pdf>)

(Spanish) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-36-Spanish.pdf>)

(Hindi) (<https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder%202020-34%20Hindi.pdf>)

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

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>)



(<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/>)  [Illinois Privacy Info](#)
(<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)

© 2020 [State of Illinois \(https://www2.illinois.gov\)](https://www2.illinois.gov)

Exhibit 4

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:¹
 - 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;

¹ 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 5

to Choudhury Decl.

➕ View up to date information on how Illinois is handling the Coronavirus Disease 2019 (COVID-19) from the [State of Illinois Coronavirus Response Site](https://coronavirus.illinois.gov/) (<https://coronavirus.illinois.gov/>). ✕

Illinois.gov (/)

Executive Order 2020-33

April 30, 2020

Executive Order 2020-33

EXECUTIVE ORDER IN RESPONSE TO COVID-19 **(COVID-19 EXECUTIVE ORDER NO. 31)**

WHEREAS, protecting the health and safety of Illinoisans is among the most important functions of State government; and,

WHEREAS, Coronavirus Disease 2019 (COVID-19) is a novel severe acute respiratory illness that has spread among people through respiratory transmissions, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern on January 30, 2020, and the United States Secretary of Health and Human Services declared that COVID-19 presents a public health emergency on January 27, 2020; and,

WHEREAS, as the virus has progressed through Illinois, the crisis facing the State has developed and now requires an evolving response to ensure hospitals, health care professionals and first responders are able to meet the health care needs of all Illinoisans and in a manner consistent with CDC guidance that continues to be updated; and,

WHEREAS, I declared all counties in the State of Illinois as a disaster area on April 30, 2020 because the current circumstances in Illinois surrounding the spread of COVID-19, including the devastating impacts to the health and lives of people throughout the State, the threatened shortages of hospital beds, ICU beds, ventilators, and PPE, and the critical need for increased COVID-19 testing capacity, constitute an epidemic emergency and a public health emergency; and,

WHEREAS, in response to the epidemic emergency and public health emergency described above, I find it necessary to re-issue Executive Orders 2020-03, 2020-04, 2020-05, 2020-06, 2020-07, 2020-08, 2020-09, 2020-11, 2020-12, 2020-13, 2020-14, 2020-15, 2020-16, 2020-17, 2020-19, 2020-20, 2020-21, 2020-22, 2020-23, 2020-24, 2020-25, 2020-26, 2020-27, 2020-28, 2020-29, 2020-30, and 2020-31, and hereby incorporate the WHEREAS clauses of those Executive Orders;

THEREFORE, by the powers vested in me as the Governor of the State of Illinois, pursuant to the Illinois Constitution and Sections 7(1), 7(2), 7(3), 7(8), 7(9), 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 April 30, 2020:

Part 1: Re-Issue of Executive Orders.

Executive 2020-03, 2020-04, 2020-05, 2020-06, 2020-07, 2020-08, 2020-09, 2020-11, 2020-12, 2020-13, 2020-14, 2020-15, 2020-16, 2020-17, 2020-19, 2020-20, 2020-21, 2020-22, 2020-23, 2020-24, 2020-25, 2020-26, 2020-27, 2020-28, 2020-29, 2020-30, and 2020-31 hereby are re-issued by this Executive Order 2020-33 as follows:

Executive Order 2020-04 (Closure of James R. Thompson Center; Waiver of Sick Leave Requirement for State Employees):

Sections 2 and 3 of Executive Order 2020-04 are re-issued and extended through **May 29, 2020**.

Executive Orders 2020-05 and 2020-06 (School Closures):

Executive Orders 2020-05 and 2020-06 are re-issued in their entirety and extended through **May 29, 2020**.

Executive Order 2020-07 (Suspension of on-premises consumption at restaurants and bars; Unemployment insurance; Open Meetings Act):

Sections 1, 3, 4, 5, and 6, as amended below, of Executive Order 2020-07 are re-issued and extended through **May 29, 2020**.

Section 6. During the duration of the Gubernatorial Disaster Proclamation and through May 29, 2020, the provisions of the Open Meetings Act, 5 ILCS 120, requiring or relating to in-person attendance by members of a public body are suspended. Specifically, (1) the requirement in 5 ILCS 120/2.01 that "members of a public body must be physically present" is suspended; and (2) the conditions in 5 ILCS 120/7 limiting when remote participation is permitted are suspended. The provision of the Illinois Finance Authority Act that "[a]ll meetings shall be conducted at a single location within the State with a quorum of members physically present at this location," 20 ILCS 3501/801-25, is suspended through May 29, 2020. The provision of the Illinois Administrative Code that a meeting of the Concealed Carry Licensing Review Board that a requires a "quorum is in attendance at a meeting" as a condition for when "Commissioners may attend telephonically or electronically," 20 Ill. Admin. Code 2900.110(c), is suspended through May 29, 2020.

Public bodies, including those listed specifically above, are encouraged to postpone consideration of public business where possible. When a meeting is necessary, public bodies are encouraged to provide video, audio, and/or telephonic access to meetings to ensure members of the public may

monitor the meeting, and to update their websites and social media feeds to keep the public fully apprised of any modifications to their meeting schedules or the format of their meetings due to COVID-19, as well their activities relating to COVID-19.

Executive Order 2020-08 (Secretary of State Operations):

Executive Order 2020-08 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-09 (Telehealth):

Executive Order 2020-09 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-11 (Revisions to prior Executive Orders; Department of Corrections notification period):

Sections 3 and 4 of Executive Order 2020-11 are re-issued and extended through **May 29, 2020**.

Executive Order 2020-12 (Health care worker background checks; Department of Juvenile Justice notification period; Coal Mining Act):

Executive Order 2020-12 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-13 (Suspending Department of Corrections admissions from county jails):

Executive Order 2020-13 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-14 (Notary and witness guidelines):

Executive Order 2020-14, as amended below, is re-issued in its entirety and extended through **May 29, 2020**.

Section 2. During the duration of the Gubernatorial Disaster Proclamation related to the outbreak of COVID-19, any act of witnessing required by Illinois law may be completed remotely by via two-way audio-video communication technology, provided that:

- a. The two-way audio-video communication technology must allow for direct, contemporaneous interaction between the individual signing the document ("the signatory") and the witness by sight and sound;
- b. The two-way audio-video communication technology must be recorded and preserved by the signatory or the signatory's designee for a period of at least three years;
- c. The signatory must attest to being physically located in Illinois during the two-way audio-video communication;
- d. The witness must attest to being physically located in Illinois during the two-way audio-video communication;
- e. The signatory must affirmatively state on the two-way audio-video communication what document the signatory is signing;
- f. Each page of the document being witnessed must be shown to the witness on the two-way audio-video communication technology in a means clearly legible to the witness and initialed

- by the signatory in the presence of the witness;
- g. The act of signing must be captured sufficiently up close on the two-way audio-video communication for the witness to observe;
 - h. The signatory must transmit by overnight mail, fax, or electronic means a legible copy of the entire signed document directly to the witness no later than the day after the document is signed;
 - i. The witness must sign the transmitted copy of the document as a witness and transmit the signed copy of the document back via overnight mail, fax, or electronic means to the signatory within 24 hours of receipt; and,
 - j. If necessary, the witness may sign the original signed document as of the date of the original execution by the signatory provided that the witness receives the original signed document together with the electronically witnessed copy within thirty days from the date of the remote witnessing.

Executive Order 2020-15 (Suspending provisions of the Illinois School Code):

Executive Order 2020-15 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-16 (Repossession of vehicles; suspension of classroom training requirement for security services):

Executive Order 2020-16 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Orders 2020-03 and 2020-17 (Cannabis deadlines and applications):

Executive Orders 2020-03 and 2020-17, as modified by Executive Order 2020-18, are re-issued and shall remain in effect as specified by Executive Order 2020-18.

Executive Order 2020-19 (Immunity from civil liability for health care facilities, professionals, and volunteers):

Executive Order 2020-19, as amended below, is re-issued in its entirety and extended through **May 29, 2020**.

Section 1. For purposes of this Executive Order, the following terms are defined as set forth below:

- a. "Health Care Facilities" means:
 - i. Facilities licensed, certified, or approved by any State agency and covered by the following: 77 Ill. Admin. Section 1130.215(a)-(f); University of Illinois Hospital Act, 110 ILCS 330; Alternative Health Care Delivery Act, 210 ILCS 3/35(2)-(4); Emergency Medical Services (EMS) Systems Act, 210 ILCS 50; or Department of Veterans' Affairs Act, 20 ILCS 2805;
 - ii. State-operated Developmental Centers certified by the federal Centers for Medicare and Medicaid Services and licensed State-operated Mental Health Centers created pursuant to the Mental Health and Developmental Disabilities Administrative Act, 20 ILCS 1705/4;
 - iii. Licensed community-integrated living arrangements as defined by the Community-Integrated Living Arrangements Licensing and Certification Act, 210 ILCS 135/2;

- iv. Licensed Community Mental Health Centers as defined in the Community Services Act, 405 ILCS 30;
- v. Federally qualified health centers under the Social Security Act, 42 U.S.C. § 1396d(l)(2) (B); and
- vi. Any government-operated site providing health care services established for the purpose of responding to the COVID-19 outbreak;
- vii. Supportive living facilities certified by the Illinois Department of Healthcare and Family Services pursuant to the Illinois Public Aid Code, 305 ILCS 5/5-5.01(a); and,
- viii. Assisted living establishments and shared housing establishments licensed by the DPH pursuant to the Assisted Living and Shared Housing Act, 210 ILCS 9.

“Health Care Facility” is the singular form of the plural “Health Care Facilities.”

- b. “Health Care Professional” means all licensed or certified health care or emergency medical services workers who (i) are providing health care services at a Health Care Facility in response to the COVID-19 outbreak and are authorized to do so; or (ii) are working under the direction of the Illinois Emergency Management Agency (IEMA) or DPH in response to the Gubernatorial Disaster Proclamations.
- c. “Health Care Volunteer” means all volunteers or medical or nursing students who do not have licensure who (i) are providing services, assistance, or support at a Health Care Facility in response to the COVID-19 outbreak and are authorized to do so; or (ii) are working under the direction of IEMA or DPH in response to the Gubernatorial Disaster Proclamations.

Section 8. For purposes of Section 2, rendering assistance by hospitals licensed pursuant to the Illinois Hospital Licensing Act, 210 ILCS 85, must also include accepting a transfer of a COVID-19 patient from another hospital, including hospital inpatients, and state-operated entities (collectively, “transferring entities”) that do not have the capacity and capability necessary to provide treatment for a COVID-19 patient. The receiving hospital shall accept such transfer of a COVID-19 patient if it has sufficient capacity and capability necessary to provide treatment for the COVID-19 patient. In determining whether a hospital has sufficient capacity and capability necessary to provide treatment for a COVID-19 patient, the hospital shall consider, at a minimum, its ability to provide safe and effective treatment consistent with current public health recommendations and available supplies, staffing, and medical bed capacity.

Executive Order 2020-20 (Public assistance requirements):

Executive Order 2020-20 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-21(Furlough of Illinois Department of Corrections inmates):

Executive Order 2020-21 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-22 (Township meetings; Funeral Directors and Embalmers Licensing Code; placements under the Child Care Act of 1969; fingerprint submissions under Health Care Worker Background Check Act):

Executive Order 2020-22 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-23 (Actions by the Illinois Department of Financial and Professional Regulation for licensed professionals engaged in disaster response):

Executive Order 2020-23 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-24 (Illinois Department of Human Services Forensic Treatment Program; investigations of Illinois Department of Human Services employees):

Executive Order 2020-24 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-25 (Garnishment and wage deductions):

Executive Order 2020-25 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-26 (Hospital capacity):

Executive Order 2020-26 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-27 (Cadavers testing positive for COVID-19):

Executive Order 2020-27 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-28 (Industrial radiography certifications):

Executive Order 2020-28 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-29 (In-person education or exams for professional insurance licenses):

Executive Order 2020-29 is re-issued in its entirety and extended through **May 29, 2020**.

Executive Order 2020-30 (Filing of residential eviction actions; enforcement of non-residential eviction orders; expired consular identification documents; electronic filings for the Illinois Human Rights Commission):

Executive Order 2020-30, as amended below, is re-issued in its entirety and extended through **May 29, 2020**.

Section 3. All state, county, and local law enforcement officers in the State of Illinois are instructed to cease enforcement of orders of eviction for residential and non-residential premises, unless the tenant has been found to pose a direct threat to the health and safety of other tenants, an immediate and severe risk to property, or a violation of any applicable building code, health ordinance, or similar regulation. Nothing in this Executive Order shall be construed as relieving any individual or entity of the obligation to pay rent, to make mortgage payments, or comply with any other obligation that an individual or entity may have pursuant to a lease, or rental agreement, or mortgage. The continued need for this directive shall be evaluated upon issuance of any new Gubernatorial Disaster Proclamation.

Executive Order 2020-31 (Educator licensure and student graduation requirements):

Executive Order 2020-31 is re-issued in its entirety and extended through **May 29, 2020**.

Part 2: 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 April 30, 2020

Filed by the Secretary of State April 30, 2020

GOVERNMENT (/GOVERNMENT)

Executive Branch (/government/executive-branch)

Executive Orders (/government/executive-orders)

Judicial Branch (/government/judicial-branch)

Legislative Branch (/government/legislative-branch)

Resources & Records (/government/resources-records)

Transparency & Accountability (/government/transparency-accountability)

BUSINESS (/BUSINESS)

Consumers (/business/consumers)

Manage your Business (/business/manage-your-business)

Manage your Employees (/business/manage-your-employees)

Registration, Licenses, & Permits (/business/registration-licenses-permits)

EMPLOYMENT (/EMPLOYMENT)

Employee Rights (/employment/employee-rights)

Find Jobs (/employment/find-jobs)

Professional Licenses (/employment/professional-licenses)

Volunteering (/employment/volunteering)

EDUCATION (/EDUCATION)

Educators (/education/educators)

[Learning Resources \(/education/learning-resources\)](/education/learning-resources)

[Parents \(/education/parents\)](/education/parents)

[Students \(/education/students\)](/education/students)

[RESIDENTS \(/RESIDENTS\)](/RESIDENTS)

[Cars & Transportation \(/residents/cars-transportation\)](/residents/cars-transportation)

[Citizen Resources \(/residents/citizen-resources\)](/residents/citizen-resources)

[Family & Home \(/residents/family-home\)](/residents/family-home)

[Health & Safety \(/residents/health-safety\)](/residents/health-safety)

[Neighborhoods/Housing \(/residents/neighborhoods-housing\)](/residents/neighborhoods-housing)

[Parent/Child Resources \(/residents/parent-child-resources\)](/residents/parent-child-resources)

[Senior Citizen Resources \(/residents/senior-citizen-resources\)](/residents/senior-citizen-resources)

[Veteran Resources \(/residents/veteran-resources\)](/residents/veteran-resources)

[VISITING \(/VISITING\)](/VISITING)

[Arts and Culture \(/visiting/arts-and-culture\)](/visiting/arts-and-culture)

[Family Attractions \(/visiting/family-attractions\)](/visiting/family-attractions)

[Museums \(/visiting/museums\)](/visiting/museums)

[Outdoors \(/visiting/outdoors\)](/visiting/outdoors)

[Travel & Recreation \(/visiting/travel-recreation\)](/visiting/travel-recreation)

[ABOUT \(/ABOUT\)](/ABOUT)

[History \(/about/history\)](/about/history)

[State Information \(/about/state-information\)](/about/state-information)

[EMAIL UPDATES \(/PAGES/COMMUNICATIONSOPTIN.ASPX\)](/PAGES/COMMUNICATIONSOPTIN.ASPX)

[SEARCH \(/SEARCH\)](/SEARCH)

[News \(/search/news\)](/search/news)

[AGENCIES \(/AGENCIES\)](/AGENCIES)

[SERVICES \(/SERVICES\)](/SERVICES)

[NEWS \(/NEWS\)](/NEWS)

[Release \(/news/release\)](/news/release)

Stay Informed

[Emergencies & Disasters \(https://www.illinois.gov/ready\)](https://www.illinois.gov/ready)

[Flag Honors \(/Pages/News/flag-honors.aspx\)](/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/)

[Get Email Updates \(https://www.illinois.gov/gov/Pages/CommunicationsOptIn.aspx\)](https://www.illinois.gov/gov/Pages/CommunicationsOptIn.aspx)

Helpful Links

[Illinois Privacy Info \(/Pages/About/Privacy.aspx\)](/Pages/About/Privacy.aspx)

[Kids Privacy \(/Pages/About/Kids-Privacy.aspx\)](/Pages/About/Kids-Privacy.aspx)

[Contact Us \(/Pages/About/ContactUs.aspx\)](/Pages/About/ContactUs.aspx)

[FOIA Contacts \(/Pages/FOIA-Contacts.aspx\)](/Pages/FOIA-Contacts.aspx)

[State Press Contacts](#)

[\(https://www.illinois.gov/cms/agency/media/relations/Pages/MediaContacts.aspx\)](https://www.illinois.gov/cms/agency/media/relations/Pages/MediaContacts.aspx)

Stay Connected



[\(http://twitter.com/GovPritzker\)](http://twitter.com/GovPritzker)



[\(https://www.facebook.com/GovPritzker\)](https://www.facebook.com/GovPritzker)



[\(http://instagram.com/GovPritzker\)](http://instagram.com/GovPritzker)

Translate

Select Language ▼

Powered by [Google Translate \(https://translate.google.com\)](https://translate.google.com)

[\(I\)](#)

① [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/)

ℹ [Amber Alerts \(http://www.amberillinois.org/\)](http://www.amberillinois.org/) 👤 [Illinois Privacy Info \(/Pages/About/Privacy.aspx\)](/Pages/About/Privacy.aspx)

[Governor JB Pritzker \(/sites/gov\)](/sites/gov)

© 2020 [State of Illinois \(I\)](#)

Exhibit 6

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 7

to Choudhury Decl.

Coronavirus

Coronavirus could 'wreak havoc' on U.S. jails, experts warn

"People are freaking out about it, and we don't have the resources," said an official of the union that represents federal prison workers.



JosefHanus / Getty Images/iStockphoto

March 12, 2020, 12:04 PM CDT

By Rich Schapiro

Several jail staffers took notice when an inmate arrived at a federal detention center in Miami last week wearing a mask.

Word spread rapidly inside the FDC Miami that the man had flu-like symptoms, two workers said, triggering fears that the inmate was infected with the [coronavirus](#).

"A lot of staffers are in an uproar because they don't know if they're going to get exposed," an employee told NBC News at the time.

It turned out that the inmate had a bacterial infection, a Bureau of Prisons official said, not coronavirus. But concern about the potential spread of COVID-19 inside a detention facility has only grown since then as the number of confirmed cases has exploded across the country.

Privacy - Terms

An outbreak of the deadly virus inside the walls of a U.S. prison or jail is now a question of when, not if, according to health experts. And interviews with several jail staffers, prisoner advocates and former correctional medical personnel revealed deep concerns over the potential for the illness to wreak havoc behind bars.

[Full coverage of the coronavirus outbreak](#)

"We're in a very perilous stage right now," said Dr. Homer Venters, the former chief medical officer of the New York City jail system. "It's just a matter of time before we see cases inside jails and prisons."



[Coronavirus declared a pandemic by World Health Organization](#)

MARCH 11, 2020 02:31

Venters regularly visits jails and prisons across the country as an expert consultant on health services in correctional settings. He said it's common to see facilities lacking the kind of basic germ-fighting tools necessary to help prevent the spread of an illness like the coronavirus.

"Let's say there are three sinks for 40 people," said Venters, who is the president of Community Oriented Correctional Health Systems, a nonprofit that works to improve health care behind bars.

"Rarely do I ever see most of them working, plus soap and paper towels. Some of the most basic elements of infection control that we take for granted, like your ability to wash your hands and dry them, remain out of reach for many people in detention."

The U.S. has roughly 5,000 adult detention facilities – a mix of jails, which house inmates awaiting trial or serving short sentences, and prisons, where people convicted of serious crimes go to serve time. No cases have yet been reported in any of the facilities.

But the environments, with inmates packed together in often grimy spaces with limited ventilation, provide a prime breeding ground for the spread of infectious diseases, experts say.

Jails are seen as being especially vulnerable, given the constant flow of prisoners in and out. Several jail systems have announced coronavirus countermeasures, such as stepped-up cleaning and ramped-up medical screening of new arrivals.

Let our news meet your inbox. The news and stories that matters, delivered weekday mornings.

Your Email Address

SIGN UP

THIS SITE IS PROTECTED BY RECAPTCHA [PRIVACY POLICY](#) | [TERMS OF SERVICE](#)

But more dramatic measures, such as restricting inmate visitation, had yet to be put in place on a grand scale until late Thursday, when several states announced that they were suspending visitation until further notice.

Prisoner advocates worry that the virus has already made its way inside the walls of the nation's detention facilities.

"My fear is it will be similar to the assisted living facility in Washington state, where no one's going to know until it becomes a very serious matter somewhere," said Maria Morris, a senior staff attorney with the American Civil Liberties Union's [National Prison Project](#).

Morris said the combination of staffers moving in and out of prisons and the already unsanitary conditions inside many of them increase the likelihood of serious coronavirus outbreaks.

Download the [NBC News app](#) for full coverage of the coronavirus outbreak

"Once it gets in, if there's not a well-thought-out plan to address it, it seems very likely that it'll wreak havoc on facilities quite quickly," she said.

Countries hard hit by the coronavirus have already experienced major problems inside their prisons. Deadly riots broke out in facilities [across Italy](#) amid efforts to contain the virus. In China, where it originated, at least [500 prisoners](#) have been infected. And Iran took the [extraordinary step](#) of temporarily releasing more than 50,000 prisoners in hope of slowing the spread of the virus.

Joe Rojas, the Southeast regional vice president for the Council of Prison Locals, the union that represents federal prison workers, said he fears the potential for riots to erupt.

"When there's fear among inmates without a plan for containment, you can have a riot," Rojas said.

He said that many federal prisons are also dealing with staffing shortages in their medical departments and that a lack of guidance from the Bureau of Prisons has fueled workers' fears.

"People are freaking out about it, and we don't have the resources," Rojas said.

A spokeswoman for the Bureau of Prisons said: "Out of an abundance of caution, the BOP provided guidance to health-care professionals throughout the system and has a screening tool in place for use in the event an inmate or staff member is exposed or symptomatic. The BOP has an internal web-based system for reporting infectious diseases and outbreaks, allowing access to health care and correctional professionals system-wide."

Privacy - Terms

Federal prisons are not stocking COVID-19 test kits, the spokeswoman said, but medical personnel working with local health authorities can facilitate inmate testing.

"Every BOP facility has contingency plans in place to address a large range of concerns, to include infectious diseases, and is fully equipped to implement these plans as necessary," the spokeswoman added.

Unlike prisons, the majority of local and county jails lack in-house medical staffs, experts say, making it far more difficult to combat a fast-spreading illness like the coronavirus.

"There are jails where the sheriff's deputies are handing out medications and making medical decisions for the individuals," said Sheriff Dave Mahoney, who operates a 1,000-bed facility in Dane County, Wisconsin.

Mahoney, who is the incoming president of the National Sheriffs' Association, said he and his counterparts around the country are having ongoing discussions about a range of potential countermeasures – from instituting video-only visitation to increasing alternatives to incarceration for lesser crimes.

"With the flu, we could at least warn people to get the flu shot at the beginning of the year and reduce the volume of the virus, and even if they got the flu, they could mitigate the effects by getting a Tamiflu shot," Mahoney said. "Well, those things don't exist for the coronavirus."

In January, the Henderson County Detention Center in central Kentucky had a trial run of sorts for dealing with a coronavirus outbreak when more than 200 inmates came down with a mysterious stomach bug.

The jail moved quickly to contain the spread of the illness, moving the sick inmates to a special wing where the recirculated air goes nowhere else and ramping up cleaning the old-fashioned way.

"Bleach and water," said head jailer Amy Brady, who runs the facility. "We had inmates running in shifts."

The symptoms disappeared after 12 hours. The same month, an area doctor who treats inmates at the detention center offered sage advice: stock up on specialized masks amid reports of a worsening virus in China.

The masks, known as N95 respirators, are now [in short supply](#) across the country.

"We have 250 of them," Brady said. "I feel pretty good. But like anything else with the jails, there's always the likelihood that it's going to spread."

Rich Schapiro

Rich Schapiro is a reporter for the NBC News Investigative Unit.



[ABOUT](#)

[CONTACT](#)

[CAREERS](#)

[COUPONS](#)

[DO NOT SELL MY PERSONAL INFORMATION](#)

[TERMS OF SERVICE](#)

[NBCNEWS.COM SITE MAP](#)

[ADVERTISE](#)

[Privacy - Terms](#)

[PRIVACY POLICY](#)

[ADCHOICES](#)

© 2020 NBC UNIVERSAL



Exhibit 8

to Choudhury Decl.

Coronavirus COVID-19 and the Correctional Facility

For the Correctional Healthcare Worker

Anne C. Spaulding MD MPH

March 9, 2020

Emory Center for the
Health of Incarcerated Persons

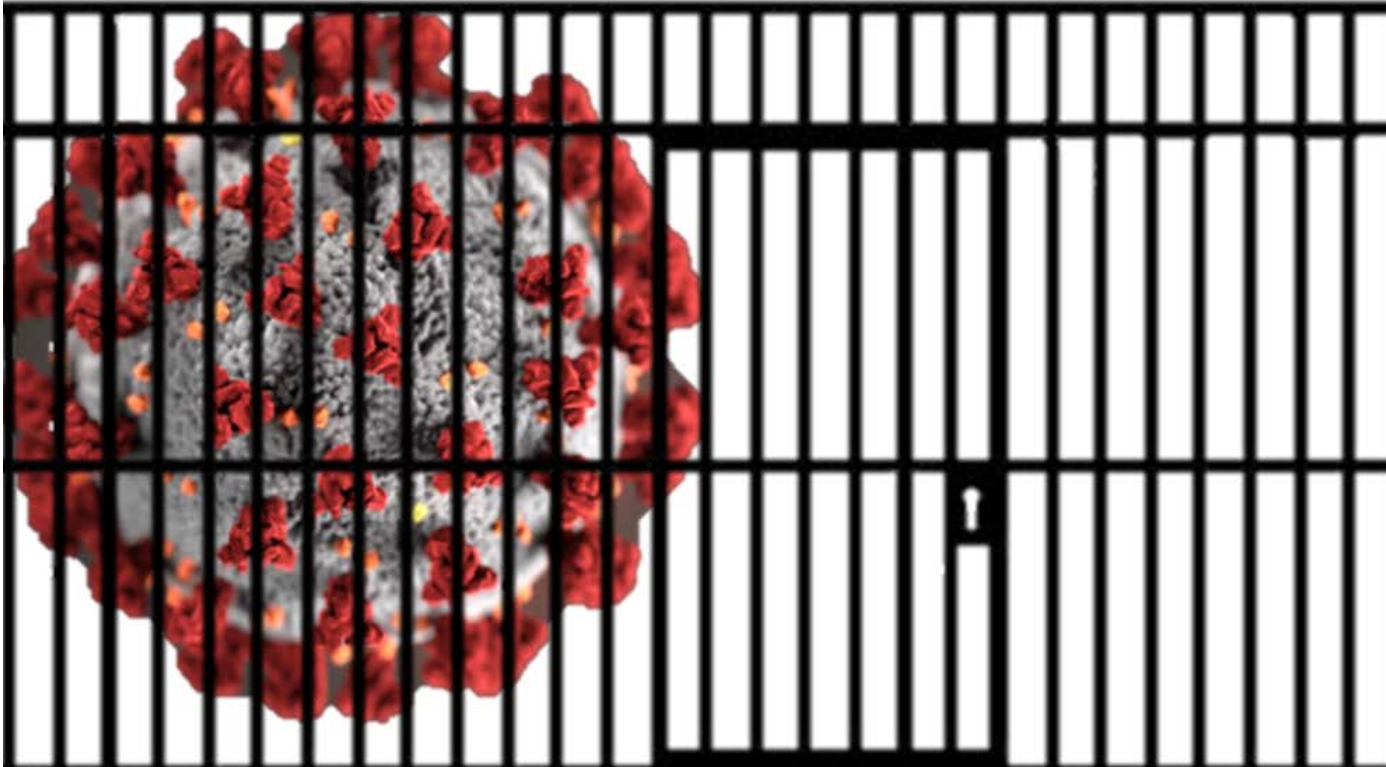
Aspauld@emory.edu

Development of these slides was supported under cooperative agreement, the Centers for Disease Control and Prevention's (CDC's) Collaboration with Academia to Strengthen Public Health Workforce Capacity (grant no. 3 U36 OE000002-04 S05) funded by CDC, Office of Public Health Preparedness and Response, through the Association of Schools and Programs of Public Health (ASPPH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC, the Department of Health and Human Services, or ASPPH. Please do not alter content without contacting author.



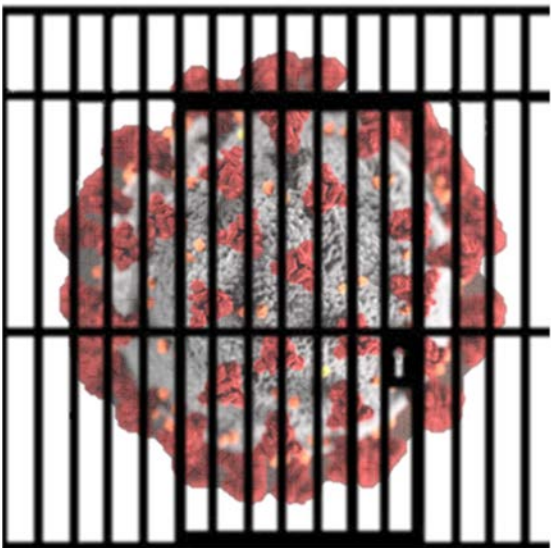
EMORY

ROLLINS
SCHOOL OF
PUBLIC
HEALTH



Outline

- COVID-19 Overview for a Congregate Environment
 - Spread
 - Prevention
 - Symptoms & Diagnosis
 - Treatment
 - Adverse Outcomes
- Implications for Correctional Healthcare
 - Overview
 - Correctional Facility Case Examples
 - Coordination
 - A Cautionary Tale

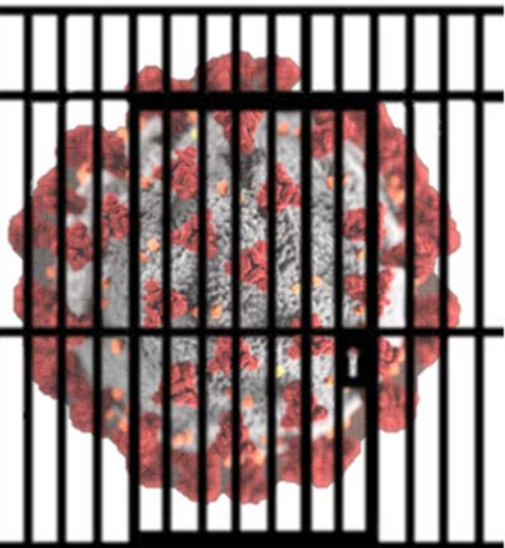


COVID-19 Overview: Spread

- COVID-19 is a viral disease
 - *The virus' official name is "SARS-CoV-2"; COVID-19 is the name of the disease*
- Transmission
 - 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)
 - Via respiratory droplets produced when an infected person coughs or sneezes.
 - Droplets can land in mouths or noses of people nearby or possibly be inhaled into lungs.

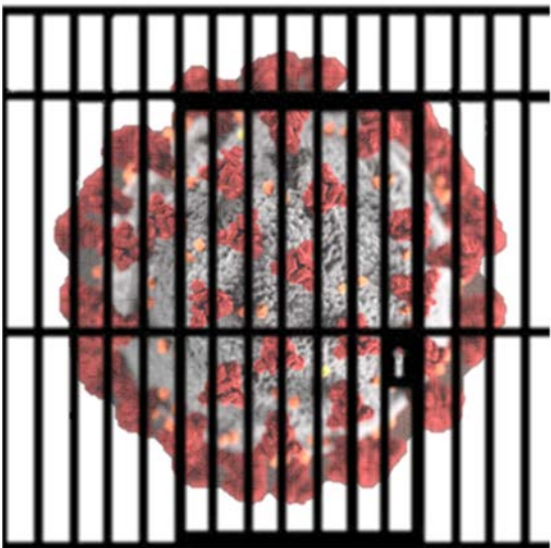


- May spread from inanimate objects that have virus on them, but this is not the main way it spreads.
- People are thought to be most contagious when they are the sickest.
- Some spread might be possible before people show symptoms, but this is not the main way it spreads.



COVID-19 Overview: Spread

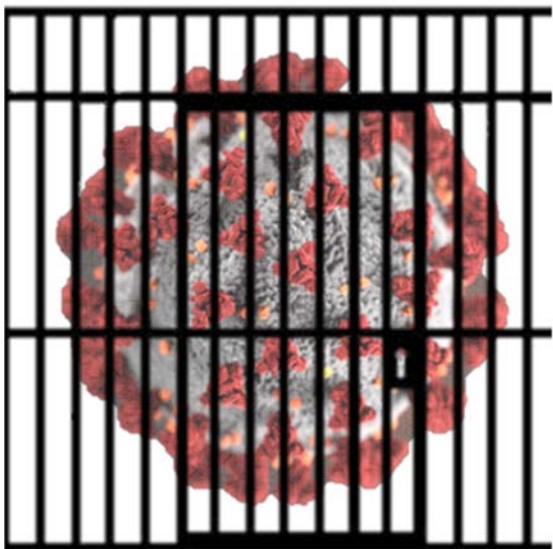
- COVID-19 is a viral disease
 - *The virus' official name is "SARS-CoV-2"; COVID-19 is the name of the disease*
- Transmission
 - The virus is thought to spread mainly from person-to-person.
 - Between people who are in close contact with one another (within about 6 feet)
 - Via respiratory droplets produced when an infected person coughs or sneezes.
 - Droplets can land in mouths or noses of people nearby or possibly be inhaled into lungs.
- May spread from inanimate objects that have virus on them, but this is not the main way it spreads.
- People are thought to be most contagious when they are the sickest.
- Some spread might be possible before people show symptoms, but this is not the main way it spreads.



COVID-19 Overview: Spread



- The first cases were in the Hubei province of China.
- It has now spread to many countries.
- As of March 2020, some areas of the US have local transmission.
- Keep up with your state and local health department to learn what's happening where your correctional facility is located.



Persons entering correctional facilities can have infections either

- Because of travel from, or through, a highly prevalent region, OR
- From acquisition of the infection close to home...

If it's spreading in your community, it's likely to show up in your local jail or prison.



COVID-19 Overview: Prevention

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Wash your hands with soap and water frequently.
 - Wash for 20 seconds—as long as it takes to sing the Happy Birthday song.
- Clean and disinfect frequently touched objects and surfaces

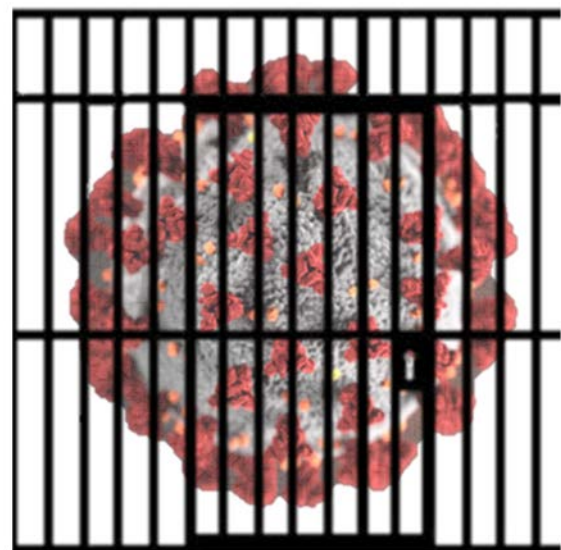


using a hospital-grade disinfectant.

- Follow CDC's recommendations for using a facemask, and isolation of infected persons.
- Correctional staff should stay off from work if they feel sick.

Have a cough, fever and/or shortness of breath? Stay home.

If illness becomes worse, seek medical care; call ahead before you go!



Health Alert
Signage for the
Health Services
Unit—same as
used for flu.

Feel free to copy
in color or black
and white.

Adapted from:
https://www.bop.gov/resources/pdfs/seasonal_influenza_guidance.pdf

Health Alert!

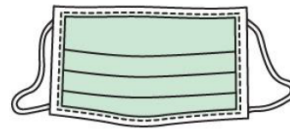
¡Alerta de salud!

**Coughing spreads germs.
Protect yourself and others.**

*Al toser se transmiten microbios.
Protéjase Ud. y a los demás.*



Cover your cough.
Tápese la boca al toser.



If you are coughing, ask about a face mask to wear in Health Services.
Si usted esta tosiendo, pida al personal de Servicios Médicos una máscara para cubrirse.



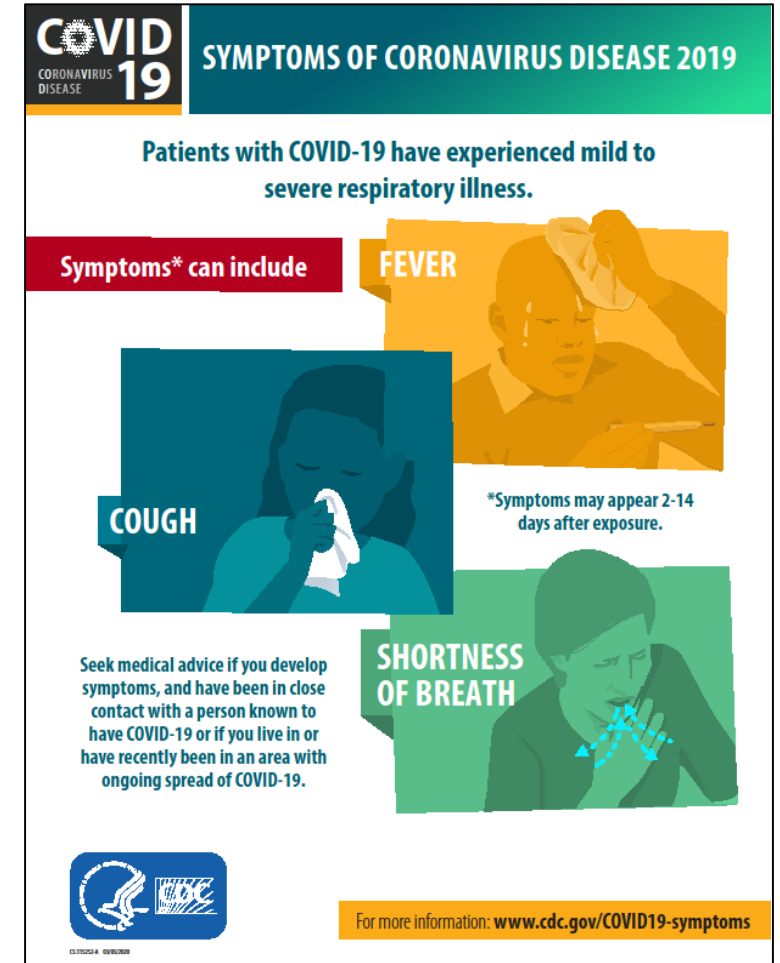
Clean hands often.
Lávase las manos con frecuencia.

Overview: Symptoms & Diagnosis

- Many people are asymptomatic or only have mild symptoms.
- Can appear soon (~ 2 days) or long (~2 weeks) after exposure.
 - Or sometime between “soon” and “long after”!
- Some common symptoms: fever, cough, shortness of breath.

Which sounds an awful lot like the flu...

Tip: To prevent influenza, and possible unnecessary evaluation for COVID-19: use your flu vaccine stock now!



Overview: Symptoms & Diagnosis

To review, the **common symptoms are : 1) fever, 2) cough, and 3) shortness of breath.**

Diagnostic guidelines, best tests are evolving, so check your local and state health department for latest updates. Also: go to [CDC.gov](https://www.cdc.gov)

1. CHECK where patient has been within 14 days of the onset of symptoms—
-- Any place on current list of areas where there is local transmission??
2. ASK about contact with an infected person.
3. ASSESS Symptoms—especially worrisome if 2 or more of the above symptoms.

IF APPROPRIATE EXPOSURE HISTORY & SYMPTOMS:

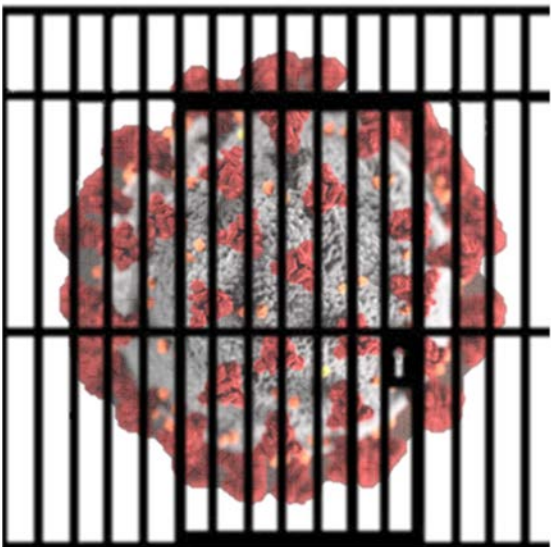
Put a simple surgical face mask on patient.

Place them in a separate, closed room and shut the door.

- Ideally, use an airborne infection isolation room (AIIR) with neg. pressure.
- Healthcare and custody staff : wear personal protective equipment in room
- N-95masks/gowns/gloves, etc.

Assess stability of patient—in respiratory distress needing hospital transfer?

Or do you want to test them on site? Call your local health department for help.



COVID-19, the new type of coronavirus

For those not needing hospital transfer:

• Treatment

- Rest
- Drink fluids to prevent dehydration
- Take medicine to reduce fever (for example, acetaminophen)
- Research is ongoing on the use of already-developed medications
- Health care staff should be notified if patient worse symptoms develop, such as difficulty breathing.

• Vaccination

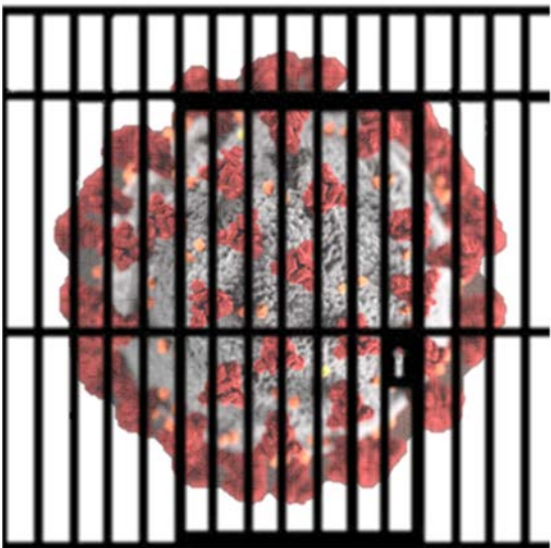
- There is no vaccine for COVID-19 as of early March 2020, but scientists around the world are actively working on a vaccine.



COVID-19 Complications Overview

- Anyone can have a coronavirus infection that can become serious or be fatal.
- Serious disease and death are most common in older persons and/or those with underlying medical conditions
- Think of your patients in chronic care clinics, your pregnant patients and how you will keep them safe from disease.

(See CDC website for guidance for particular groups, such as pregnant women.)



Implications for Correctional Health Staff

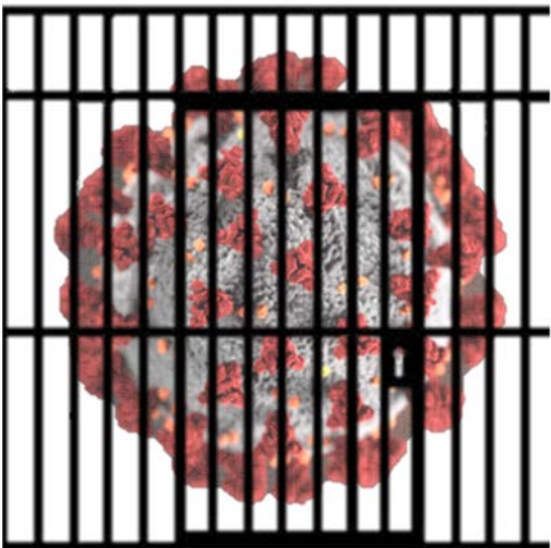
Are correctional facility populations at risk? Yes.

1. Healthcare staff should be aware of ongoing updates to clinical guidelines.
2. Share with your local health department the role of your facility in prevention, identification, and management of infectious disease. Remind them that you are in their territory.

- Just because you have a healthcare staff...
(which may be hired via a private vendor)

...doesn't mean that the health department should not consider how the presence of a jail and prison, and movement of citizens in and out of the facility, impacts the health of the public.

3. Work with your facility on planning now: where to cohort persons (placing persons diagnosed with coronavirus together, but at a distance from folks who are well) if many people are getting sick at the same time.



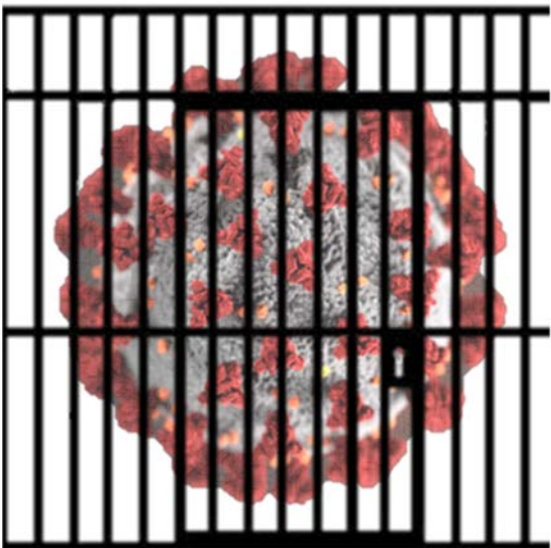
Health Services: Check with your local health department and <https://www.cdc.gov/coronavirus/> website as needed for latest guidelines on:

1. How to isolate persons—when is negative pressure room indicated?
2. How long to quarantine those who are exposed, those who are infected?
3. What personal protective equipment is needed, and for whom: N95 or surgical mask, eye shield, gloves, gowns?
4. How to handle those exposed to a case of COVID-19, especially after first test is negative: when to repeat before infection can be ruled out?
5. When can isolation be lifted?

Implications for Correctional Custody Staff

Are people who live and work in correctional facilities at risk? Yes.

- Jurisdictions need to understand that incarceration of persons defying quarantine orders could lead to exponential increases in jail cases and cases in the community.
 - Measures other than detention should be considered, such as at-home electronic monitoring.
 - Custody should plan on future absenteeism of ill correctional officers.
 - Supply chains (medicines, food, etc.) may become disrupted.
 - Consider alternatives to incarceration, in order to keep stock population down (diversionary courts, community corrections) .
 - If COVID-19 is in your jurisdiction, consider restriction of movement in and out (visitors, non-essential vendors, tours).



Implications for Correctional Healthcare: A Florida Jail Case Example with Zika:

PLAN now, before the epidemic reaches your jurisdiction

1. A protocol for the jail was developed with the help of local health department.
2. When a symptomatic entrant to the jail was confirmed with Zika infection, the Florida jail maintained close relationship with the local health department.



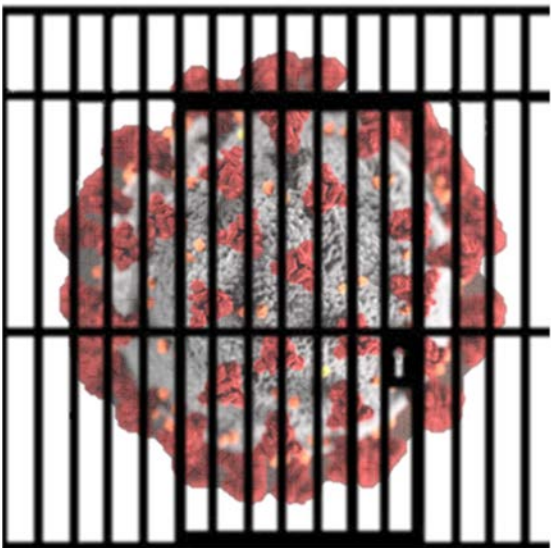
Call your local health department now, even if the epidemic has not yet hit your town, to make sure that correctional health services are being considered in regional planning...

Make sure they have your contact info



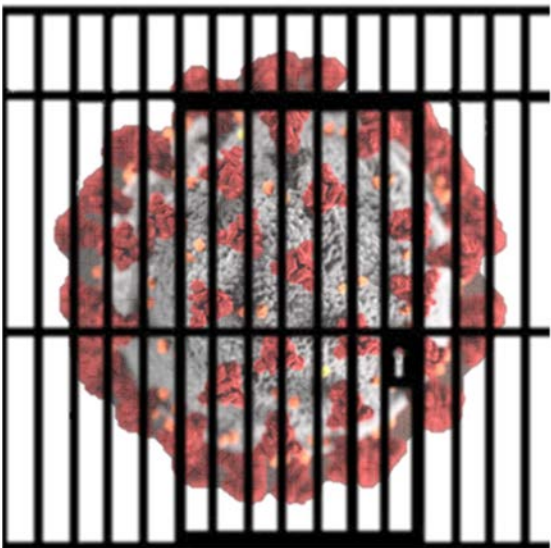
Other Issues for Correctional Healthcare

- Think of your supply chain for medications and medical supplies: realize that a continued epidemic may disrupt distribution of goods. Consider making sure your stocks are full, but don't hoard.
- Make sure persons confined in your facility have access to soap for hand washing; tissue for nasal discharge, etc.
- Consider what will happen if health care workers are themselves sick and need to stay home, or if they are at home caring for others.
- Prepare for absenteeism, and discourage "presentism": when sick staff members insist on coming to work, and possibly infecting your patients.



Implications for Correctional Healthcare: Two Cautionary Tales

- Prisons and jails are enclosed environments, where individuals dwell in close proximity. Incarcerated persons sleep in close quarters, eat together, recreate in small spaces. Staff are close by. Both those incarcerated and those who watch over them are at risk for airborne infections.
- A prison and jail is a self-contained environment.



Implications for Correctional Healthcare: Two Cautionary Tales

- Prisons and jails are enclosed environments, where individuals dwell in close proximity. Incarcerated persons sleep in close quarters, eat together, recreate in small spaces. Staff are close by. Both those incarcerated and those who watch over them are at risk for airborne infections.
- A prison and jail is a self-contained environment.
 - Some make an analogy with a cruise ship.
 - Cautionary tale #1: think of the spread of COVID-19 on the Diamond Princess Cruise Ship, January 2020.
 - Cautionary tale #2: Hundreds of cases diagnosed in Chinese prisons.

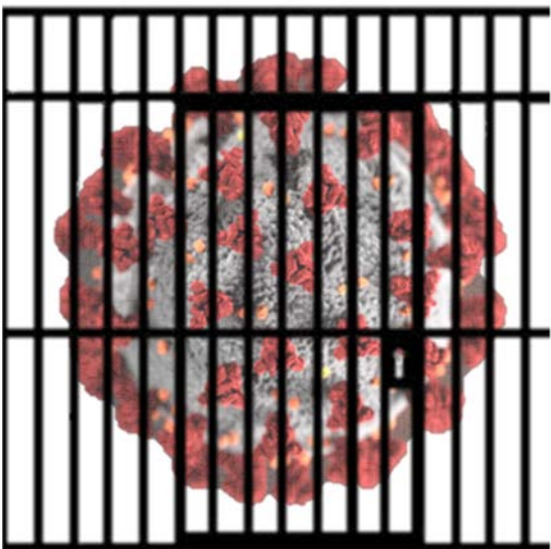


Photo: Fox News



Photo: S. China Post,
from Weibo



Resources:

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

Many correctional systems have developed pandemic flu plans. These plans can be readily adapted to COVID-19 and readapted as we learn more about this new pathogen, e.g., incubation period, transmission, and morbidity factors. The BOP plan is available online:

- https://www.bop.gov/resources/pdfs/seasonal_influenza_guidance.pdf

- Questions? Aspauld@emory.edu
- Emory Center for the Health of Incarcerated Persons, Atlanta GA

Acknowledgments: I am grateful for constructive criticism from Allison Chamberlain, Newton Kendig, Ank Nijhawan, Dianne Rechtine, Marc Stern, and countless colleagues who are federal/state employees.

Exhibit 9

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](#)

Updated 24m ago

More live coverage: [Global](#) [Markets](#) [New York](#)

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.

Sign up to receive an email when we publish a new story about the **coronavirus outbreak**.

Sign Up

"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.

READ MORE ▾

Exhibit 10

to Choudhury Decl.

(<https://www.cookcountysheriff.org>) (<https://www.cookcountysheriff.org>)

 English

COVID-19 Cases at CCDOC

Home (<https://www.cookcountysheriff.org>) > COVID-19 Cases at CCDOC

Sheriff's officers and county medical professionals are aggressively working round-the-clock to combat the global coronavirus pandemic. Even before the virus started rapidly spreading in the Chicago area, the office instituted early screening and testing of detainees and moved to increase the availability of PPE and sanitation supplies throughout the jail. Detainees who have symptoms of COVID-19 are isolated and tested by Cermak Health Services staff and receive thorough medical attention, and cellmates are quarantined and monitored.

The Sheriff's Office also created an off-site, 500-bed isolation and care facility for detainees, took up an unprecedented effort to move detainees from double cells to single cells to increase social distancing, partnered with The New Roseland Community Hospital to provide on-site testing for frontline staff, and is consulting with noted sanitation and infectious disease experts.

Medical professionals have been testing for COVID-19 among all symptomatic detainees since the first detainees showed signs of the virus last month. As an additional effort to combat the virus, medical staff recently started testing all incoming detainees, including those not exhibiting symptoms, as well as select groups of asymptomatic detainees in the jail. Due to this expanded testing of detainees who are not showing symptoms, the number of positive results is expected to rise in the near term.

This strategic, enhanced testing regimen comes in light of new research showing that many individuals carrying the virus experience few, if any, symptoms

For more information regarding our ongoing efforts to respond to COVID-19 at the DOC, please visit our website: <https://www.cookcountysheriff.org/category/press-release/>
(<https://www.cookcountysheriff.org/category/press-release/>)

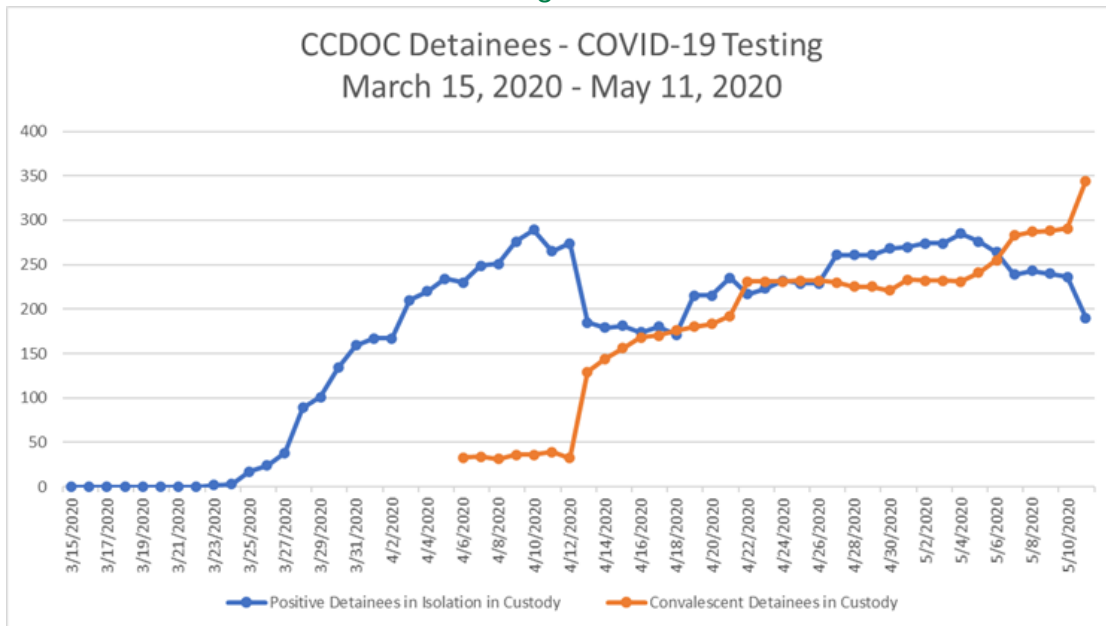
As of 5 p.m. on 05/11/2020:

- 190 detainees in custody at Cook County Jail are currently positive for COVID-19.
 - This includes 7 who are being treated at local hospitals.
- 344 detainees in custody are no longer positive and are being monitored at a recovery facility at the jail.
- 1,109 detainees have tested negative for COVID-19.
- 7 detainees who tested positive for COVID-19 have died while receiving treatment at local hospitals.

Additionally, 83 correctional officers are positive for COVID-19, as are 32 other Cook County Sheriff's employees.

There are 281 employees who previously tested positive who are now recovered and have returned to work.

We are saddened to report that three of our employees have passed away as result of complications due to COVID-19.



Search

Search for:

Search

Recent Press Releases



Sheriff Dart, New Roseland Community Hospital Opens COVID-19 Test Site for Sheriff's Office Employees (<https://www.cookcountysheriff.org/sheriff-dart-new-roseland-community-hospital-opens-covid-19-test-site-for-sheriffs-office-employees/>)

Cook County Sheriff Thomas J. Dart announced that a mobile COVID-19 testing site opened today at [Read More]



Update on COVID-19 Cases at Cook County Jail (<https://www.cookcountysheriff.org/update-on-covid-19-cases-at-cook-county-jail-4/>)

As part of its ongoing effort to inform the public of the measures being taken to combat the spread [Read More]



Update on COVID-19 Cases at Cook County Jail (<https://www.cookcountysheriff.org/update-on-covid-19-cases-at-cook-county-jail-2/>)

As part of its ongoing effort to inform the public of the measures being taken to combat the spread [Read More]

Update on COVID-19 Cases at Cook County Jail (<https://www.cookcountysheriff.org/update-on-covid-19-cases-at-cook-county-jail-3/>)

As part of its ongoing effort to inform the public of the measures being taken to combat the spread [Read More]



Update on COVID-19 Cases at Cook County Jail (<https://www.cookcountysheriff.org/update-on-covid-19-cases-at-cook-county-jail/>)

As part of its ongoing effort to inform the public of measures being taken to combat the spread of [Read More]

Copyright 2018 © Cook County Sheriff's Office.
All Rights Reserved.

CONNECT WITH US



(https://www.facebook.com/pages/Cook-County-Sheriffs-Office-Official/234150779931765?ref=br_rs)



(<https://twitter.com/ccsopio>)



(<https://vimeo.com/cookcounty>)



(<https://www.instagram.com/cookcountysheriff/>)

Exhibit 11

to Choudhury Decl.

Web and site search



Search

SUBSCRIBE
4 weeks for only 99¢

LOG IN

\$349 BILLION FEDERAL SMALL-BUSINESS AID FUND RUNS DRY

CORONAVIRUS IN ILLINOIS UPDATES

Coronavirus in Illinois
updates: Here's what's
happening Thursday with...\$349 billion federal small-business aid
fund runs dry; some in Chicago area
were lucky but others are left in the...What if back to normal is
never? Leaders in arts and
entertainment are feeling...Dumped milk, smashed
eggs and plowed
vegetables: Coron: >

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

We have lifted the paywall on this story. To support essential reporting, please consider [becoming a subscriber](#).



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)

1 / 102

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 Gerner*

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.](#)

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

Breaking coronavirus news

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

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](#).

Newsletters
Subscribe here

About us
Terms of Service
Archives
Coupons
Local print ads
TAG disclosure
Media kit

Privacy Policy
Do Not Sell My Info
Contact us
Best Reviews
Tribune Web Notifications
FAQ

Exhibit 12

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). (<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). (<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). (<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). (<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/). (<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/>)

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

The situation has also caught 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).

“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 13

to Choudhury Decl.

➕ View up to date information on how Illinois is handling the Coronavirus Disease 2019 (COVID-19) from the **State of Illinois Coronavirus Response Site** (<https://coronavirus.illinois.gov/>).



[\(/idoc/\)](#)

IDOC ([/idoc/Pages/default.aspx](#)) ► **Facilities**
[\(/idoc/facilities/Pages/default.aspx\)](#)

COVID-19 Response

Confirmed Cases

Locations	Staff Confirmed	Staff Recovered	Incarcerated Individuals Confirmed	Incarcerated Individuals Recovered
Crossroads ATC	1	1	3	2
Danville	1	1	0	0
Elgin Treatment Center	4	0	0	0
Fox Valley ATC	7	5	4	3
General Office	1	1	0	0
Graham	1	1	0	0
Hill	2	1	14	5
Jacksonville	1	1	0	0
Joliet Treatment Center	5	2	0	0
Kewanee LSRC	3	2	0	0
Logan	4	4	1	0
Menard	2	2	0	0
North Lawndale ATC	3	2	5	5

Parole	2	1	0	0
Pontiac	5	2	1	1
Sheridan	6	5	12	12
Southwestern IL	1	0	0	0
Stateville	75	69	150	119
Stateville NRC	35	28	1	1
Western IL	1	0	0	0
Total	160	128	191	148

COVID-19 Supplies

Chemical Inventory 5-11-20 (/idoc/facilities/Documents/COVID-19/May%20-%20Master%20Chemical%20Inventory%20051120.pdf)

Medical Inventory 5-11-20 (/idoc/facilities/Documents/COVID-19/May%20-%20Medical%20Master%20Inventory%20051120.pdf)

Administrative Quarantine

All correctional facilities, Impact Incarceration Programs, and work camps are currently under Administrative Quarantine with no visits. Regular phone and video visit privileges will continue as normal. Administrative Quarantine is an intentional form of restricted movement within a facility to accommodate for unusual needs or circumstances, such as a pandemic outbreak. This measure must be taken to ensure the health and safety of those who live and work in our facilities.

We will continue to ensure men and women in custody receive all necessary treatment and services:

- Showers
- Medical and mental health treatment
- Alternative educational, clinical and substance abuse programming
- Access to the phone and GTL kiosks
- Cleaning supplies
- Law Library
- Commissary
- Leisure Time Services

Lockdown

Facilities with confirmed cases of COVID-19 are placed on lockdown, which means there is no movement around the facility except for medical care. Staff who work with individuals in isolation and quarantine, as well as in healthcare units, are wearing full personal protective equipment (PPE) and all staff are wearing some PPE.

Department Communication with Men and Women in Custody

The Department is communicating regularly with people in custody to ensure they feel safe. In addition to memos, information is also being communicated verbally and via television, tablets and MP3 players.

[COVID-19 Update 2 \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/COVID-19%20Update%202.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/COVID-19%20Update%202.pdf)

[Proper Handwashing Technique \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/COVID_19%20Proper%20Handwashing%20Technique.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/COVID_19%20Proper%20Handwashing%20Technique.pdf)

[Exercise During the Pandemic \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/Exercise%20During%20the%20Pandemic.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/Exercise%20During%20the%20Pandemic.pdf)

[COVID-19 Update \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/COVID-19%20Update.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/COVID-19%20Update.pdf)

[Coping with the Stress of COVID-19 \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/Coping%20with%20the%20Stress%20of%20COVID-19.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/Coping%20with%20the%20Stress%20of%20COVID-19.pdf)

[Confirmed Cases \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/Confirmed%20Cases.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/Confirmed%20Cases.pdf)

[John Howard Association \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/John%20Howard%20Association.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/John%20Howard%20Association.pdf)

[Free GTL Services \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/Free%20GTL%20Services.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/Free%20GTL%20Services.pdf)

[Administrative Quarantine \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/Administrative%20Quarantine.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/Administrative%20Quarantine.pdf)

[Communication Efforts \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/Communication%20Efforts.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/Communication%20Efforts.pdf)

[Preventative Measures \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/Preventative%20Measures.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/Preventative%20Measures.pdf)

[Limiting Exposure \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/Limiting%20Exposure.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/Limiting%20Exposure.pdf)

[Proactive Steps to Stay Healthy \(/idoc/facilities/Documents/COVID-19/CommunicationCustody/Proactive%20Steps%20to%20Stay%20Healthy.pdf\)](/idoc/facilities/Documents/COVID-19/CommunicationCustody/Proactive%20Steps%20to%20Stay%20Healthy.pdf)

News

Governor JB Pritzker and IDPH Director Dr. Ngozi Ezike are holding daily **press briefings** (<https://www.illinois.gov/LiveVideo>) at 2:30 PM.

All media inquiries should be emailed to COVID.media@illinois.gov

[IDOC's Response to House Republicans \(/idoc/facilities/Documents/COVID-19/News/Response%20to%20House%20Republicans.pdf\)](/idoc/facilities/Documents/COVID-19/News/Response%20to%20House%20Republicans.pdf)

[Public Health Officials Report Death of Incarcerated Man \(http://www.dph.illinois.gov/news/public-health-officials-announce-461-new-cases-coronavirus-disease\)](http://www.dph.illinois.gov/news/public-health-officials-announce-461-new-cases-coronavirus-disease)

Governor JB Pritzker's Executive Orders

On March 26, 2020, Governor JB Pritzker issued an **executive order** (</Documents/ExecOrders/2020/ExecutiveOrder-2020-13.pdf>) suspending all admissions to the Illinois Department of Corrections from all Illinois county jails. The Director of IDOC will work closely with county Sheriffs and other partners in the criminal justice system to discuss any potential exceptions that may be necessary.

On April 6, 2020, Governor Pritzker issued an **executive order** (</Pages/Executive-Orders/ExecutiveOrder2020-21.aspx>) allowing the time period for medical furloughs to be extended for up to the duration of the Gubernatorial Disaster Proclamations as determined by the Director of IDOC and consistent with the guidance of the IDOC Acting Medical Director. In an effort to protect medically vulnerable offenders from the risk posed by COVID-19 within a correctional setting, the Illinois Department of Corrections is considering offenders for medical furlough who meet the required **criteria** (</idoc/facilities/Documents/COVID-19/ExecutiveOrder/Final%20Medical%20Furlough%20Release%20Criteria.pdf>).

Questions about IDOC's Response to COVID-19?

A list of frequently asked questions can be found **here** (</idoc/facilities/Pages/Covid19Questions.aspx>).

The Department has established a support line for questions regarding COVID-19. The call center can be reached Monday through Friday 8:30 AM - 4:30 PM at 217-558-2200 ext. 7700. Questions can also be emailed to doc.covid@illinois.gov. For any medical-related questions, please contact the Illinois Department of Public Health at 1-800-889-3931 or dph.sick@illinois.gov.

Employee Resources

The health and safety of staff is a top priority for the Department. These **employee resources**

(/idoc/facilities/Pages/Covid19EmployeeResources.aspx) will be updated as new information becomes available.

A Message from Director Jeffreys and AFSCME

(https://multimedia.illinois.gov/doc/DOC-Message-to-Employees-032020.html?

fbclid=IwAR0G_nQ_ZLieyW0oW9E7y_K6XI350G6FyoDJjHm_zebqG9ZnbeYJUjU9Sw)

Exhibit 14

to Choudhury Decl.

**ICE**Report Crimes: [Email](#) or Call [1-866-DHS-2-ICE](#)

NOTICE

[Click here for the latest ICE guidance on COVID-19](#)

ICE Guidance on COVID-19

[Overview & FAQs](#)[Confirmed Cases](#)[Judicial Releases](#)[Previous Statements](#)

This list is cumulative. Some detainees may no longer be in ICE custody, and may have since tested negative for the virus.

As of April 25, 2020, the total detained population is: 29,675.

CONFIRMED CASES AMONG DETAINEES

881

DETAINEES TESTED

1,736

There have been 881 confirmed cases of COVID-19 among those in ICE custody. To date, there have been 1,736 total detainees tested.

- 15 detainees in Adams County Correctional Center (Natchez, MS)
- 2 detainees in Bergen County Jail (Hackensack, NJ)
- 72 detainees in Bluebonnet Detention Facility (Anson, TX)
- 1 detainee in Bristol County House of Corrections (North Dartmouth, MA)
- 2 detainees in Broward Transitional Center (Pompano Beach, FL)
- 49 detainees in Buffalo Federal Detention Facility (Batavia, NY)
- 3 detainees in Caroline Detention Facility (Bowling Green, VA)
- 20 detainees in Catahoula Correctional Center (Harrisonburg, LA)
- 10 detainees in El Paso Processing Center (El Paso, TX)
- 18 detainees in Elizabeth Detention Center (Elizabeth, NJ)
- 3 detainees in Essex County Correctional Facility (Newark, NJ)
- 1 detainee in Etowah County Detention Center (Gadsden, AL)
- 2 detainees in Farmville Detention Center (Farmville, VA)
- 10 detainees in Florence Detention Center (Florence, AZ)
- 2 detainees in Folkston ICE Processing Center (Folkston, GA)
- 21 detainees in Houston Contract Detention Facility (Houston, TX)
- 13 detainees in Hudson County Jail (Kearny, NJ)

- 15 detainees in IAH Secure Adult Detention Facility (Livingston, TX)
- 5 detainees in Irwin County Detention Center (Ocilla, GA)
- 29 detainees in Joe Corley Detention Center (Conroe, TX)
- 11 detainees in Krome Detention Center (Miami, FL)
- 56 detainees in La Palma Correctional Facility (Eloy, AZ)
- 11 detainees in LaSalle ICE Processing Center (Jena, LA)
- 4 detainees in Montgomery Processing Center (Conroe, TX)
- 47 detainees in Morrow County Correctional Facility (Mount Gilead, OH)
- 147 detainees in Otay Mesa Detention Center (San Diego, CA)
- 20 detainees in Otero County Processing Center (Chaparral, NM)
- 20 detainees in Pike County Correctional Facility (Hawley, PA)
- 28 detainees in Pine Prairie ICE Processing Center (Pine Prairie, LA)
- 45 detainees in Prairieland Detention Center (Alvarado, TX)
- 17 detainees in Pulaski County Detention Center (Ullin, IL)
- 64 detainees in Richwood Correctional Center (Monroe, LA)
- 2 detainees in River Correctional Center (Ferriday, LA)
- 35 detainees in Rolling Plains Detention Facility (Haskell, TX)
- 32 detainees in South Texas ICE Processing Center (Pearsall, TX)
- 10 detainees in St. Clair County Jail (Huron, MI)
- 15 detainees in Stewart Detention Center (Lumpkin, GA)
- 1 detainee in Webb County Detention Center (Laredo, TX)
- 20 detainees in Winn Correctional Center (Winnfield, LA)
- 2 detainees in Wyatt Detention Center (Central Falls, RI)
- 1 detainee in York County Prison (York, PA)

Updated 05/12/2020 5:05pm

ICE EMPLOYEES AT DETENTION CENTERS

42

There have been 42 confirmed cases of COVID-19 among ICE employees working in ICE detention facilities.

- 1 at Adelanto ICE Processing Center (Adelanto, CA)
- 15 at Alexandria Staging Facility (Alexandria, LA)
- 2 at Aurora Contract Detention Facility (Aurora, CO)
- 1 in Bergen County Jail (Hackensack, NJ)

- 1 at Butler County Jail (Hamilton, OH)
- 1 at El Paso Processing Center (El Paso, TX)
- 2 at Elizabeth Contract Detention Facility (Elizabeth, NJ)
- 1 at Eloy Detention Center (Eloy, AZ)
- 1 at Essex County Correctional Facility (Newark, NJ)
- 1 at Florence Correctional Center (Florence, AZ)
- 2 at Houston Contract Detention Facility (Houston, TX)
- 1 at Hudson County Jail (Kearny, NJ)
- 1 at La Salle ICE Processing Center (Jena, AL)
- 10 at Otay Mesa Detention Center (San Diego, CA)
- 2 at Stewart Detention Center (Lumpkin, GA)

Updated 05/07/2020 5:30pm

ICE
EMPLOYEES

102

There have been 102 confirmed cases of COVID-19 among ICE employees not assigned to detention facilities.

Updated 05/07/2020 5:30pm

Last Reviewed/Updated: 05/12/2020

Exhibit 15

to Choudhury Decl.

Title: Modeling COVID-19 and impacts on U.S. Immigration and Enforcement (ICE) detention facilities, 2020

Journal of Urban Health 2020 (*in press*)

Michael Irvine, PhD, MSc*, British Columbia Children's Hospital Research Institute, Vancouver, British Columbia, Canada

Daniel Coombs, PhD, MSc*, Department of Mathematics and Institute of Applied Mathematics, University of British Columbia, Vancouver, British Columbia, Canada

Julianne Skarha, BA&Sc, Department of Epidemiology, Brown University School of Public Health, Box G-S121-3, Providence, RI 02912

Brandon del Pozo, PhD, MPA, MA, Brown University School of Medicine, The Miriam Hospital, Providence, RI USA.

Josiah Rich, MD, MPH, Brown University School of Medicine, The Miriam Hospital, Providence, RI USA.

Faye Taxman, PhD, Center for Advancing Correctional Excellence, Department of Criminology, Law and Society, George Mason University, Fairfax, VA USA

Traci C. Green, PhD, MSc, Opioid Policy Research Collaborative, Heller School for Social Policy and Management, Brandeis University, Waltham, MA USA; Departments of Emergency Medicine and Epidemiology, Brown Schools of Medicine and Public Health, Providence, RI USA

*Daniel Coombs, PhD, MSc and Michael Irvine, PhD, MSc are co-first authors.

Funding: This study was funded by grants from the National Institute of General Medical Sciences (P20GM125507) and the National Institute on Drug Abuse (2T32DA013911-16A1). The funding organizations had no role in the design and conduct of the study; in the collection, analysis, and interpretation of the data; and in the preparation, review, or approval of the manuscript.

Conflicts of interest: none

Word count (text): 4099 words

Word count (abstract): 278 words

Corresponding author:
Traci C. Green, PhD, MSc
Opioid Policy Research Collaborative
The Heller School for Social Policy and Management
Brandeis University
415 South Main St. MS 035, Waltham, MA 02454-9110
Traci.c.green@gmail.com
(617) 909-9919 (phone)

Modeling COVID-19 and impacts on U.S. Immigration and Enforcement (ICE) detention facilities, 2020

Abstract

U.S. Immigration and Enforcement (ICE) facilities house thousands of undocumented immigrants in environments discordant with the public health recommendations to reduce the transmission of 2019 novel coronavirus (COVID-19). Using ICE detainee population data obtained from the ICE Enforcement and Removal Operations (ERO) website as of March 2, 2020, we implemented a simple stochastic susceptible-exposed-infected-recovered model to estimate the rate of COVID-19 transmission within 111 ICE detention facilities, and then examined impacts on regional hospital ICU capacity. Models considered three scenarios of transmission (optimistic, moderate, pessimistic) over 30-, 60-, and 90-day time horizons across a range of facility sizes. We found that 72% of individuals are expected to be infected by day 90 under the optimistic scenario ($R_0=2.5$), while nearly 100% of individuals are expected to be infected by day 90 under a more pessimistic ($R_0=7$) scenario. Although asynchronous outbreaks are more likely, day 90 estimates provide an approximation of total positive cases after all ICE facility outbreaks. We determined that, in the most optimistic scenario, coronavirus outbreaks among a minimum of 66 ICE facilities (59%) would overwhelm ICU beds within a 10-mile radius and outbreaks among a minimum of 9 ICE facilities (8%) would overwhelm local ICU beds within a 50-mile radius over a 90-day period, provided every ICU bed were made available for sick detainees. As policymakers seek to rapidly implement interventions that ensure the continued availability of life-saving medical resources across the United States, they may be overlooking the pressing need to slow the spread of COVID-19 infection in ICE's detention facilities. Preventing the rapid spread necessitates intervention measures such as granting ICE detainees widespread release from an unsafe environment by returning them to the community.

Background

The United States operates the largest immigrant detention system in the world,¹ with over 140,000 immigrants arrested in 2019, or nearly 383 people a day. The conditions of confinement at U.S. Immigration and Enforcement (ICE) facilities are designed to control and closely surveil the population. This setting is discordant with public health guidance aiming to reduce the transmission of 2019 novel coronavirus disease (COVID-19), especially including advice around physical distancing and frequent hand washing. Furthermore, because detained immigrants are not housed individually or in cells as is true in many prison settings, detainees have more contacts with one another and with staff, thereby contributing to faster spread of infection than in correctional facilities. On March 24, 2020, ICE recorded its first documented COVID-19 case: a 31-year-old immigrant at Bergen County Jail in New Jersey. This case, documented less than a week after a correctional staff member at the facility also tested positive,² underscores the potential of this virus to rapidly spread in enclosed environments and the potential for COVID-19 outbreaks in other detention facilities. As of April 16, 2020, ICE reported that 100 detainees had tested positive for COVID-19, across 13 states.³

COVID-19 is a respiratory illness that most severely affects individuals over the age of 65 and individuals with underlying health conditions, such as those who are immunocompromised, have asthma, or suffer from diabetes. COVID-19 can lead to severe conditions, including breathing difficulties and lung damage, hospitalization, admission to a hospital intensive care unit (ICU) and death. Although public data on the health status and underlying health conditions of individuals detained in ICE detention facilities are limited, numerous reports document insufficient medical care as detailed in the lay press,⁴ whistleblower complaints,^{5, 6} and a Department of Homeland Security report.⁷ The poor medical care of detainees includes missed diagnoses and incorrect vaccine doses. Additionally, the literature documenting the health of undocumented individuals indicates they are more likely than the general population to be uninsured, have had poor prenatal care, and face stressors such as stigma, discrimination, and fear of deportation—all factors that negatively impact physical and mental health.⁸⁻¹⁰

In response to mounting concern about the potential for a COVID-19 outbreak among this highly vulnerable population of individuals held in detention facilities, ICE has reportedly implemented several measures aimed at reducing the risk of virus transmission. Such measures are said to include suspending social visitation and releasing a small subset of individuals who are determined to be a low “threat to public safety, flight risk, and national security” and have underlying health conditions that may cause acute complications upon infection.³ However, outbreaks at correctional facilities across the country suggest that these measures are insufficient to prevent COVID-19 infections within enclosed environments. Cook County Jail, for example, was the largest single-site source of COVID-19 cases in the nation. From March 22 to April 12, 2020, the number of cases at the jail grew from one incarcerated individual to over 300 known cases among prisoners, and over 180 among correctional staff. On April 20, 2020, the Marion Correctional Institution, an Ohio prison, reported a 78% COVID-19 infection rate: 1,950 inmates and 154 staff had been diagnosed with the virus there.¹¹ The prison reported its first case just three weeks prior on March 29th,¹² underscoring the fast pace of transmission in such environments.

As COVID-19 continues to spread in communities, and inevitably into the nation’s detention centers, it is critical that we understand the U.S. healthcare system’s capacity to care for a large influx of patients who require critical care. In the present study, we estimate the number of COVID-19 cases likely to occur within ICE detention facilities, using varying levels of virus

transmissibility, and examine the capacity of local hospitals to care for additional patient ICE detainees over 30-, 60-, and 90-day time horizons.

Methods

Model

We implemented a simple stochastic susceptible-exposed-infected-recovered (SEIR) model. In this model, individuals are initially susceptible (S) to COVID-19 infection and become infected and transition to an exposed class (E) at a rate dependent on the reproductive number, known as the R_0 , and the proportion of individuals who are currently infectious (I). Individuals in the exposed class then transition to an infectious state (I) after a latent period and, finally, to a recovered state (R) at a constant recovery rate. The SEIR model and related variants support the vast majority of COVID-19 modeling studies around the world at present.

The transition states of the model are:

$S \rightarrow E$ at rate $\beta SI/N$

$E \rightarrow I$ at rate σ

$I \rightarrow R$ at rate γ

Where N is the fixed population size, β is the transmissibility, $1/\sigma$ is the incubation period, and $1/\gamma$ is the recovery period. All events are assumed to be Poisson-distributed and a Tau-leaping method was implemented to draw realizations of the epidemic process. For each scenario, 1000 replicates were drawn. To prevent stochastic burn-out, we performed simulations using an initial condition of five infectious detainees. Numbers of cases are reported as medians with confidence intervals arising directly from multiple realizations of the stochastic model. In addition to estimating the number of infected individuals, our simulations also show the timing and size of the peak of the epidemic (see Supplementary Information).

The estimated proportion of infected people requiring hospitalization and/or ICU admissions during our simulated epidemics are calculated from the cumulative number of infectious individuals over 30-, 60-, and 90-day time horizons. The numbers of individuals requiring hospitalization or ICU admission were estimated based on the age distribution of people within the facility (see below), multiplied by Centers for Disease Control and Prevention (CDC) estimates of the fraction of infected people within defined age classes requiring treatment.¹³ We used the minimum rate for each age-group in our calculations.

Initial conditions

On day 0 of the epidemic, five individuals are assumed to be infected (in state I), with the rest being susceptible for a range of fixed population sizes chosen to be reflective of facility sizes: 50, 100, 500, and 1000.

Parameterization

Given the current unknowns in the rate of spread of COVID-19 in detention centers, epidemiological parameters were based on estimates of an outbreak on cruise ships, representing a controlled environment with a high rate of contact between individuals. R_0 is the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection and is a product of the rate of contact between individuals, the probability of infection per contact, and the average time an individual is infectious. Estimates for the R_0 based on the Diamond Princess cruise ship outbreak range from 2.28 (95% CI: 2.06-2.52)¹⁴ to as high as 14.8.¹⁵ Outbreaks have also been documented onboard several other cruise ships and navy ships, including the aircraft carrier USS Theodore Roosevelt, where nine crew members are currently hospitalized and one has died. Studies based on these confined settings for viral spread will provide additional information for future studies. Drawing from the published estimates, we studied three scenarios ranging from a most optimistic to most pessimistic estimate of the R_0 as 2.5, 3.5, and 7 for low, medium, and high R_0 scenarios, respectively. The incubation and infectious periods were estimated to be 6.4 days¹⁶ and 7 days¹⁷ respectively.

Population Data

ICE detainee population data were downloaded directly from the Department of Homeland Security Enforcement and Removal Operations (ERO) website. The average number of detainees between October 1st, 2019 to March 2nd, 2020 was used to approximate the current number of people detained at each detention facility and summed to approximate the total number of people currently detained by ICE. To our knowledge, these are the most up-to-date estimates of detainees per facility. We excluded facilities with less than 25 people to meet the minimum population requirement for stability of estimates in the COVID-19 model. ICE currently withholds the age of arrest for detainees,¹⁸ thus we used the age distribution provided by the Freedom for Immigrants, an advocacy organization that has interviewed thousands of people in immigration detention and reported age demographics in April 2019.¹⁹

We determined ICU capacity using the Definitive Healthcare USA Hospital Bed data.²⁰ Definitive Healthcare is a leading provider of data on healthcare organizations throughout the USA and has made these data freely available during the COVID-19 crisis. We used the version of this data updated on April 3rd, 2020. The Definitive Healthcare USA group also created an ICU capacity predictor tool.²¹ This tool combines ICU hospital bed and ventilator availability/utilization data, Census Bureau population density, demographic information, and New York Times COVID-19 case data to determine the ICU capacity per county. We pulled this information for each county with an ICE facility. We then determined the ICU capacity for each ICE facility in a geospatial analysis program (ArcGIS; ESRI, Redlands, CA). We geocoded the ICE facilities and incorporated the Definitive Healthcare USA hospital bed data for analysis. We used the geospatial Buffer tool to create a 10-mile and 50-mile buffer around each ICE facility (Buffer, ArcGIS). Radii of 10 and 50 miles were selected as healthcare service catchment areas within which detention facilities may reasonably be expected to transport for patient care.²² We used the Spatial Join tool from the spatial analysis toolbar to pull ICU bed information from the hospitals that were located in the 10-mile and 50-mile ICE facility buffers (Spatial Join, ArcGIS). We summed the ICU bed total per ICE facility (R, version 3.3) and applied the Definitive Healthcare USA ICU capacity predictor to determine the final number of ICU beds available to each ICE facility.

Results

Data for the models of COVID-19 infections, hospitalizations, and ICU admissions considered the average detention population from October 1, 2019 to March 2, 2020 in 111 facilities across 32 states. The number of detainees in each facility during this period ranged from 25 to 1600 (average 381, median 234 detainees), with a total of 42,435 individuals detained. Thirty-two percent ($n=35$) of the included facilities hold only ICE detainees, and 68% ($n=76$) are city or county correctional facilities that hold ICE detainees and other individuals who are incarcerated. Although sex data were not available at the individual level, we obtained facility-level sex data. There were 577 women held in two female-only facilities; 15,560 individuals were held in 43 male-only facilities; and 26,208 detainees were in facilities that held both females and males.

Based on 2019 data provided by Freedom for Immigrants, the majority of immigrants detained by ICE are between 26 and 35 years old, where the median age is 30.¹⁹ Country of origin for detainees included in this analysis was not available, however, a 2019 report by the US Government Accountability Office found that the majority of detentions from 2015 through 2018 were males from Mexico, Guatemala, El Salvador, and Honduras, without a previous arrest or conviction record.²³

Number of infections over time in single-facility outbreaks

Table 1 shows the estimated number of COVID-19 cases across the three R_0 scenarios over 30-, 60-, and 90-day time horizons, for ICE facilities holding 50, 100, 500 and 1000 detainees. In a facility holding 1000 people, under the most optimistic scenario ($R_0=2.5$), a median of 62 individuals are expected to have been infected by day 30, 363 by day 60, and 722 by day 90. Under the least optimistic scenario of $R_0=7$, the number of cumulative COVID-19 cases is modeled to increase from 732 by day 30, to 989 by day 60, to 993 by day 90. The day 90 estimates, corresponding to 76%, 80%, 77% and 72% of all detainees in facilities of size 50, 100, 500 and 1000 detainees, gives a sense of the total population of ICE detainees who are likely to be infected by the end of an ICE facility outbreak under the most optimistic scenario of $R_0=2.5$ (Figure 1). Regarding the timing and size of the peak of the epidemic, as one would predict, simulated epidemics within small facilities reach their peak earlier than those within large facilities (for example, on day 19 for facilities of 50 detainees vs day 69 for facilities of 1000 detainees with $R_0=3.5$, see Supplemental Materials).

Healthcare service utilization during facility outbreaks

Under the most optimistic scenario ($R_0=2.5$), and imagining synchronized epidemics across all facilities, a median of 917 detainees system-wide will become infected and require hospitalization within the first 30 days, growing to an aggregate of 3129 patients by day 60 and 4909 by day 90. Averaging across the total ICE system, this represents 11.6% of all detainees. The high hospitalization rate is driven by sustained transmission leading to very high fractions of detainees becoming infected, in the absence of robust and sustained countermeasures. The corresponding numbers for ICE facilities of different sizes at day 90 are given in Table 1. Under the pessimistic scenario of $R_0=7$, and imagining synchronized epidemics across all facilities, a median of 5145 detainees system-wide will become infected and require hospitalization within the first 30 days, growing to an aggregate of 6391 patients by day 60 and 6408 patients by day 90. Averaging across the total ICE system, this represents 15.1% of all detainees. Concretely, in a facility housing 1000 detainees, the estimated median number of people infected and requiring hospitalization by day 30 ranges from 10 ($R_0=2.5$) to 26 ($R_0=3.5$) and 116 ($R_0=7$) and by day 90 ranges from 114 ($R_0=2.5$) to 148 ($R_0=3.5$) and 157 ($R_0=7$).

Focusing now on estimating ICU admissions, we estimate that with $R_0=2.5$, and again imagining that all epidemics are synchronized, there will be a median of 139 detainees infected who will require ICU admission after 30 days, growing to an aggregate of 475 patients by day 60 and 745 patients by day 90 (approximately 1.8% of the total population). Under the pessimistic scenario of $R_0=7$, the corresponding numbers of patients are 782, 971 and 973 on days 30, 60 and 90 respectively. This corresponds to approximately 2.3% of the total population.

Estimating hospital utilization during an unmitigated epidemic

There are 33 facilities without hospitals within 10 miles of the ICE facility while all facilities have a hospital within 50 miles. A COVID-19 outbreak at a number of detention facilities would potentially overwhelm local ICU capacity within a 10- and 50-mile radius of each facility (Table 2). Under the most optimistic scenario ($R_0=2.5$), and imagining synchronized epidemics across all facilities, estimated median aggregate ICU admissions from 57 facilities by day 30, 63 facilities by day 60, and 66 facilities by day 90 would exceed ICU capacity within 10 miles of the facility. These numbers include those facilities with no ICU capacity within 10 miles. Under the least optimistic scenario ($R_0=7$), the numbers of facilities where ICU beds within 10 miles would not be adequate increases to 67 facilities within 30 days of onset and this persists through 60 and 90 days. A small number of facilities are also estimated to generate more ICU needs than ICU beds within 50 miles during the first 30 days of onset (six such facilities for $R_0=2.5$ or 3.5 and nine such facilities for $R_0=7$). For $R_0=2.5$ and $R_0=7$, the aggregate number of patients requiring ICU admission exceeds available beds within 50 miles for 9 and 11 facilities at 90 days, respectively.

Discussion

To our knowledge, this is the first analysis assessing the impact of COVID-19 on ICE detainees and the wider communities likely to care for detainees. Across the 111 ICE facilities we examined, and considering all three scenarios, the cumulative number of ICU admissions by day 90 for over half of facilities would exceed hospital capacity within a 10-mile radius. The impact on hospital capacity is lower if the radius was expanded to 50 miles, hovering around 8% of facilities exceeding ICU demand. These models do not take into account other concerns that would strain ICE's operational capacity at a time when staffing is likely to be a concern, such as the difficulty and risk to staff of repeatedly transporting and guarding detainees up to 50 miles distant from their facilities of origin. The timing and peak number of cases are driven by facility size, which also are important when considering preventive interventions.

Our findings suggest several possible interventions. Short of vaccination or a breakthrough treatment, effective interventions pertain to strategies to diffuse density. Lowering a facility's population density can slow the spread by lowering its R_0 . Figure S1 in the supplementary Materials demonstrates the impact of doing so: the total number of infections drop, the time to peak infection shifts, and the proportion of the population infected is lower. This suggests two strategies for selective release: 1) release of detainees with chronic health conditions who are older in age, and could be better cared for in a community setting; or 2) release of detainees that are younger in age (under 35 years old) plus those with chronic health conditions regardless of age. The former would be a more limited release, while the latter would considerably enlarge the number of individuals released. Deportation through formal court processes--rather than release--may be a pathway to reducing the susceptible population in the United States. Given the current and growing regime of border closures, as well as the time, process, and number of contacts and transports necessary to deport rather than liberate a

detainee at this time, such a strategy would not be without serious complications and risks to ICE personnel, US border patrol, the courts, and the detainees themselves. This is compounded by both human rights concerns about returning detainees to countries of origin that are dangerous or oppressive. Such complications to a strategy of mass deportation may render this approach less viable than release into the general domestic community. While liberating most or all of the individuals currently being held would add individuals susceptible to complications to the broader population, it is a less infectious environment than a detention facility. In addition, ICE could reaffirm its March 18, 2020 commitment to stop apprehending all but the most dangerous people it targets for immigration enforcement, thereby reducing the number of new lodgings introduced to their facilities.²⁴

Interventions within ICE facilities pose significant challenges, and reducing their R0 while maintaining detainee populations would require changes to a facility's physical space that may not be possible. The CDC^{25, 26} and the Federal Bureau of Prisons²⁷ outline best practices for reducing the spread of infectious diseases in correctional settings, such as careful attention to hygiene and disinfecting surfaces, prompt quarantine, isolation and treatment measures, awareness and mitigation of the risks of physical contact between persons, and designing daily routines and systems that minimize interpersonal interaction in the event of outbreaks. It is unknown if distribution of PPE and strict handwashing protocols, for example, could help slow transmission (i.e., lower the R0) nor how quickly this could improve matters. Even when aligned with published standards, detention facilities are typically overcrowded,²⁸ house multiple individuals in bunk bed settings, and offer limited potential for social distancing, reducing the effectiveness of these measures even when they are carefully followed. The recommended six feet of separation for social distancing necessitates an approximate 28 square foot area for each detainee; however, this exceeds the minimum 25 sq. foot standard published by the American Correctional Association. Many ICE holding areas are not able to meet that standard, and some only afford detainees 3 sq. feet of space in holding areas.²⁹ To at least some extent, this crowding is by design: the emphasis at these facilities is on behavior regulation techniques of control and surveillance made possible by a high population density, and lower operating costs by minimizing the size of the facilities necessary to carry out this function.³⁰ Regardless of what the actual R0 of COVID-19 in ICE detention facilities turns out to be, it is likely to be higher than returning the same population of individuals to the wider community.

This analysis has several important limitations. The data used to populate the models were the most complete and up-to-date that could be obtained at the time of analysis. A crucial limitation is our reliance upon estimates of the proportions of individuals requiring hospitalization and ICU access, across different ages, reported by a CDC report based on limited data: in time, these proportions may prove to be over-estimates and the calculations we provide seen as overestimates. There are no known estimates of R0 for COVID-19 in a given prison or detention population, so we relied on an analogous population. To account for this imprecision, we modeled three plausible R0 estimates, elevating the likelihood that the system's actual R0 was modeled within this range. Our estimates of eventual prevalence for a confined population substantially exceed available data from cruise ship and navy ship outbreaks, but are very much in line with recent reports from a prison setting. Full analysis of data from confined populations will be an excellent topic for full retrospective analysis. The treatment capacity of local hospitals was calculated using data made public on April 3rd, but actual capacity over time will vary depending on the rate at which the virus spreads in the general population, and we may therefore have underestimated need. While data reporting the current number of ICE detainees may differ from those used in this analysis, they lack the facility-level specificity needed to calculate ICU bed demand. For example, news reports indicate that ICE bookings have decreased and summary deportations after attempting to enter the U.S. have reportedly

increased as a result of the COVID-19 pandemic.³¹ If these data were publicly available at the facility level, our results could be rendered more precise. A dearth of similar studies resulted in the need to approximate key values. The actual age distribution of ICE detainees at each facility is unknown, and we relied on aggregate estimates from 2019.¹⁹ We assumed a fixed contact rate over the course of the epidemic; a variable rate may be more appropriate, especially if ongoing studies derive a variable rate specific to the COVID-19 epidemic. Our model included counties in their entirety if any part of them fell within the specified radii of 10 and 50 miles, so it is likely that community health care capacities within these radii are overestimated. We note that our key assumption in determining how many ICE facilities would overwhelm hospital ICU capacity within a 10- and 50- mile radius was that all available ICU beds in these hospitals would be allocated to detainees in need of care. Overall, these assumptions suggest that our findings may have underestimated the number of infections and the number of facilities that will overwhelm the community ICU capacity.

Our results assume a static population within ICE facilities. In reality, detainees enter and depart the facilities, and are moved between them. Given high rates of infection, especially among economically disadvantaged populations, in the general population of the United States, it is unclear whether ingress/egress of detainees would typically represent a source or a sink of infection from ICE facilities. To study this in full would require extensive data from ICE, coupled to a model of community transmission across the country, and is beyond the scope of our current work.

Finally, we presented the results here where all outbreaks were synchronized to start on the same day. There would likely be variation in the date of initial case within each facility and subsequent peaks would potentially be distributed over a long time-period. However, the analysis compared each facility's hospital needs with their corresponding community's ability to meet them using estimates that would not change based on such dates. Asynchronicity would principally mean the model's results would not aggregate as demonstrated, but the individual facility-level analyses would still be illustrative of local challenges no matter how they were timed relative to those of other facilities.

The public health implications of this study are critical. They suggest that decisive action on the part of ICE will not only reduce morbidity and mortality outcomes in its population of detained immigrants, but minimize negative health outcomes in the communities that support ICE's detention facilities with health care resources. If hesitation prevails instead, and more limited measures on the part of ICE prove ineffective, then the successful social distancing strategies implemented in a community may be undone by the large number of detainee infectious disease cases that its hospitals must care for.

The study's other public health implications will endure beyond a pandemic which has brought the longstanding vulnerabilities of the nation's undocumented population into clearer relief. The COVID-19 pandemic highlights the need for further research into the health of the nation's undocumented immigrants and those detained by ICE. Beyond disaster planning, taking steps to improve the health and wellbeing of underserved populations is fundamental to public health.

References

1. Kassie E. Detained: How the US built the world's largest immigrant detention system. *The Guradian*. Available at: <https://www.theguardian.com/us-news/2019/sep/24/detained-us-largest-immigrant-detention-trump>. Accessed April 16, 2020.
2. Alvarez P, Shoichet CE. First ICE detainee tests positive for coronavirus. Available at: <https://www.cnn.com/2020/03/24/us/ice-detainee-coronavirus/index.html>. Accessed April 15, 2020.
3. U.S. Immigration and Customs Enforcement. ICE Guidance on COVID-19. Available at: <https://www.ice.gov/coronavirus>. Accessed April 16, 2020.
4. Ellis B, Hicken M. Medical care in immigrant detention centers under fire. Available at: <https://www.cnn.com/2019/10/04/us/immigrant-medical-care-wellpath-invs/index.html>. Accessed April, 16, 2020.
5. Shoichet C, Bracho-Sanchez E. These doctors risked their careers to expose the dangers children face in immigrant family detention. *CNN*. Available at: <https://www.cnn.com/2019/05/23/health/ice-family-detention-whistleblowers-doctors/index.html>. Accessed April 16, 2020.
6. American Immigration Council. Complaint demands investigation into inadequate medical and mental health care condition in immigration detention center. Available at: <https://www.americanimmigrationcouncil.org/advocacy/immigrants-inadequate-medical-care-aurora>. Accessed April 16, 2020.
7. Homeland Security Office of Inspector General. Concerns about ICE detainee treatment and care at four detention facilities. June 3, 2019. Available at: <https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf>. Accessed April 15, 2020.
8. Ortega AN, McKenna RM, Kemmick Pintor J, *et al*. Health Care Access and Physical and Behavioral Health Among Undocumented Latinos in California. *Medical Care*. Nov 2018;56(11):919-926.
9. Beck TL, Le T-K, Henry-Okafor Q, Shah MK. Medical Care for Undocumented Immigrants: National and International Issues. *Primary care*. 2017;44(1):e1-e13.
10. Carter JG, Mohler G, Ray B. Spatial Concentration of Opioid Overdose Deaths in Indianapolis: An Application of the Law of Crime Concentration at Place to a Public Health Epidemic. *Journal of Contemporary Criminal Justice*. 2019;35(2):161-185.
11. Volpenhein S, Candisky C. Inmates, staff worry about care as Marion prison becomes one of largest outbreaks in U.S. *Marion Star*. April 20, 2020. Available at: <https://www.marionstar.com/story/news/local/2020/04/20/marion-county-ohio-coronavirus-prison-outbreak-largest-us/5166499002/>. Accessed April 20, 2020.
12. Cases surge in an Ohio prison, making it a top U.S. hot spot. *The New York Times*; 2020.
13. Centers for Disease Control and Prevention. Hospitalization, intensive care unit (ICU) admission, and case–fatality percentages for reported COVID–19 cases, by age group —United States, February 12–March 16, 2020. *Morbidity and Mortality Weekly Report*. 2020;69(12):343-346.
14. Zhang S, Diao M, Yu W, Pei L, Lin Z, Chen D. Estimation of the reproductive number of novel coronavirus (COVID-19) and the probable outbreak size on the Diamond Princess cruise ship: A data-driven analysis. *Int J Infect Dis*. Feb 22 2020;93:201-204.
15. Rocklöv J, Sjödin H, Wilder-Smith A. COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures. *J Travel Med*. Feb 28 2020.

16. Backer JA, Klinkenberg D, Wallinga J. Incubation period of 2019 novel coronavirus (2019-nCoV) infections among travellers from Wuhan, China, 20-28 January 2020. *Euro Surveill.* Feb 2020;25(5).
17. Wölfel R, Corman VM, Guggemos W, *et al.* Virological assessment of hospitalized patients with COVID-2019. *Nature.* April 1 2020.
18. TRAC Immigration. About the Data - ICE Detention. Available at: https://trac.syr.edu/phptools/immigration/detention/about_data.html. Accessed April 12, 2020.
19. Freedom for Immigrants. Detention by the numbers. Available at: <https://www.freedomforimmigrants.org/detention-statistics>. Accessed April 17, 2020.
20. Definitive Healthcare USA. Definitive Healthcare bed locations ISO-19139 Metadata. Available at: https://services7.arcgis.com/LXCny1HyhQCUSueu/arcgis/rest/services/Definitive_Healthcare_USA_Hospital_Beds/FeatureServer/0/metadata?format=default&f=html.
21. Definitive Healthcare. COVID-19 Capacity Predictor. Available at: <https://www.definitivehc.com/resources/covid-19-capacity-predictor>. Accessed April 15, 2020.
22. United States Military Health System. Zip Code Catchment Query Tool. Available at: <https://health.mil/Military-Health-Topics/Technology/Support-Areas/Geographic-Reference-Information/Zip-Code-Catchment-Query-Tool>. Accessed April 15, 2020.
23. United States Government Accountability Office. Immigration enforcement: Arrests, detentions, and removals, and issues related to special populations. Vol GAO-20-36; 2019.
24. Sacchetti M, Hernández A. ICE to stop most immigration enforcement inside U.S., will focus on criminals during coronavirus outbreak. March 18, 2020. Available at: https://www.washingtonpost.com/national/ice-halting-most-immigration-enforcement/2020/03/18/d0516228-696c-11ea-abef-020f086a3fab_story.html. Accessed April 20, 2020.
25. Centers for Disease Control and Prevention. Resources for correctional and detention facilities: Before and during an outbreak. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html>. Accessed April 16, 2020.
26. Centers for Disease Control and Prevention. Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>. Accessed April 15, 2020.
27. Federal Bureau of Prisons. Health Management Resources: Clinical Guidelines. Available at: https://www.bop.gov/resources/health_care_mngmt.jsp. Accessed April 15, 2020.
28. Dolovich S. *Prison Conditions*: eScholarship, University of California; 2018.
29. Chalabi M. How severe is overcrowding at some US migrant facilities? Very. *The Guardian.* July 5, 2019. Available at: <https://www.theguardian.com/us-news/2019/jul/05/us-migrant-facilities-severe-overcrowding>. Accessed April 20, 2020.
30. Jewkes Y. The Aesthetics and Anaesthetics of Prison Architecture. In: Simon J, Temple N, eds. *Architecture and Justice*. New York: Routledge; 2013:33-46.
31. Owen Q. Immigrant detention numbers decline as COVID-19 spikes and controversial border policies take hold. April 14, 2020. Available at: <https://abcnews.go.com/Politics/immigrant-detention-numbers-decline-covid-19-spikes-controversial/story?id=70094940>. Accessed April 18, 2020.

Table 1: For different sized facilities and estimates of the basic reproduction number R_0 , estimated median (and 95% confidence intervals) aggregate number of infected detainees, to 30, 60 and 90 days after the outbreak began. Median hospitalization and ICU admission numbers (to day 90) are also shown.

Facility size	$R_0 = 2.5$				
	Median number (95% CI) COVID-19 positive			Median number (95% CI), 90 days	
	30 days	60 days	90 days	Hospitalizations	ICU admissions
50	25 (7,36)	36 (11,43)	38 (11,44)	6	1
100	36 (7,62)	71 (15,87)	80 (19,90)	13	2
500	60 (12,128)	258 (46,366)	386 (181,437)	58	9
1000	494 (491,495)	363 (35,605)	722 (203,834)	114	17

Facility size	$R_0 = 3.5$				
	Median number (95% CI) COVID-19 positive			Median number (95% CI), 90 days	
	30 days	60 days	90 days	Hospitalizations	ICU admissions
50	33 (16,42)	42 (32,45)	43 (35,45)	7	1
100	59 (24,80)	88 (69,94)	90 (79,94)	15	2
500	136 (36,232)	422 (277,460)	466 (441,480)	70	11
1000	163 (40,309)	792 (491,884)	933 (891,956)	148	22

Facility size	$R_0 = 7$				
	Median number (95% CI) COVID-19 positive			Median number (95% CI), 90 days	
	30 days	60 days	90 days	Hospitalizations	ICU admissions
50	43 (38,45)	45 (44,45)	45 (44,45)	7	1
100	89 (77,93)	95 (93,95)	95 (93,95)	16	2
500	407 (310,444)	493 (489,495)	494 (491,495)	75	11
1000	732 (519,823)	989 (982,994)	993 (989,995)	157	24

CI: Confidence interval

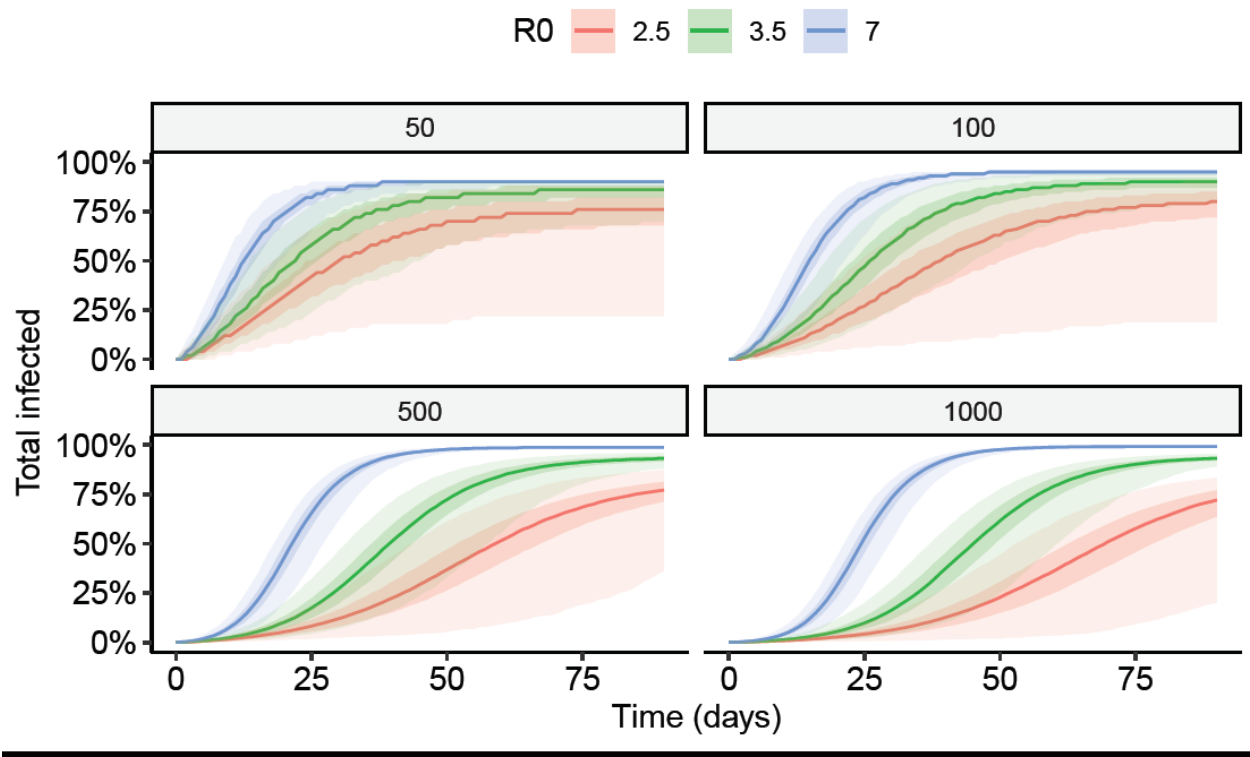
Table 2: Number of ICE facilities with an overwhelmed hospital catchment and additional ICU beds needed to meet ICE demand, by R0 and size of facility. This information is presented for days 30, 60 and 90 after the start of an outbreak.

ICE facilities where ICU bed demand exceeds capacity, R0 = 2.5			
Hospital catchment	30 days	60 days	90 days
10 miles	57	63	66
50 miles	6	7	9

ICE facilities where ICU bed demand exceeds capacity, R0 = 3.5			
Hospital catchment	30 days	60 days	90 days
10 miles	59	67	67
50 miles	6	9	11

ICE facilities where ICU bed demand exceeds capacity, R0 = 7.0			
Hospital catchment	30 days	60 days	90 days
10 miles	67	67	67
50 miles	9	11	11

Fig. 1 Proportion of population infected with Covid-19 over time by R0 value and facility size



Supplementary Materials

Intervention scenario

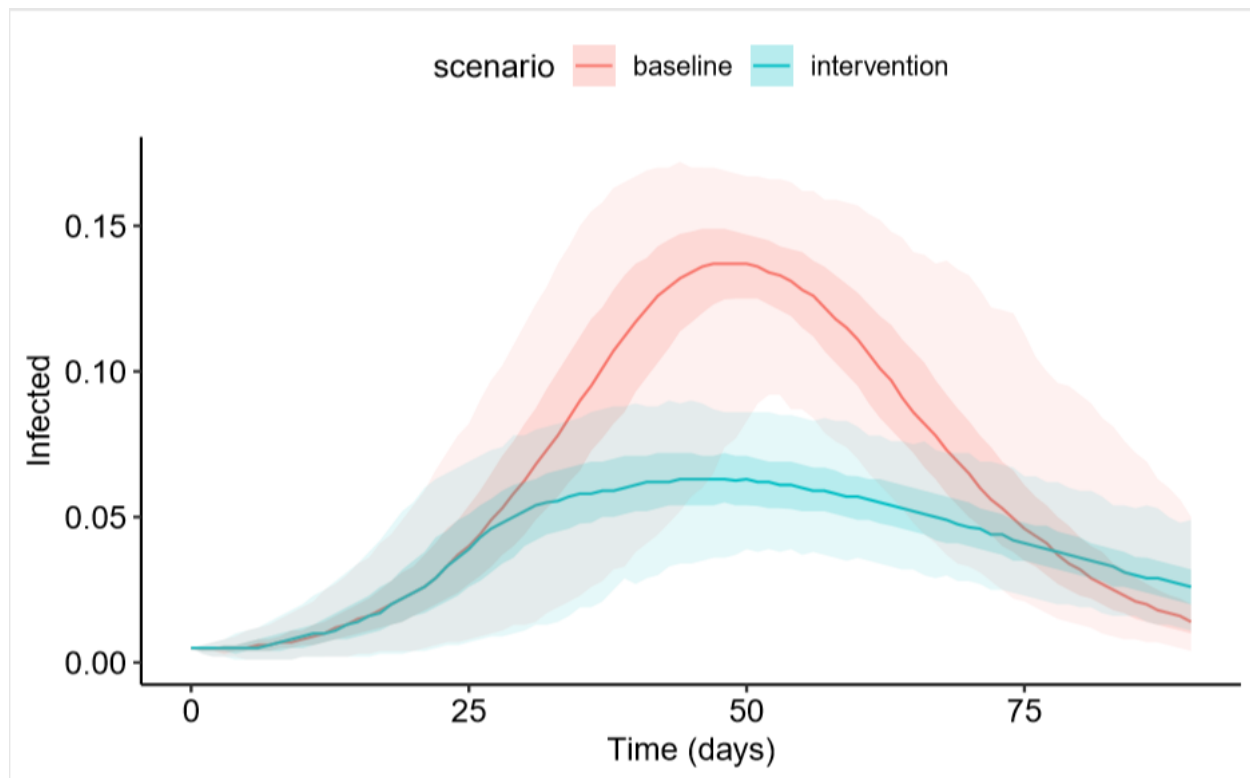


Fig. S1 Comparison of baseline to intervention scenarios where total population is 1000 and baseline R_0 is 3.5. Solid lines represent the median, with darker shading representing the interquartile range and the lighter shading representing the 95% CIs at each time-point.

A simulation of a generic intervention was performed to demonstrate the potential impact of an intervention that lags behind the initial outbreak. The baseline medium scenario where the R_0 is 3.5 and the population is 1000 was selected. When the number of infected individuals (not symptomatic) reaches 10% of the total population, the transmissibility is reduced by a half for the rest of the simulation run. Broadly, the peak of the epidemic remains the same to where there is no intervention, however the peak number of infected individuals is reduced by approximately a half (Figure S1).

Distribution of peak size and time of epidemic

	Population			
R0	50	100	500	1000
2.5	9 (5 - 14)	14 (5- 23)	53 (30 - 71)	99 (47 - 126)
3.5	11 (6 - 17)	19 (11 - 28)	79 (59 - 99)	153 (128 - 181)
7	15 (10 - 21)	28 (20 - 37)	125 (107 - 146)	246 (220 - 275)

Table S1. Distribution of infected individuals at peak of epidemic for R0 and population sizes considered. Median and 95% CI are shown.

	Population			
R0	50	100	500	1000
2.5	19 (0 - 55)	32 (0 - 73)	58 (35 - 89)	69 (47 - 90)
3.5	19 (3 - 46)	27 (14 - 49)	42 (32 - 62)	49 (38 - 66)
7	13 (7 - 25)	17 (11 - 27)	25 (20 - 32)	28 (24 - 35)

Table S2. Distribution of time in days at peak of epidemic for R0 and population sizes considered. Median and 95% CI are shown.

The peak time and number of infectious individuals (individuals in state I) were calculated for each simulation run of the epidemic by the fixed population size and R0 used (Table S1 and S2). Peak time was estimated as the day with the maximum number of infectious individuals up until day 90. As R0 increases the peak of the epidemic arrives earlier and the uncertainty is reduced.

Exhibit 16

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'

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

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

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 17

to Choudhury Decl.



2390 W. STATION ST.
KANKAKEE, IL
815-802-9400
WWW.KANKAKEEHEALTH.ORG

COVID-19 DAILY UPDATE

Daily COVID-19 Update for Kankakee County

Coronavirus Disease 2019 (COVID-19) Case County* In Kankakee County		
Total cases in Kankakee County residents	Total outbreak associated cases	Total Deaths in Kankakee County
Total 753 (416 outbreak-associated** and 337 non-outbreak associated cases)	416	33

*Data are provisional as of 3:19 pm 05/11/2020 and subject to change.

**Outbreak-associated cases are linked to a congregate setting or large gathering

In Kankakee County, there are 82 additional confirmed case of coronavirus disease 2019 (COVID-19) since the last update. In Kankakee County, there are now 753 confirmed cases of COVID-19, including 416 that are outbreak-associated. Kankakee County now has 33 COVID-19 related deaths and 150 recoveries.

KCHD reminds everyone that nursing homes, assisted living facilities and other long-term care facilities have the highest risk populations due to their age and underlying medical conditions.

KCHD continues to discourage testing for individuals who are mildly or not sick at all even if you think you have had contact with a COVID-19 confirmed positive case. If you are sick, please stay home except to get medical care.

We continue to ask the community to take the necessary steps to keep yourself, your family, and your community safe. Continue to follow social distancing recommendations, “Stay at Home” procedures and other safety measures which include:

- Staying home as much as possible,
- Calling to check on family, neighbors, and older adults instead of visiting,
- Checking with your provider about telehealth options if you feel ill,
- Continuing to use proper hand hygiene,
- Covering your nose and mouth with a tissue or sleeve when sneezing or coughing.

Most importantly stay home if you are sick! Avoid the Emergency Department and other places you seek healthcare if you are not severely ill, unless your doctor advises otherwise. Stay home and keep healthcare access available for others with more severe illness.

For general questions about COVID-19 visit our website at www.kankakeehealth.org or contact the IDPH COVID-19 hotline at 1-800-889-3931 | email dph.sick@illinois.gov.

Exhibit 18

to Choudhury Decl.

POORLY NEWS

WBEZ Chicago

IN THE Daily

PLAYLIST

WBEZ91.5
CHICAGO'S NEWSTATION

DONATE



Shots

THE CORONAVIRUS CRISIS

CDC Director On Models For The Months To Come: 'This Virus Is Going To Be With Us'

March 31, 2020 · 5:16 AM ET

SAM WHITEHEAD



CARRIE FEIBEL

FROM



4-Minute Listen

PLAYLIST



Dr. Robert Redfield, director of the Centers for Disease Control and Prevention, speaks at a House Committee on Oversight and Reform hearing about the coronavirus on March 11.

Michael Brochstein/Echoes Wire/Barcroft Media via Getty Images

When infectious pathogens have threatened the United States, the Centers for Disease Control and Prevention has been front and center. During the H1N1 flu of 2009, the Ebola crisis in 2014 and the mosquito-borne outbreak of Zika in 2015, the CDC has led the federal response.

Yet the nation's public health agency, with its distinguished history of successfully fighting scourges such as polio and smallpox, has been conspicuously absent in recent weeks as infections and deaths from the new coronavirus soared in the U.S.

President Trump has been holding almost daily press conferences at the White House, but the primary health advisers at his side are not from the CDC. Dr. Anthony Fauci directs the National Institute of Allergy and Infectious Diseases, which focuses on biomedical research, and Dr. Deborah Birx is the global AIDS coordinator for the State Department.

The public has heard much less from the CDC director, Dr. Robert Redfield, and the agency, based in Atlanta, has not held a media briefing since March 9.

On Monday, Redfield agreed to a phone interview with Sam Whitehead, the health reporter at WABE in Atlanta, where he also hosts a coronavirus podcast.

This interview has been edited and condensed for length and clarity.

Has the CDC learned anything new about the virus, such as how contagious it is or how it is transmitted, in recent weeks?

Let's take transmission. ... This virus does have the ability to transmit far easier than flu. It's probably now about three times as infectious as flu.

One of the [pieces of] information that we have pretty much confirmed now is that a significant number of individuals that are infected actually remain asymptomatic. That may be as many as 25%. That's important, because now you have individuals that may

not have any symptoms that can contribute to transmission, and we have learned that in fact they do contribute to transmission.

And finally, of those of us that get symptomatic, it appears that we're shedding significant virus in our oropharyngeal compartment, probably up to 48 hours before we show symptoms. This helps explain how rapidly this virus continues to spread across the country, because we have asymptomatic transmitters and we have individuals who are transmitting 48 hours before they become symptomatic.

We know there is asymptomatic spread. ... Are you taking another look at the CDC's mask recommendations?

We're always critically looking at new data and ... there is data from obviously Singapore, Hong Kong and China that looks at the issue and you can look at masks in two ways. ... Is the mask something that protects me or ... if I wear a mask, is it something that protects others, from me?

Particularly with the new data, that there's significant asymptomatic transmission, this is being critically re-reviewed to see if there's potential additional value for individuals that are infected or individuals that may be asymptomatically infected. ... Obviously you can see the complexity of that, if you assume that 25% are asymptomatic, the only way you would do it — if you then sort of went into areas that were high transmission zones and had a significant [proportion of] individuals then wearing masks, assuming that they were infected. I can tell you that the data and this issue of whether it's going to contribute [to prevention] is being aggressively reviewed as we speak.

Coronavirus models the Trump administration has been looking at suggest an initial surge in hospitalizations and deaths in April or May. But [after those surges] 95% of Americans will still have *not* been exposed to this virus at all. To protect those 95% of Americans, won't we need massive testing all over the country to control any renewed spread?

Most respiratory viruses have a seasonality to them, and it's reasonable to hypothesize — we'll have to wait and see — but I think many of us believe as we're moving into the late spring, early summer season, you're going to see the transmission decrease,

similar to what we see with flu as the virus then moves into the Southern Hemisphere. We will then have a period of time to continue to work on countermeasures.

As you know, there's a number of states right now that have limited transmission, and so getting back into those states with the public health community for early case definition, isolation, contact tracing, I think this is what we're going to be doing very aggressively May, June, July — to try to use those standard public health techniques to limit the ability to have wide-scale community transmission as we get prepared, most likely, for another wave that we would anticipate in the late fall, early winter where there will still be a substantial portion of Americans that are susceptible.

Hopefully, we'll aggressively reembrace some of the mitigation strategies that we have determined had impact, particularly social distancing.

"This is a very powerful weapon"

First, I'd like to thank all the Americans and all the people in our nation that have taken this to heart and really practice aggressive social distancing. Secondly, for those that are still on the sidelines, I'd like to tell them now's the time to really embrace this. This is not just a little recommendation on a piece of paper. This is a very powerful weapon.

This virus cannot go from person to person that easily. It needs us to be close. It needs us to be within 6 feet. If we just distance ourselves, this virus can't sustain itself and it will go out. I'm reminded about the NBC [motion graphic] and it's now on my Twitter, lining up matches and then lighting the match, and they all light and then you just take out one match and the fire goes down.

So this social distancing that we're pushing ... is a powerful weapon, and that will shut this outbreak down sooner than it otherwise would have been shut down. And as next season comes up, it's going to be important that we reembrace that social distancing.

When will the CDC have some kind of public tracking system of every single test result in the country, whether that's done in a hospital or by a

public or commercial lab? Knowing where these cases are prepares you to respond.

I think we're really close. I mean, we get daily reports from all of the testings coming in. Obviously, FEMA is the data coordinating center, but I think really strong, integrated data is currently occurring down at the county level, where we're getting positive tests, and where we're seeing new clusters, and where we are responding.

One of the critical areas is, of course, long-term-care facilities. We now have over 400 long-term-care facilities in this nation that have now outbreaks. We're constantly going into those care facilities trying to limit these outbreaks or obviously trying to prepare other assisted living centers.

At the end of the day, most of us who get this infection will recover. The majority of people do — probably 98%, almost 98.5%, 99% recover. The challenge is the older, the vulnerable, the elderly, those with significant medical conditions where this virus has shown a propensity to have a significant mortality.

Once we know what the outbreak truly looks like, local public health agencies will need to respond. What is the CDC's plan to help with those efforts long-term?

One thing that I think this coronavirus outbreak has really illustrated, something I've said since I came into this position, is we should be overinvesting in public health, overpreparing not underpreparing.

Can you commit to actual money or personnel to do that work? What, practically, does that help from the CDC look like?

The CDC provides between 50% and 70% of the public health funding for all state, local, territorial and tribal health departments. Clearly with the first supplemental [coronavirus funding from Congress] that came, CDC got additional funding ... [we sent] close to \$565 million out to the state and local health departments to begin to let them expand their local capacity. With the third supplemental, CDC is getting an additional, I think, close to \$4.4 billion, most of which is going to go out to help.

But it doesn't help if we can't create these jobs in a way that individuals want to come and enter the public health workforce. So we're going to continue to try to increase, encourage and facilitate the local, state and territorial health departments to have the resources to hire these individuals as we try to motivate many in the American public to say that this is a great vocation to be part of it. [March 30] is actually National Doctors Day, but rather than just thank doctors today, I want to thank all the health care workers and all the public health workers, all the first responders.

We have areas in Georgia where we still don't have confirmed cases, but we can't assume that there aren't cases there. Some of those same counties don't have robust health care systems. So how does the CDC convince people in counties like that, or officials in counties like that, to take this outbreak seriously?

We are continuing to try to provide additional resources and guidance. We will be expanding surveillance throughout the United States so that we'll have a better eye on where this virus is. We'll be working with the state and local health departments to do that.

As we get to a time where we're able to begin to start to reopen some of the economy, based on data showing that this outbreak is now at a point where that balance can be met ... we have to make sure we don't then have new, huge community clusters [in] these areas that have had very limited transmission. So we do have the resources to go in there and make that early diagnosis of those original cases through the isolation, contact tracing.

"This virus is going to be with us"

I don't think anybody would disagree that for decades, collectively, our nation's underinvested in public health. Now, I think people understand that that can really have significant consequences, and now is the time for us to overinvest overprepare in public health.

This virus is going to be with us. I'm hopeful that we'll get through this first wave and, and have some time to prepare for the second wave. I'm hopeful that the private sector

in its ingenuity and working with the government, NIH, will develop a vaccine that ultimately will change the impact of this virus.

But for the next 24 months, you know, we're all in this together, and the most important thing that we can do is twofold: the American public fully embracing the social distancing that we requested to protect the vulnerable; and secondly, to operationalize the bread and butter of public health — you know, early case identification, isolation, contact tracing — so that this outbreak does not get the upper hand, as it has, unfortunately, in New York City, in northern New Jersey, and now New Orleans.

We've seen here in Georgia municipalities and counties taking a piecemeal approach to issuing stay-at-home orders or other kinds of prevention measures. It seems naive to think that people don't cross city or county lines or even state lines. What can the CDC do to encourage a more unified response?

I think the big thing is that in order to operationalize this, you really do need not only the buy-in of the American public, but you do need the buy-in and guidance of the civil leaders. We can put out strong, sound public health advice to try to motivate people to embrace these.

I think early on, maybe the younger generation may not have embraced them as greatly as the older generation. My sense now is there's a greater embracement by really all segments of society. ... Yes, if you're young and healthy, you're likely going to do fine if you get this virus, but we're trying to protect the vulnerable.

So I asked people to see the face of their parent or grandparent or their neighbor, or co-worker with diabetes or HIV, or kid trying to enjoy life [while] confronting cancer at a young age. We're doing it for them. ... It's a powerful weapon, and from what I'm seeing is the American public is responding. People want to be part of the fight.

Is it possible to isolate vulnerable populations while allowing other people to let up [on the social distancing]? Is that something that we can actually

do, let people have normal lives while still protecting the most vulnerable among us?

I think there could be an evolution, and we're going to say that it's premature right now. We want the whole nation to stay all in, as the president announced the other day, to the end of April. We're going to be looking at data.

It is important that one size doesn't fit all, and there are parts of our country that will — when they have the data to know exactly how much virus is in their community — they may be able to make local decisions that begin to allow parts of the economy to open up.

And there'll be other jurisdictions that the data will say there's just too much extensive, widespread community transmission for us to do that. Now, I think you're going to see that analysis and that data be used to find that balance over the next four, six, eight weeks as our nation does come back to work.

The last thing I wanted to say, just to be very clear, I have total confidence that we will get through this. I have total confidence that we'll bring this virus down, but the tool that we're going to do that is this request — for all Americans to really embrace the social distancing that we've requested.

This story is part of NPR's reporting partnership with WABE and Kaiser Health News.

SHOTS - HEALTH NEWS

As The Coronavirus Crisis Heats Up, Why Isn't America Hearing From The CDC?

social distancing covid-19 coronavirus public health cdc

Support WABE 90.1


Exhibit 19

to Choudhury Decl.



Coronavirus Disease 2019 (COVID-19)

Testing for COVID-19

[Guidance on Interpreting COVID-19 Test Results](#)  [610 KB] [↗](#): A guide for interpreting test results and determining what actions to take.

Two kinds of tests are available for COVID-19: [viral tests](#) and [antibody tests](#).

- A viral test tells you if you have a current infection.
- An antibody test tells you if you had a previous infection.

An antibody test may not be able to show if you have a current infection, because it can take 1-3 weeks after infection to make antibodies. We do not know yet if having antibodies to the virus can protect someone from getting infected with the virus again, or how long that protection might last.

Who should be tested

To learn if you have a current infection, viral tests are used. But not everyone needs this test.

- Most people will have mild illness and can recover at home without medical care and may not need to be tested.
- CDC has [guidance](#) for who should be tested, but decisions about testing are made by [state](#) and [local](#) [↗](#) health departments or healthcare providers.
- If you have symptoms of COVID-19 and want to get tested, call your healthcare provider first.
- You can also visit your state or local health department's website to look for the latest local information on testing.
- Although **supplies of tests are increasing**, it may still be difficult to find a place to get tested.

Results

- If you test positive for COVID-19 by a viral test, know what protective steps to take [if you are sick or caring for someone](#).
- If you test negative for COVID-19 by a viral test, you probably were not infected at the time your sample was collected. However, that does not mean you will not get sick. The test result only means that you did not have COVID-19 at the time of testing.

If you test positive or negative for COVID-19, no matter the type of test, you still should take preventive measures to [protect yourself and others](#).

For healthcare professionals

For information on evaluating and testing, see [recommendations for reporting, testing, and specimen collection](#).

For public health professionals

For information on antibody surveillance, see [objectives and types of surveys](#).

For laboratorians

For information on CDC viral and antibody testing, see information on [CDC lab tests](#).

Additional Information

[U.S. Department of Health and Human Services COVID-19](#)

HHS Community Based Viral Testing Sites for COVID-19 [↗](#)

Page last reviewed: May 1, 2020

Exhibit 20

to Choudhury Decl.



Coronavirus Disease 2019 (COVID-19)

Cases in the U.S.

Last updated on May 12, 2020

TOTAL CASES

1,342,594

18,106 New Cases*

TOTAL DEATHS

80,820

1,064 New Deaths*

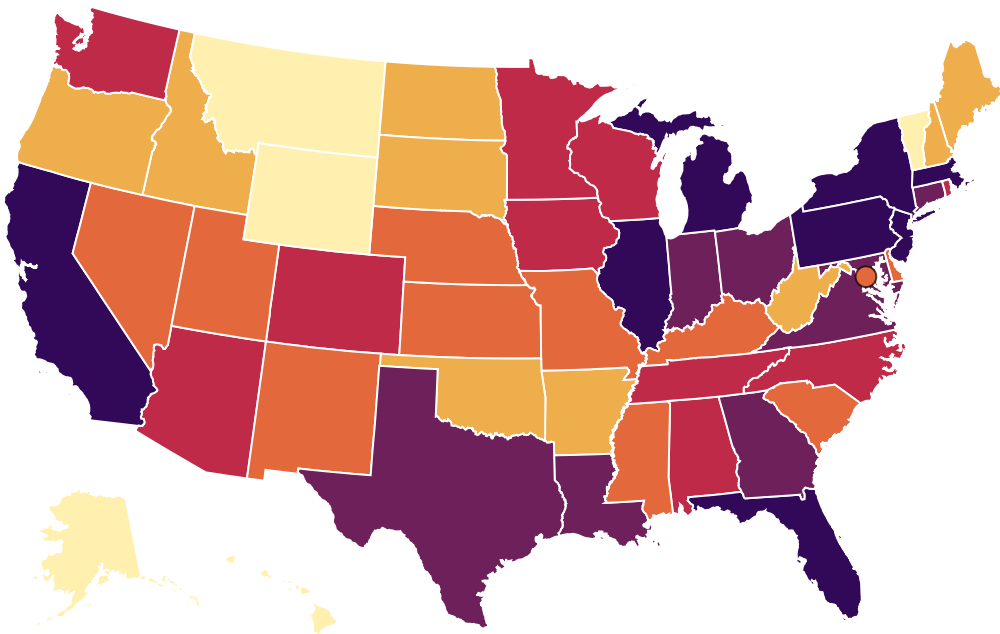
Want More Data?

CDC COVID Data Tracker

Cases & Deaths by State

26 states report more than 10,000 cases of COVID-19.

This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, and other U.S.-affiliated jurisdictions. Hover over the map to see the number of cases and deaths reported in each jurisdiction. To go to a jurisdiction's health department website, click on the jurisdiction on the map.



AS GU MH FM MP PW PR VI



Reported Cases

☐ 0 to 1,000

☐ 1,001 to 5,000

☐ 5,001 to 10,000

☐ 10,001 to 20,000

☐ 20,001 to 40,000

☐ 40,001 or more

Jurisdictions

Add U.S. Map to Your Website

Cases & Deaths by County

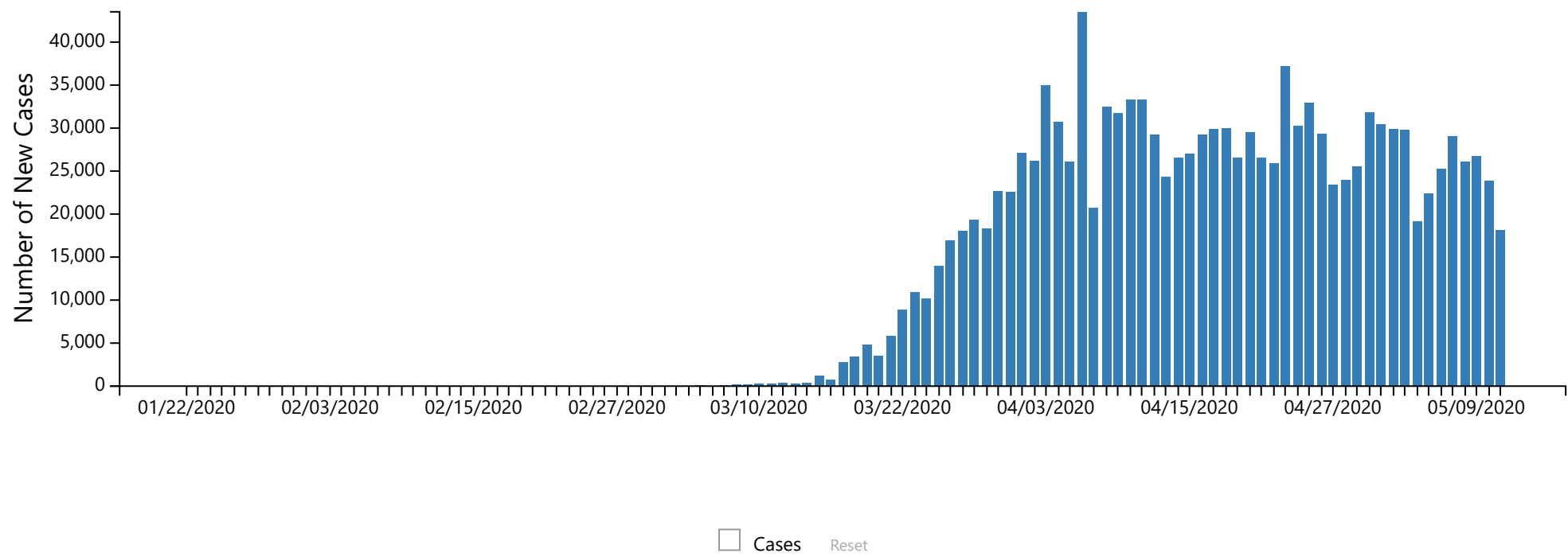
Select a state to view the number of cases and deaths by county. This data is courtesy of [USA Facts.org](#)

Select a State

View County Data

New Cases by Day

The following chart shows the number of new cases of COVID-19 reported by day in the U.S. since the beginning of the outbreak.



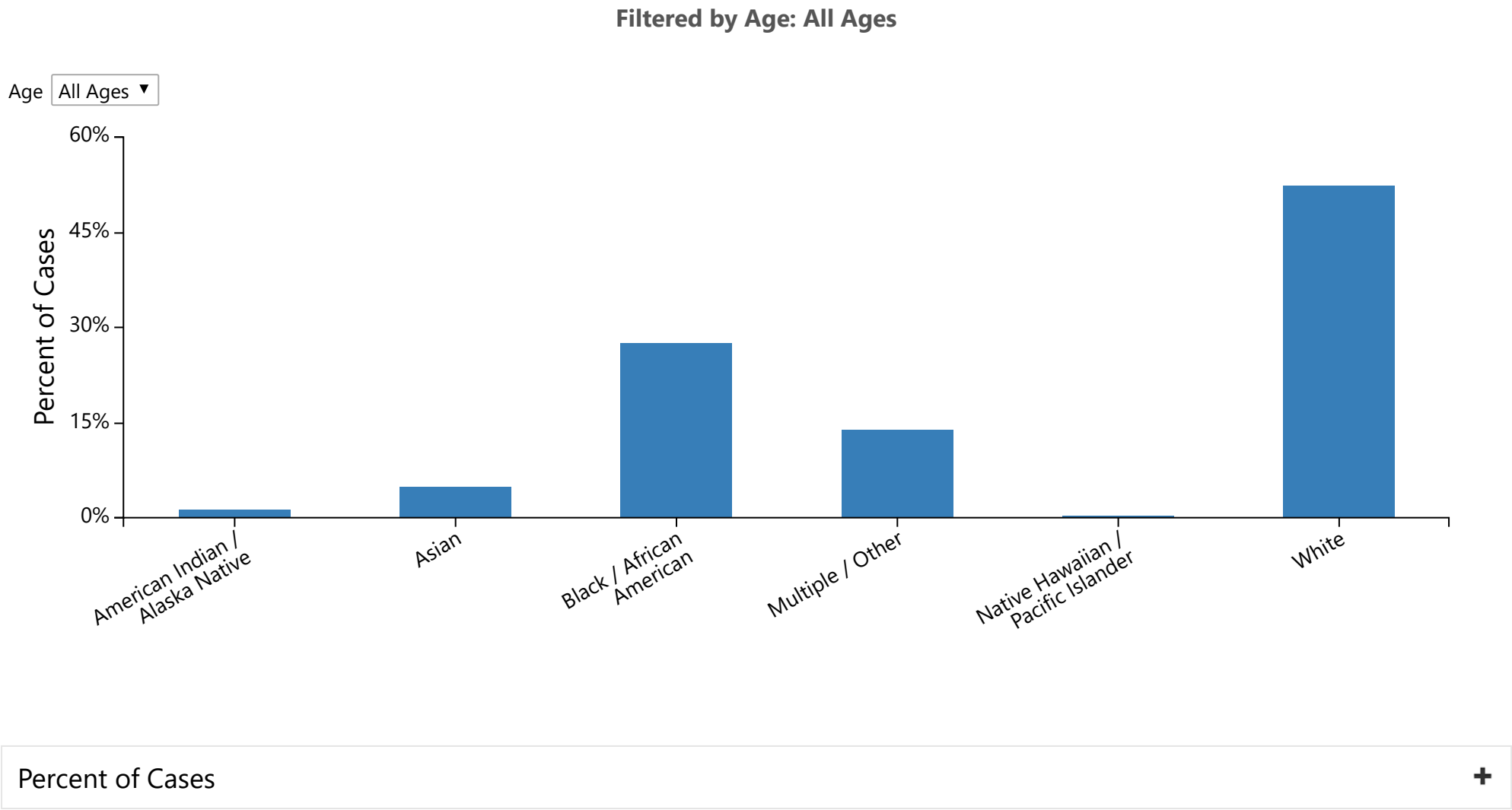
View Data by Date

	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	01
Cases	0	0	1	0	3	0	0	0	0	

Scroll for additional info

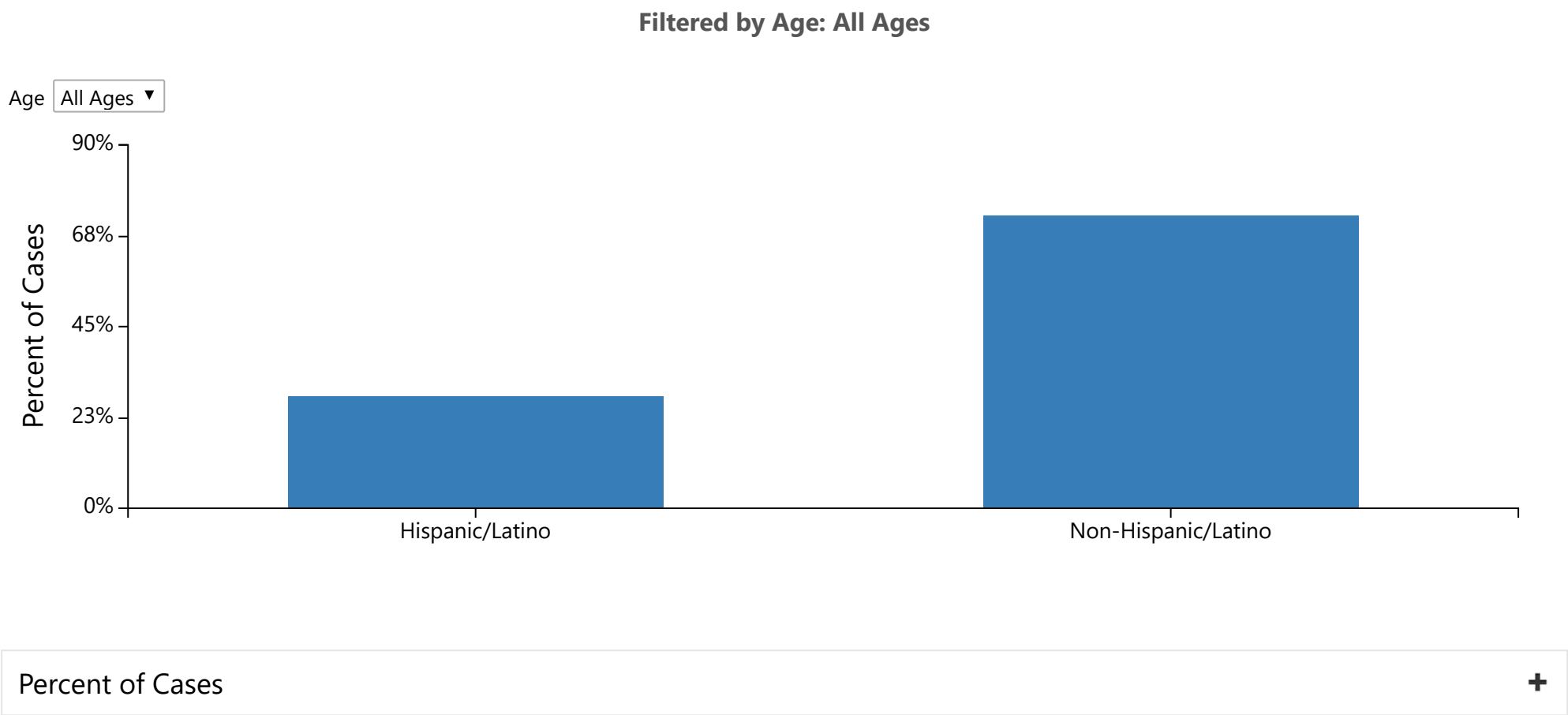
Cases by Race & Age

The following chart shows the race of people with COVID-19. Data was collected from 1,048,459 individuals, but race was only available for 492,871 (47.0%) people.



Cases by Ethnicity & Age

The following chart shows the ethnicity of people with COVID-19. Data was collected from 1,048,459 individuals, but ethnicity was only available for 454,328 (43.3%) people.



CDC has moved the following information to the [Previous U.S. COVID-19 Case Data](#)

- When did people in the U.S. get sick from COVID-19,
- How did people in the U.S. get COVID-19, and
- Cases of COVID-19 from Wuhan, China and the Diamond Princess cruise.

About the Data



Updated Daily



This page is updated daily based on data confirmed at 4:00pm ET the day before.

Numbers reported on Saturdays and Sundays are preliminary and not yet confirmed by state and territorial health departments. These numbers may be modified when numbers are updated on Mondays.

Number of Jurisdictions

There are currently 55 U.S.-affiliated jurisdictions reporting cases of COVID-19. This includes 50 states, District of Columbia, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S Virgin Islands.

Confirmed & Probable Cases

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 one of the following:

- Meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19
- Meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence
- Meeting vital records criteria with no confirmatory laboratory testing performed for COVID19

Community Transmission

State health departments report the level of community transmission (spread) of COVID-19 as one of the following:

- “Yes, widespread” – defined as widespread community transmission across several geographical areas
- “Yes, defined area(s)” – defined as distinct clusters of cases in a, or a few, defined geographical area(s)
- “Undetermined” – defined as 1 or more cases but not classified as “Yes” to community transmission
- “N/A” – defined as no cases

Case Notifications

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

Accuracy of Data

CDC does not know the exact number of COVID-19 illnesses, hospitalizations, and deaths for a variety of reasons. COVID-19 can cause mild illness, symptoms might not appear immediately, there are delays in reporting and testing, not everyone who is infected gets tested or seeks medical care, and there may be differences in how states and territories confirm numbers in their jurisdictions.

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.

More Information

[COVIDView – A Weekly Surveillance Summary of U.S. COVID-19 Activity](#)

[Previous U.S. COVID-19 Case Data](#)

[FAQ: COVID-19 Data and Surveillance](#)

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

[World Map](#)

[Health Departments](#)

Page last reviewed: May 12, 2020

Exhibit 21

to Choudhury Decl.



Coronavirus Disease 2019 (COVID-19)

People Who Are at Higher Risk for Severe Illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- [People 65 years and older](#)
- People who live in a nursing home or long-term care facility

People of all ages with [underlying medical conditions, particularly if not well controlled](#), including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease



Older Adults



People with Asthma



At Risk For Severe Illness




People with HIV



People with Liver Disease

COVID-19: Are You at Higher Risk for Severe Illness?

Resources

- [ASL Video Series: COVID-19: Are You at Higher Risk for Severe Illness?](#)
- [Learn how you can help protect yourself if you are at higher risk of severe illness from COVID-19](#) 

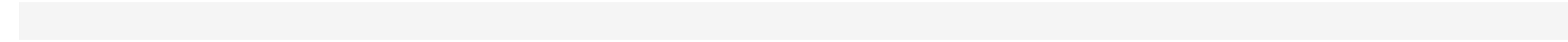


Exhibit 22

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. Some people without symptoms may be able to spread the virus. We are still learning about how the virus 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.
- COVID-19 may be spread by people who are not showing symptoms.

The virus spreads easily between people

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.

The virus does not spread easily in other ways

COVID-19 is a new disease and we are still learning about how it spreads. It may be possible for COVID-19 to spread in other ways, but these are not thought to be the main ways the virus spreads.

- **From touching 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.
- **From animals to people.** At this time, the risk of COVID-19 spreading from animals to people is considered to be low. Learn about [COVID-19 and pets and other animals](#).
- **From people to animals.** It appears that the virus that causes COVID-19 can spread from people to animals in some situations. CDC is aware of a small number of pets worldwide, including cats and dogs, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19. Learn what you should do [if you have pets](#).

Protect yourself and others

The best way to prevent illness is to avoid being exposed to this virus. You can take steps to slow the spread.

- [Maintain good social distance](#) (about 6 feet). This is very important in preventing the spread of COVID-19.
- [Wash your hands](#) often with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- [Routinely clean and disinfect](#) frequently touched surfaces.

Learn more about what you can do to [protect yourself and others](#).

More Information

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

Page last reviewed: April 13, 2020

Exhibit 23

to Choudhury Decl.



Coronavirus Disease 2019 (COVID-19)

How to Protect Yourself & Others

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.

Everyone Should



Wash 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, even inside your home.** If possible, maintain 6 feet between the person who is sick and other household members.
- **Put distance between yourself and other people outside of your home.**
 - Remember that some people without symptoms may be able to spread virus.
 - [Stay at least 6 feet \(about 2 arms' length\) from other people](#).
 - Do not gather in groups.
 - Stay out of crowded places and avoid mass gatherings.
 - 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

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.



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 disinfectants](#) [↗](#) will work.

Handwashing Resources



Handwashing tips



Hand Hygiene in Healthcare Settings

More information

[Symptoms](#)

[Individuals, schools, events, businesses and more](#)

[What to do if you are sick](#)

[Healthcare Professionals](#)

[If someone in your house gets sick](#)

[6 Steps to Prevent COVID-19](#)

[Frequently asked questions](#)

[6 Steps to Prevent COVID-19 \(ASL Version\)](#)

Travelers

Social Distancing (ASL Video)

ASL Video Series: What You Need to Know About Handwashing

Page last reviewed: April 24, 2020

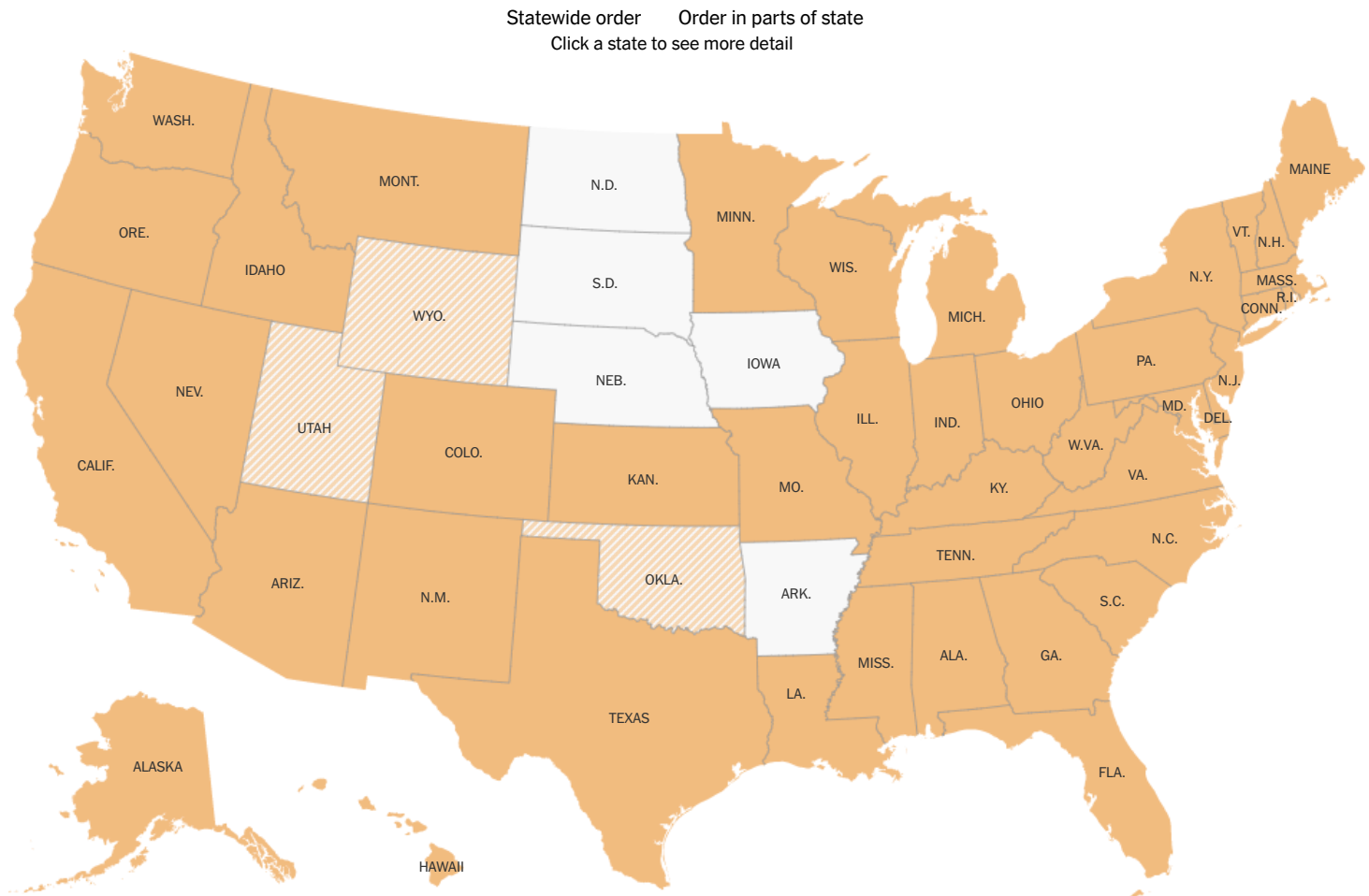
Exhibit 24

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 20, 2020

This page is no longer being updated. Visit this page to see the latest.



In a desperate race to stunt the spread of the coronavirus, 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, quickly swept the nation. Today, residents in a vast majority of states, the Navajo Nation and many cities and counties are under instructions to stay at home as much as possible, in an act of solidarity that public health experts say is crucial to controlling the virus.

This means at least **316 million people** in at least **42 states, three counties, 10 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.

The orders — or lack thereof — have divided the American public. In a handful of more rural states — Arkansas, Iowa, Nebraska, North Dakota and South Dakota — governors held off on imposing stay-at-home orders, favoring other restrictions amid intense pressure to take stricter action. A few other states have partial orders in place, issued locally by cities or counties.

In other states, the orders to stay at home have lasted for weeks, drawing political ire and intensifying concerns about the economy. Some conservative demonstrators have even taken to statehouses and city streets, in defiance of the stay-at-home orders they are protesting.

Still, the number of Americans under instructions to stay at home has persisted at an astonishing level this spring, 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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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."

Ardmore About 25,000 people

Shelter in place, effective April 6 at 11:59 p.m.

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

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 Which States and Cities Have Told Residents to Stay at Home - The New York Times
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

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

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

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

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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](#)

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 25

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.

[See more updates](#)

Updated 12m ago

More live coverage: [Global](#) [Markets](#) [New York](#)

“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.

[Like the Science Times page on Facebook. | Sign up for the Science Times newsletter.]

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.

READ MORE ▼

Exhibit 26

to Choudhury Decl.

CONTINUING COVERAGE

Latest Illinois Coronavirus...



Chicago

53°

TRENDING

[Coronavirus Live Blog](#)[Restore Illinois Plan](#)[Daily Coronavirus Briefings](#)[Class...](#)

CORONAVIRUS IN ILLINOIS

Cook County Jail Now Reports 210 Inmates Have Tested Positive for COVID-19

Published April 4, 2020 • Updated on April 4, 2020 at 8:36 am



The Cook County sheriff's office announced Friday that a total of 210 detainees at Cook County Jail have tested positive for COVID-19.

Fourteen detainees diagnosed with the disease have been hospitalized, the sheriff's office said. Additionally, a total of 60 employees have also tested positive.

The first two cases of COVID-19 at the facility were announced March 23. So far, the jail has released at least 400 detainees, as Cook County judges conduct case-by-case bond reviews in an attempt to lower the jail's population and reduce the spread of the coronavirus.

Local



APR 14

NBC 5 Investigates: See Where Illinois Stands Today on Coronavirus Cases, Rates and More



10 MINS AGO

Far South Suburban Counties Hope to Open Sooner Than Chicago Area Amid Pandemic

Last Thursday, Gov. J.B. Pritzker also issued an executive order halting the transfer of new prisoners to the Illinois Department of Corrections amid the COVID-19 outbreak. Illinois state prisons had already suspended visits to prevent the spread of the virus among guards and inmates.

Health officials Friday announced an additional 1,209 confirmed cases of COVID-19 in Illinois, raising the tally to 8,904. In total, 210 people have died from the outbreak in the state.

Copyright CHIST - SunTimes

This article tagged under:

CORONAVIRUS IN ILLINOIS • COOK COUNTY JAIL



Protective Cloth Masks with PM2.5 Filter

Brave New Look | Sponsored

These SUVs Are So Cool It's Hard to Believe They Cost Under \$30K! Research Best

Crossover SUV 2020

SUV | Sponsored

When Will the Blue Angels Fly Over Chicago?

NOTE: NBC Chicago will offer a live stream of the flyover as it happens Tuesday. Watch live in the player above or click here for more. Chicagoans will have a...

NBC Chicago

How to order DoorDash without paying DoorDash prices

Wikibuy | Sponsored

How To Empty Your Bowels Every Morning - Top Surgeon Explains How

Gundry MD | Sponsored

If You're Over 40 and Own a PC This Game is a Must

Throne Kingdom at War | Sponsored

Illinois is Already in Phase 2 of Reopening. Here's When Phase 3 Could Begin

Illinoisans first learned details on how the state will reopen in phases during the coronavirus pandemic Tuesday, but it turns out, that reopening plan has...

NBC Chicago

Illinois : Launches New Policy For Cars Used Less Than 60 Miles/Day

Bill Cruncher | Sponsored

Weather Forecast

CHICAGO, IL

53°

Broken Clouds
0% Precip

TONIGHT

44°

TOMORROW

62°

WHAT DO YOU THINK?

A UN report predicts that the coronavirus pandemic will cause a global recession that will leave 420 million people worldwide in extreme poverty. How long do you personally expect the economic impacts of coronavirus to last?

- ☐ A few months
- ☐ Several months
- ☐ A year or two
- ☐ Several years
- ☐ Longer than that
- ☐ No opinion / Other

NEXT

Subscribe to our Newsletters

Sign up to receive breaking news alerts in your inbox.

Enter your email

Sign up

[PRIVACY POLICY](#)



**SUBMIT TIPS FOR
INVESTIGATIONS**

NEWSLETTERS

CONNECT WITH US

[Send Feedback](#)
[WMAQ Employment Information](#)
[Terms of Service](#)
[Do Not Sell My Personal Information](#)
[Privacy Policy – New](#)
[Ad Choices](#)
[Advertise with us](#)
[WMAQ Public Inspection File](#)

Copyright © 2020 NBC Universal Inc. All rights reserved

Exhibit 27

to Choudhury Decl.

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**

**ORDER UNDER SECTIONS 362 & 365 OF THE PUBLIC HEALTH SERVICE ACT
(42 U.S.C. §§ 265, 268):**

**ORDER SUSPENDING INTRODUCTION OF
CERTAIN PERSONS FROM COUNTRIES
WHERE A COMMUNICABLE DISEASE EXISTS**

I. Purpose and Application

I issue this order pursuant to Sections 362 and 365 of the Public Health Service (PHS) Act, 42 U.S.C. §§ 265, 268, and their implementing regulations, which authorize the Director of the Centers for Disease Control and Prevention (CDC) to suspend the introduction of persons into the United States when the Director determines that the existence of a communicable disease in a foreign country or place creates a serious danger of the introduction of such disease into the United States and the danger is so increased by the introduction of persons from the foreign country or place that a temporary suspension of such introduction is necessary to protect the public health.

This order applies to persons traveling from Canada or Mexico (regardless of their country of origin) who would otherwise be introduced into a congregate setting in a land Port of Entry (POE) or Border Patrol station at or near the United States borders with Canada and Mexico, subject to the exceptions detailed below. The danger to the public health that results from the introduction of such persons into congregate settings at or near the borders is the touchstone of this order.

This order is necessary to protect the public health from an increase in the serious danger of the introduction of Coronavirus Disease 2019 (COVID-19) into the land POEs, and the Border Patrol stations between POEs, at or near the United States borders with Canada and Mexico. Those facilities are operated by U.S. Customs and Border Protection (CBP), an agency within the U.S. Department of Homeland Security (DHS). This order is also necessary to protect the public health from an increase in the serious danger of the introduction of COVID-19 into the interior of the country when certain persons are processed through the same land POEs and Border Patrol stations and move into the interior of the United States.

There is a serious danger of the introduction of COVID-19 into the land POEs and Border Patrol stations at or near the United States borders with Canada and Mexico, and into the interior of the country as a whole, because COVID-19 exists in Canada, Mexico, and the other countries of origin of persons who migrate to the United States across the United States land borders with Canada and Mexico. Those persons are subject to immigration processing in the land POEs and Border Patrol stations. Many of those persons (typically aliens who lack valid travel documents and are therefore inadmissible) are held in the common areas of the facilities, in close proximity to one another, for hours or days, as they undergo immigration processing. The common areas of such facilities were not designed for, and are not equipped to, quarantine, isolate, or enable social distancing by persons who are or may be infected with COVID-19. The introduction into

congregate settings in land POEs and Border Patrol stations of persons from Canada or Mexico increases the already serious danger to the public health to the point of requiring a temporary suspension of the introduction of such persons into the United States.

The public health risks of inaction are stark. They include transmission and spread of COVID-19 to CBP personnel, U.S. citizens, lawful permanent residents, and other persons in the POEs and Border Patrol stations; further transmission and spread of COVID-19 in the interior; and the increased strain that further transmission and spread of COVID-19 would put on the United States healthcare system and supply chain during the current public health emergency.

These risks are troubling because POEs and Border Patrol stations were not designed and are not equipped to deliver medical care to numerous persons, nor are they capable of providing the level of care that vulnerable populations with COVID-19 may require. Indeed, CBP typically transfers persons with acute presentations of illness to local or regional healthcare providers for treatment. Outbreaks of COVID-19 in land POEs or Border Patrol stations would lead to transfers of such persons to local or regional health care providers, which would exhaust the local or regional healthcare resources, or at least reduce the availability of such resources to the domestic population, and further expose local or regional healthcare workers to COVID-19.^[1] The continuing availability of healthcare resources to the domestic population is a critical component of the Federal government's overall public health response to COVID-19. Action is required.

As stated above, this order applies to persons traveling from Canada or Mexico (regardless of their country of origin) who would otherwise be introduced into a congregate setting in a land POE or Border Patrol station at or near the United States border with Canada or Mexico, subject to exceptions. This order does not apply to U.S. citizens, lawful permanent residents, and their spouses and children; members of the armed forces of the United States, and associated personnel, and their spouses and children; persons from foreign countries who hold valid travel documents and arrive at a POE; or persons from foreign countries in the visa waiver program who are not otherwise subject to travel restrictions and arrive at a POE. Additionally, this order does not apply to persons whom customs officers of DHS determine, with approval from a supervisor, should be excepted based on the totality of the circumstances, including consideration of significant law enforcement, officer and public safety, humanitarian, and public health interests. DHS shall consult with CDC concerning how these types of case-by-case, individualized exceptions shall be made to help ensure consistency with current CDC guidance and public health assessments.

DHS has informed CDC that persons who are traveling from Canada or Mexico (regardless of their country of origin), and who must be held longer in congregate settings in POEs or Border Patrol stations to facilitate immigration processing, would typically be aliens seeking to enter the United States at POEs who do not have proper travel documents, aliens whose entry is otherwise contrary to law, and aliens who are apprehended near the border seeking to unlawfully enter the United States between POEs. This order is intended to cover all such aliens.

^[1] An outbreak of COVID-19 among CBP personnel in land POEs or Border Patrol stations would impact CBP operations negatively. Although not part of the CDC public health analysis, it bears emphasizing that the impact on CBP could reduce the security of U.S. land borders and the speed with which cargo moves across the same.

For simplicity, I shall refer to the persons covered by this order as “covered aliens.” I suspend the introduction of all covered aliens into the United States for a period of 30 days, starting from the date of this order. I may extend this order if necessary to protect the public health.

II. Factual Basis for Order¹

1. COVID-19 is a global pandemic that has spread rapidly

COVID-19 is a communicable disease caused by a novel (new) coronavirus, SARS-CoV-2, that was first identified as the cause of an outbreak of respiratory illness that began in Wuhan, Hubei Province, People’s Republic of China (China).²

COVID-19 appears to spread easily and sustainably within communities.³ The virus is thought to transfer primarily by person-to-person contact through respiratory droplets produced when an infected person coughs or sneezes; it may also transfer through contact with surfaces or objects contaminated with these droplets.⁴ There is also evidence of asymptomatic transmission, in which an individual infected with COVID-19 is capable of spreading the virus to others before exhibiting symptoms.⁵ The ease of transmission presents a risk of a surge in hospitalizations for COVID-19, which would reduce available hospital capacity. Such a surge has been identified as a likely contributing factor to the high mortality rate for COVID-19 cases in Italy and China.⁶

Symptoms include fever, cough, and shortness of breath, and typically appear 2-14 days after exposure.⁷ Manifestations of severe disease have included severe pneumonia, acute respiratory distress syndrome (ARDS), septic shock, and multi-organ failure.⁸ According to the WHO, approximately 3.4% of reported COVID-19 cases have resulted in death globally.⁹ This

¹ Given the dynamic nature of the public health emergency, CDC recognizes that the types of facts and data set forth in this section may change rapidly (even within a matter of hours). The facts and data cited by CDC in this order represent a good-faith effort by the agency to present the current factual justification for the order.

² Centers for Disease Control and Prevention, Situation Summary (Mar. 15, 2020), available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html>.

³ Centers for Disease Control and Prevention, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (Mar. 10, 2020), available at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

⁴ *Id.*

⁵ Centers for Disease Control and Prevention, Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) (Mar. 7, 2020), available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

⁶ Ariana Eunjung Cha, Washington Post, Spiking U.S. Coronavirus Cases Could Force Rationing Decisions Similar to Those Made in Italy, China (Mar. 15, 2020), available at <https://www.washingtonpost.com/health/2020/03/15/coronavirus-rationing-us/>.

⁷ Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19) (Mar. 16, 2020), available at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

⁸ *Supra*, note 4.

⁹ WHO Director-General’s Opening Remarks at the Media Briefing on COVID-19 (Mar. 3, 2020), available at

mortality rate is higher among older adults or those with compromised immune systems.¹⁰ Older adults and people who have severe chronic medical conditions like heart, lung, or kidney disease are also at higher risk for more serious COVID-19 illness.¹¹ Early data suggest older people are twice as likely to have serious COVID-19 illness.¹²

As of March 17, 2020, there were over 179,112 cases of COVID-19 globally in 150 locations, resulting in over 7,426 deaths; more than 4,226 cases have been identified in the United States, with new cases being reported daily and over 75 deaths due to the disease.¹³

Unfortunately, at this time, there is no vaccine against COVID-19, nor are there any approved therapeutics available for those who become infected. Treatment is currently limited to supportive care to manage symptoms. Hospitalization may be required in severe cases and mechanical respiratory support may be needed in the most severe cases. Testing is available to confirm suspected cases of COVID-19 infection. Testing requires specimens collected from the nose, throat or lungs; specimens can only be analyzed in a laboratory setting. At present, results are typically available within three to four days.¹⁴ There is currently no rapid test for COVID-19 that can provide results at the time of sample collection, although efforts are underway to develop such a test.

On January 30, 2020, the Director General of the WHO declared COVID-19 to be a Public Health Emergency of International Concern under the International Health Regulations.¹⁵ The following day, the Secretary of Health and Human Services (HHS) declared that COVID-19 is a public health emergency under the Public Health Service Act (PHSA).¹⁶ On March 11, 2020, the

<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---3-march-2020>.

¹⁰ *Supra*, note 4.

¹¹ *Id.*

¹² *Id.*

¹³ Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19): Cases in U.S. (Mar. 17, 2020), available at https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-in-us.html; World Health Organization, Coronavirus disease 2019 (COVID-19) Situation Report – 57 (Mar. 17, 2020), available at https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200317-sitrep-57-covid-19.pdf?sfvrsn=a26922f2_2, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200317-sitrep-57-covid-19.pdf?sfvrsn=a26922f2_2.

¹⁴ Centers for Disease Control and Prevention, Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19) (Mar. 13, 2020), available at <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>.

¹⁵ World Health Organization, Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV) (January 30, 2020), [https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)).

¹⁶ U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, Determination that a Public Health Emergency Exists (January 31, 2020), <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>.

WHO officially classified the global COVID-19 outbreak as a pandemic.¹⁷ On March 13, 2020, the President issued a Presidential Declaration that COVID-19 constitutes a National Emergency.¹⁸ Likewise, all U.S. states, territories, and the District of Columbia have declared a state of emergency in response to the growing spread of COVID-19.¹⁹

Global efforts to slow the spread of COVID-19 have included sweeping travel limitations. Countries such as Japan, Australia, Israel, Russia, and the Philippines have imposed stringent restrictions on travelers who have recently been in China, the epicenter of the pandemic. Similar travel restrictions have since been imposed on individuals from places experiencing substantial outbreaks, including the Islamic Republic of Iran (Iran), South Korea, and Europe. In many countries, individuals are being asked to self-quarantine for 14 days—the outer limit of the COVID-19’s estimated incubation period—following return from a foreign country with sustained community transmission.²⁰

In the United States, the President has suspended the entry of most travelers from China (excluding Hong Kong and Macau), Iran, the Schengen Area of Europe,²¹ the United Kingdom (excluding overseas territories outside of Europe), and the Republic of Ireland, due to COVID-19.²² CDC has issued Level 3 Travel Health Notices recommending that travelers avoid all nonessential travel to China (excluding Hong Kong and Macau), Iran, South Korea, and most of Europe.²³ The U.S. Department of State has issued a global Level 4 Do Not Travel Advisory advising travelers to avoid all international travel due to the global impact of COVID-19.²⁴ In

¹⁷ World Health Organization, WHO Director-General’s opening remarks at the media briefing on COVID-19 – 11 (March 11, 2020), <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.

¹⁸ Message to Congress on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak (March 13, 2020) <https://www.whitehouse.gov/briefings-statements/message-congress-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>.

¹⁹ National Governors Assn., Coronavirus: What You Need to Know, (last updated March 17, 2020) <https://www.nga.org/coronavirus/#states>.

²⁰ James Asquith, [Update] Complete Coronavirus Travel Guide – The Latest Countries Restricting Travel, (March 16, 2020), <https://www.forbes.com/sites/jamesasquith/2020/03/15/complete-coronavirus-travel-guide-the-latest-countries-restricting-travel/#2fdc3b7d715b>.

²¹ For purposes of this order, the Schengen Area comprises 26 European states: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland.

²² Proclamation on the Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting Coronavirus (March 14, 2020) <https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-certain-additional-persons-pose-risk-transmitting-coronavirus-2/>.

²³ Centers for Disease Control and Prevention, Travelers’ Health, COVID – 19 in Europe, Warning – Level 3, Avoid Nonessential Travel – Widespread Ongoing Transmission (March 11, 2020) <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-europe>.

²⁴ U.S. Dept. of State, Bureau of Consular Affairs, Global Level 4 Health Advisory – Reconsider Travel (March 15, 2020) <https://travel.state.gov/content/travel/en/traveladvisories/ea/travel-advisory-alert-global-level-4-health-advisory-issue.html>.

addition, CDC has recommended that travelers, particularly those with underlying health conditions, avoid all cruise ship travel worldwide.²⁵ The U.S. Department of State has similarly issued guidance that U.S. citizens should not travel by cruise ship at this time.²⁶

The Federal government announced guidelines stating that the public should avoid discretionary travel; shopping trips; social visits; gatherings in groups of more than 10 people; and eating or drinking at bars, restaurants, and food courts.²⁷ Numerous states and localitieslocalitieslocalitieslocalitieslocalitieslocalitieslocalities have gone further and shut down restaurants, bars, nightclubs, and theaters. For example, 6 counties surrounding San Francisco, California have issued shelter in place orders impacting nearly 7 million residents.²⁸ Similar measures are being considered in other cities.²⁹

2. COVID-19 exists in Canada and Mexico

i. Persons from Canada and other foreign countries where COVID-19 exists cross into the United States from Canada frequently

As of March 17, 2020, Canada has reported 424 confirmed cases of COVID-19, of which the Canadian government believes 74% are travel-related with an additional 6% being close contacts of travelers.³⁰ This is a 115% increase in confirmed cases in four days.³¹ The provinces of Ontario and British Columbia have reported the most COVID-19 cases, with Ontario reporting a 29% increase in confirmed cases in a single day.³² Canada's Chief Public Health Officer stated that community transmission of COVID-19 is occurring in multiple provinces and Ottawa public

²⁵ Centers for Disease Control and Prevention, Travelers' Health, COVID – 19 and Cruise Ship Travel, Warning – Level 3, Avoid Nonessential Travel (March 17, 2020) <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-cruise-ship>.

²⁶ U.S. Dept. of State, Bureau of Consular Affairs, Current Outbreak of Coronavirus Disease 2019 (March 14, 2020) <https://travel.state.gov/content/travel/en/traveladvisories/ea/covid-19-information.html>.

²⁷ The White House & Centers for Disease Control and Prevention, 15 Days to Slow the Spread (Mar. 15, 2020), available at https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf.

²⁸ Erin Allday, San Francisco Chronicle, Bay Area Orders 'Shelter in Place' Only Essential Businesses Open in 6 Counties (Mar. 18, 2020), available at <https://www.sfchronicle.com/local-politics/article/Bay-Area-must-shelter-in-place-Only-15135014.php>.

²⁹ Noah Higgins-Dunn & William Feuer, CNBC, New Yorkers Should be Prepared for a 'Shelter-In-Place,' Mayor Bill de Blasio says (Mar. 18, 2020), available at <https://www.cnbc.com/2020/03/17/new-yorkers-should-be-prepared-for-a-shelter-in-place-order-mayor-bill-de-blasio-says.html>.

³⁰ Government of Canada, Coronavirus disease (COVID-19): Outbreak update (Mar. 15, 2020), <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>.

³¹ National Post, The Latest Numbers of COVID-19 Cases in Canada as of March 13, 2020 (Mar. 13, 2020), available at <https://nationalpost.com/pmnn/news-pmn/canada-news-pmn/the-latest-numbers-of-covid-19-cases-in-canada-as-of-march-13-2020>.

³² Ryan Rocca, Global News, Coronavirus: Ontario reports 39 new COVID-19 cases, provincial total rises to 142 (Mar. 15, 2020), https://globalnews.ca/news/6679409/ontario-coronavirus-update-march-15/?utm_source=site_banner.

health officials believe that there are at least 1,000 undiagnosed cases in the Canadian capital alone.³³ In an effort to slow the transmission and spread of the virus, the Canadian government banned foreign nationals from all countries except the United States from entering Canada and mandated that returning Canadians self-monitor for COVID-19 symptoms for 14 days following their return, effective March 18, 2020.³⁴

The United States and Canada share the longest international border in the world, spanning approximately 3,987 (largely unfenced) miles with 119 ports of entry.³⁵

In 2017, approximately 33 million individuals crossed the Canadian border into the United States.³⁶ Through February of Fiscal Year (FY) 2020, DHS has processed 20,166 inadmissible aliens at POEs at the U.S.-Canadian border, and CBP has apprehended 1,185 inadmissible aliens attempting to unlawfully enter the United States between POEs.³⁷ These aliens have included not only Canadian nationals, but also 1,062 Iranian nationals, 1,396 Chinese nationals, and 1,326 nationals of Schengen Area countries—all of which currently have COVID-19 outbreaks. Indeed, the United States government has determined that China, Iran, and the countries of the Schengen Area are experiencing sustained person-to-person transmittal of the disease.³⁸ As of March 15, 2020, the WHO reports that China has 81,048 confirmed cases and 3,204 deaths; Iran has 12,729 confirmed cases and 608 deaths³⁹; and the Schengen Area has almost 42,000 confirmed cases.⁴⁰ The total number of COVID-19 infections in these countries is impracticable to quantify due to the inherent limitations of epidemiological surveillance, but are likely higher than the reported number of confirmed cases because COVID-19 can be present in asymptomatic persons.

³³ Adam Miller, Canadian Broadcast Corporation, ‘The Time is Now to Act’: COVID-19 spreading in Canada With no Known Link to Travel, Previous Cases (Mar. 16, 2020), available at <https://www.cbc.ca/news/health/coronavirus-community-transmission-canada-1.5498804>; CBC News, Canadian Broadcast Corporation, Community Spread of COVID-19 in Ottawa Likely, Says OPH (Mar. 15, 2020), available at <https://www.cbc.ca/news/canada/ottawa/5-new-covid-cases-ottawa-1.5498489>.

³⁴ Government of Canada, Coronavirus disease (COVID-19): Canada’s Response, At Canadian Borders (Mar. 16, 2020), available at <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html#acb>.

³⁵ Janice Cheryh Beaver, Congressional Research Service, U.S. International Borders: Brief Facts (Feb. 1, 2007), available at https://www.everycrsreport.com/files/20070201_RS21729_514d6fe01555a06aa58c33fd1d8cf34ad1dc50f8.pdf.

³⁶ Les Perreux, The Globe and Mail, Rejection Rate on the Rise for Canadians at U.S. Border (Apr. 14, 2017), available at <https://www.theglobeandmail.com/news/national/rejection-rate-on-the-rise-for-canadians-at-us-border/article34262237/>.

³⁷ Exhibits 2 and 3, attached.

³⁸ The White House, Proclamation—Suspension of Entry as Immigrants and Nonimmigrants of Certain Additional Persons Who Pose a Risk of Transmitting 2019 Novel Coronavirus (Mar. 11, 2020), available at <https://www.whitehouse.gov/presidential-actions/proclamation-suspension-entry-immigrants-nonimmigrants-certain-additional-persons-pose-risk-transmitting-2019-novel-coronavirus/>.

³⁹ World Health Organization, Coronavirus Disease 2019 (COVID-19) Situation Report – 55 (Mar. 15, 2020), available at https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200315-sitrep-55-covid-19.pdf?sfvrsn=33daa5cb_8.

⁴⁰ *Id.*

On March 18, 2020, the President announced that the United States “will be, by mutual consent, temporarily closing our Northern Border with Canada to non-essential traffic,” and DHS will be issuing guidance on the implementation of that arrangement, including exceptions for “essential travels.”

ii. Mexico expects community transmission of COVID-19 and has been slower to implement public health measures

According to WHO, as of March 17, 2020, Mexico has only 53 confirmed cases of COVID-19, all found to be travel related, and no deaths.⁴¹ Some Mexican public health experts believe the number of COVID-19 cases in the country is much higher and that Mexico will see widespread community transmission of the virus in the near future.⁴² A Deputy Health Minister in Mexico has attributed Mexico’s low number of confirmed cases to the virus having been first detected in Mexico on February 27, 2020, approximately one month after the first confirmed cases in the United States.⁴³ The same official also stated that, based on the Mexican government’s modeling, Mexico expects community transmission of COVID-19 to begin between 15 and 40 days from the first confirmed case (in other words, as early as March 13, 2020).⁴⁴

Mexico is only now undertaking some of the public health measures to mitigate the spread of the virus.⁴⁵ Schools will be closed from March 20 until April 20, and some large public events are being cancelled.⁴⁶ However, many events, such as professional soccer games, have gone

⁴¹ *Id.* World Health Organization, Coronavirus Disease 2019 (COVID-19) Situation Report – 57 (Mar. 17, 2020), available at https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200317-sitrep-57-covid-19.pdf?sfvrsn=a26922f2_4.

⁴² Andrea Ano, Latin Post, Experts Question Mexico's Coronavirus Preparations (Mar. 15, 2020), available at <http://www.latinpost.com/articles/144156/20200315/experts-question-mexicos-coronavirus-preparations.htm>; Mexico News Daily, One Former Health Minister Critical of Coronavirus Response (Mar. 14, 2020), available at <https://mexiconewsdaily.com/news/former-health-secretary-critical-of-coronavirus-response/>.

⁴³ Mexico News Daily, Why so few Cases of Coronavirus? Deputy Minister Explains In Other Countries the Disease was Detected Earlier (Mar. 13, 2020), available at <https://mexiconewsdaily.com/news/why-so-few-cases-of-coronavirus-deputy-minister-explains/>.

⁴⁴ Mexico News Daily, Business Insider, A Widespread Outbreak of Coronavirus in Mexico is 'Inevitable,' Health Officials Say (Mar. 13, 2020), available at <https://www.businessinsider.com/widespread-outbreak-of-coronavirus-in-mexico-is-inevitable-2020-3>.

⁴⁵ Patrick J. McDonnell, Katie Linthicum, Tracy Wilkinson, L.A. Times, Mexico, Latin America Gear up for Next Phase of Coronavirus Threat (Mar. 14, 2020), available at <https://www.latimes.com/world-nation/story/2020-03-14/mexico-latin-america-gear-up-for-next-phase-of-coronavirus-threat>; cf. Dave Graham, Reuters, Mexico Government Urges Public to Keep Distance Over Coronavirus; President Embraces Crowds (Mar. 15, 2020), available at <https://www.reuters.com/article/us-health-coronavirus-mexico/mexico-government-urges-public-to-keep-distance-over-coronavirus-president-embraces-crowds-idUSKBN2130A0>.

⁴⁶ Alexis Ortiz & Karla Linares, El Universal, COVID-19: Mexico to Suspend Classes Over Coronavirus Concerns (Mar. 14, 2020), available at <https://www.eluniversal.com.mx/english/covid-19-mexico-suspend-classes-over-coronavirus-concerns>.

forward as planned.⁴⁷ Mexico has not announced any restrictions on persons entering the country from areas with sustained human-to-human transmission of the disease.⁴⁸ There are currently no COVID-19 health screenings at Mexico's international airports, although Mexican officials have announced that some additional screening measures may be implemented.⁴⁹ Medical experts believe that community transmission and spread of COVID-19 at asylum camps and shelters along the U.S. border is inevitable, once community transmission begins in Mexico.⁵⁰

Mexico has fewer health care resources than the United States. Mexico's total expenditure on health care per capita is \$1,122, compared to the United States' \$9,403 per person.⁵¹ On average, there are only 1.38 available hospital beds per every 1,000 inhabitants in Mexico, compared to 2.77 available hospital beds per every 1,000 inhabitants in the United States.⁵² Similarly, there are approximately 2.2 practicing doctors and 2.9 practicing nurses per every 1,000 inhabitants in Mexico, compared to 2.6 practicing doctors and 8.6 practicing nurses per every 1,000 inhabitants in the United States.⁵³ This raises public health concerns, given that Mexico is likely to reach community transmission soon (including in asylum camps and shelters).

While Mexico responded vigorously to the H1N1 pandemic in 2009-2010, Mexico does not appear to be approaching the COVID-19 pandemic with the same dispatch. In 2003, Mexico established the National Preparedness and Response Plan for an Influenza Pandemic, which was first tested during the 2009 outbreak of H1N1 influenza. Mexico helped contain that outbreak, primarily through early detection of the outbreak, followed by the declaration of a "sanitary emergency" that focused on raising public awareness of the need to contain the spread with proper hygiene, school closings, cancellation of large public gatherings, and aggressive surveillance through widespread testing.⁵⁴ Mexico does not appear to have undertaken equivalent measures in

⁴⁷ Kirk Semple, The N.Y. Times, 'We Call for Calm': Mexico's Restrained Response to the Coronavirus (Mar. 15, 2020), available at <https://www.nytimes.com/2020/03/15/sports/soccer/soccer-mexico-coronavirus.html>.

⁴⁸ Wendy Fry, The San Diego Union-Tribune, While Impacts of Coronavirus Remain Mild in Baja California, Mexico Begins Bracing for Outbreak (Mar. 13, 2020), available at <https://www.sandiegouniontribune.com/news/border-baja-california/story/2020-03-13/impacts-of-coronavirus-remain-mild-in-baja-california>.

⁴⁹ *Id.*

⁵⁰ Rick Jervis, USA Today, Migrants Waiting at U.S.-Mexico Border at Risk of Coronavirus, Health Experts Warn (Mar. 17, 2020), available at <https://www.usatoday.com/story/news/nation/2020/03/17/us-border-could-hit-hard-coronavirus-migrants-wait-mexico/5062446002/>; Rafael Carranza, AZ Central, New World's Largest Border Crossing, Tijuana Shelters Eye the new Coronavirus with Worry (Mar. 14, 2020), available <https://www.azcentral.com/story/news/politics/immigration/2020/03/14/tijuana-migrant-shelters-coronavirus-covid-19/5038134002/>.

⁵¹ Compare WHO, Mexico—Statistics, <https://www.who.int/countries/mex/en/>, with WHO, United States of America—Statistics, <https://www.who.int/countries/usa/en/>.

⁵² See Organization for Economic Co-operation and Development ("OECD"), Data—Hospital Beds, <https://data.oecd.org/health/hospital-beds.htm>.

⁵³ Compare The World Bank, Data—Physicians (per 1,000 people), <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS>, with The World Bank, Data—Nurses and Midwives (per 1,000 people), <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS>.

⁵⁴ See Jose A. Cordova-Villalobos et al., The influenza A (H1N1) epidemic in Mexico: Lessons learned, Health Research Policy & Systems 7:21 (Sept. 28, 2009); Gerardo Chowell, Characterizing the Epidemiology of the 2009

response to the COVID-19 pandemic. COVID-19 is more infectious than H1N1, and so CDC expected a more vigorous Mexican response to COVID-19, which has not occurred.

It also bears noting that Mexico struggled to mobilize its strategic stockpile of the antiviral drug Oseltamivir during the 2009-2010 H1N1 outbreak.⁵⁵ The entire strategic stockpile was centrally stored as dry bulk product, and the national pandemic preparedness plan called for the dry bulk to be distributed to and reconstituted by Mexico's 31 state-level public health laboratories.⁵⁶ After the onset of the outbreak, Mexican authorities realized that the network of labs they intended to rely on were not properly equipped or authorized to prepare the antiviral medication, leading to complications in implementing the planned response.⁵⁷ A comparative assessment of national pandemic preparedness plans found that Mexico's plan was missing key annexes regarding case management, surveillance, communication, laboratory sample and transport, public health measures, and plans for private business.⁵⁸ While no public health response is perfect, and testing for COVID-19 has presented global challenges, the experience of Mexican laboratories during the H1N1 outbreak raises concerns about their current capabilities.

The existence of COVID-19 in Mexico presents a serious danger of the introduction of COVID-19 into the United States for these reasons, and because the level of migration across the United States border with Mexico is so high. The U.S.-Mexico border runs an estimated 1,933 miles.⁵⁹ To date in fiscal year (FY) 2020, DHS has processed 34,141 inadmissible aliens at POEs along the border, and U.S. Border Patrol has apprehended 117,305 aliens attempting to unlawfully enter the United States between POEs, almost 110,000 of whom reported Mexican citizenship.⁶⁰ Over 15,000 were nationals of other countries that are now experiencing sustained human to human transmission of COVID-19, including approximately 1,500 Chinese nationals and 6,200 Brazilian nationals.⁶¹

Influenza A/H1N1 Pandemic in Mexico, PLOS Med 8(5): e1000436 (May 24, 2011).

⁵⁵ Luis Meave Gutierrez-Mendoza et al., Lessons from the Field: Oseltamivir storage, distribution and dispensing following the 2009 H1N1 influenza outbreak in Mexico, Bull World Health Organ, 90:782-787 (Aug. 17, 2012).

⁵⁶ *Id.*

⁵⁷ *Id.*

⁵⁸ WHO, Comparative Analysis of National Pandemic Influenza Preparedness Plans (Jan. 2011), available at https://www.who.int/influenza/resources/documents/comparative_analysis_php_2011_en/en/.

⁵⁹ *Supra*, note 36.

⁶⁰ Exhibits 2 and 3, attached.

⁶¹ *Id.*

3. Land POEs and Border Patrol stations are congregate settings that present infection control challenges

CBP screens and processes millions of aliens who seek to enter the United States legally each year at POEs, as well as apprehending, screening, and processing the hundreds of thousands of aliens who attempt to unlawfully enter the United States each year by crossing between POEs. *See* Exhibits 2-3 (charts summarizing number of apprehensions and inadmissible aliens in FY 2020, as of Mar. 3, 2020). Apprehended aliens vary significantly by age and health status. At this time, the majority tend to be adults between 25 and 40 years old, and include those with chronic health problems such as diabetes and high blood pressure (which are comorbidities known to increase the health risks associated with COVID-19 infections and, thus, the likelihood of requiring medical intervention after infection).⁶²

i. Covered aliens in land POEs who CBP screens and processes for admissibility spend hours or days in congregate areas

There are 328 land POEs along the northern and southern borders operated by CBP. At land POEs, CBP screens and processes the millions of U.S. citizens, lawful permanent residents, and other aliens who seek to enter the United States from Canada and Mexico every year.

One of the CBP's critical functions at POEs is to screen and process arriving aliens to determine whether they are admissible to the United States. CDC understands from DHS that inadmissible aliens are typically those who do not have proper travel documents to enter or whose entry is otherwise contrary to law, such as those who are interdicted attempting to smuggle contraband into the United States. It takes CBP much longer to screen inadmissible aliens than U.S. citizens, lawful permanent residents, and aliens with valid travel documents, all of whom tend to move quickly into the United States after contact with CBP personnel and other travelers at POEs. This difference is due in part to the fact that inadmissible aliens tend to arrive by foot (not vehicle), and lack documentation. Inadmissible aliens in land POEs may spend hours or days in congregate areas while undergoing processing. During that time, they are in close proximity to CBP personnel and other travelers, including U.S. citizens and other aliens.

The admissibility of each alien is determined by a CBP officer. As part of the current admissibility screening, aliens are subject to an initial set of questions designed to elicit their risk factors for various contagious diseases, including COVID-19. Questions would include recent travel and any physical symptoms they are experiencing. CBP officers also use this initial questioning to visually observe arrivals for any obvious signs of illness. Those whose appearance or responses indicate possible exposure to or infection with COVID-19 are directed to don a surgical mask, and are escorted by a CBP officer (also wearing a surgical mask) for further evaluation and risk assessment by the contract medical staff, which is conducted in a designated area within the POE.

Presently, if CBP determines that an alien may be exposed to or infected with COVID-19, the alien is escorted to a separate, enclosed waiting area (usually a small holding room adjacent to

⁶² *Supra*, note 4.

normal processing areas) while CBP alerts the relevant health authorities. Specifically, CBP notifies the local health department, CDC, and CBP's Senior Medical Advisor. Local health officials and possibly CDC personnel if available, then consult with CBP to determine whether the individual should be tested for COVID-19 and where that testing should occur. CBP follows guidance from CDC and local health officials regarding transport to the testing site. If the alien is sent for testing in an ambulance, a CBP officer will accompany the individual in the ambulance. If CBP vehicles are used for transport, they are disinfected afterwards. In addition, CBP will consult with U.S. Immigration and Customs Enforcement (ICE) officials regarding the transport of the alien outside of the POE, given that the individual leaving the CBP facility does not have a preexisting legal right to enter the United States and must remain in custody while testing and treatment is carried out.

These infection control procedures are not easily scalable for large numbers of aliens. Moreover, an influx of infected, asymptomatic aliens would present significant infection control challenges for CBP, as the screening of such an aliens may not prompt testing. The aliens would remain in congregate areas in the POE while CBP finishes the screening and processing. During that time, the alien could infect CBP personnel or other aliens with COVID-19.

ii. Border Patrol stations present greater infection control challenges than POEs because they often have less space and fewer resources

In addition to the 328 POEs, CBP operates a network of Border Patrol stations to apprehend, process, and temporarily hold aliens seeking to unlawfully enter the United States *between* POEs. CBP has a total of 136 Border Patrol stations along the land and coastal borders, and many Border Patrol stations, particularly along the Southwest border, are in remote locations.

Border Patrol stations vary significantly in terms of size and layout, but generally have several congregate holding areas where covered aliens are divided based on demographic factors such as age, gender, and family status, as required by law. A typical Border Patrol station is designed to temporarily hold a maximum of 150 to 300 people standing shoulder-to-shoulder, and has between two to five separate holding areas that can be used to segregate adult males, adult females, unaccompanied children, and family units, with possible further subdivision for female- and male-led family units. The subdividing of aliens is crucial to maintaining order and safety inside the Border Patrol stations because the experience of CBP is that certain cohorts of covered aliens are antagonistic towards one another. On average, a covered alien apprehended between POEs will spend approximately 78 hours in a Border Patrol station before transfer to ICE.

Only 46 of the 136 Border Patrol stations offer any medical services. The services that are offered are administered by contract medical support and are limited to glucose, pregnancy, influenza testing, and basic emergency care. The 46 facilities are all located on the southwest border with Mexico.

As discussed more fully below, the infection control challenges in Border Patrol stations can be greater than the challenges in POEs, especially when the Border Patrol stations are at or near capacity. This is because covered aliens are in close proximity with one another and CBP

personnel, and there is typically no suitable space for quarantining, isolating, or engaging in social distancing with aliens.

iii. The United States Public Health Service (USPHS) observed infection control challenges during a site visit to El Paso del Norte POE

On March 12-13, 2020, a USPHS Scientist officer conducted an observational visit to the El Paso del Norte POE (El Paso PDN). The USPHS Scientist officer viewed directly the areas within the POE that CBP uses to screen and process aliens for admissibility. (Exhibit 1).

El Paso PDN is one of the country's busiest border crossings, with more than 10 million people entering the United States from Mexico every year. It receives a constant, heavy inflow of pedestrian and vehicular traffic, consisting of approximately 12,000 pedestrians and 6,000 vehicles per day. El Paso PDN operates 24/7, with a 3-4 person team of contract medical staff who work 12 hour shifts and provide 24/7 coverage. The medical team is typically led by a nurse practitioner or physician assistant, with the remaining team members consisting of emergency medical technicians (EMT) or registered nurses.

El Paso PDN adheres to the general process for screening and processing covered aliens described in § II.3.i above. In terms of medical capabilities, El Paso PDN performs on-site testing only for pregnancy, blood glucose levels, and Influenza A/B. Any other testing or treatment is performed by nearby medical providers. El Paso PDN is representative of other POEs in that it is heavily reliant on local and regional hospitals and EMT services to care for aliens. El Paso PDN has several small waiting rooms that are used to isolate individuals suspected of exposure to or infection with a contagious disease. Each room can fit approximately 6-7 people, and is equipped with windows to permit observation of the rooms' occupants, and locks to prevent them from leaving.

Facility staff indicated they have been fit-tested for N95 respirators, receive biannual N95 training, and that the facility has an approximately 30-day regular use supply of N95 respirators for use by CBP personnel. El Paso PDN has not encountered any suspected COVID-19 cases, but does not currently perform COVID-19 testing.

The site was selected by CBP because it is one of CBP's largest and best equipped POEs on the Southwest Border. Other POEs have fewer capabilities.

The USPHS Scientist officer observed that even at El Paso PDN, covered aliens would present infection control challenges during processing and screening in congregate areas.

III. The introduction into DHS facilities of persons from countries with COVID-19 would increase the already serious danger of COVID-19 in the facilities

1. POEs and Border Patrol stations are not structured or equipped to effectively mitigate the risks presented by COVID-19

The time required to test for COVID-19 dictates, at least in part, the infection control measures that DHS would have to implement at POEs and Border Patrol stations to effectively mitigate the public health risks presented by covered aliens suspected of harboring or being infected with COVID-19. At this time, there is no available COVID-19 test that yields results at the time of sample collection, such as the rapid testing available for certain influenza strains that yields results in as little as 15 minutes. Nor is there a COVID-19 test that has been cleared for use in a non-clinical setting such as a POE or a Border Patrol station lacking isolation capabilities. Rather, current COVID-19 testing would require the collection of samples from aliens suspected of infection and the mailing of the samples to a laboratory for analysis, with results available within 3-4 days. In theory, to mitigate public health risks, CBP would have to transport aliens in their custody suspected of COVID-19 infection to a nearby medical site for sample collection and testing, and then implement containment protocols (i.e., quarantine or isolation) in their facilities while awaiting test results. CDC would not have the resources or personnel required to house in quarantine or isolation or monitor dozens, much less hundreds or thousands of aliens. The burden would shift to state and local governments, and it seems equally unlikely to CDC that they could collectively implement such a massive public health initiative under current conditions.

POEs and Border Patrol stations are not structured or equipped to implement quarantine, isolation, or social distancing protocols on site for COVID-19 for even small numbers of aliens, much less dozens or hundreds of them together with CBP personnel. In particular, POEs and Border Patrol stations were designed for the purpose of short-term holding in a congregate setting. The vast majority of those facilities lack the areas needed to effectively quarantine or isolate aliens for COVID-19 while test results are pending. Moreover, the process for screening and ultimately quarantining or isolating aliens suspected of COVID-19 infection would require the alien to move throughout various sections of the facility, creating a risk of exposure to all nearby—including DHS personnel and other aliens.⁶³

Because POEs and Border Patrol stations are not structured or equipped for quarantine or isolation for COVID-19, DHS's alternative would be to try to conduct some type of social distancing in congregate holding areas. The numbers of aliens and the size and capacity of the congregate holding areas are not at all conducive to effective social distancing, which requires individuals to maintain a distance of at least six feet from each other, and to avoid contact with shared surfaces. The typical dimensions of the congregate areas at POEs and Border Patrol stations would not provide sufficient space if more than a handful of individuals were present in congregate areas (which is typically the situation). Such an approach would be fraught with public health risks for not only the aliens but also DHS personnel nearby.

⁶³ The use of congregate holding areas for quarantine or isolation would present a significant risk of transmitting COVID-19 for obvious reasons. Even if a congregate holding area were used to try to quarantine or isolate a single alien, it would significantly limit the facility's overall holding capacity, and potentially increase the public health risks in other congregate holding areas (if any space were left at all, after subdividing demographics).

CDC also has a public health tool called conditional release, which involves the release of potentially infected individuals from federal custody subject to conditions calculated to mitigate the risk of disease transmission, such as mandatory self-isolation and CDC monitoring at home. Conditional release is not a viable solution in this context because many aliens covered by this order may lack homes or other places in the United States where they can self-isolate, and CDC lacks the resources and personnel necessary to effectively monitor such a large number of persons. Reliance on the conditional release mechanism in this context would jeopardize, not protect, the public health.

2. POEs and Border Patrol stations are not structured or equipped to safely house or care for aliens infected with COVID-19

POEs and Border Patrol stations would lack the capacity to provide the medical monitoring and care that would be needed by covered aliens confirmed to be infected with COVID-19. Only a few facilities offer medical services directly, and the medical services that are provided are limited to care for minor ailments, basic emergency care, or the on-site administration of prophylaxis for seasonal influenza (i.e., Tamiflu). The facilities are heavily reliant on local and regional hospitals and emergency medical system (EMS) resources.

Moreover, many of the facilities are geographically remote and far from the major medical centers or hospital systems equipped to handle COVID-19 outbreaks. Infected covered aliens would either have to be transported tens or hundreds of miles to the nearest appropriately equipped medical center, or brought to smaller local providers who might lack the resources or capacity to accept COVID-19 cases involving covered aliens. Indeed, U.S. states along the border with Mexico have some of the lowest number of hospital beds per 1,000 inhabitants in the United States.⁶⁴ Arizona, California, and Texas also have some of the largest numbers of residents living in primary care shortage areas of any U.S. states or territories.⁶⁵ The shift of healthcare resources to large numbers of infected, covered aliens would divert the same resources away from the domestic population, which would undermine the Federal response to COVID-19. It would also increase the risk of exposure to COVID-19 for domestic healthcare workers. Such a scenario is not tenable given the current nationwide public health emergency.

IV. Determination and Implementation

Based on the foregoing, I find there is a serious danger of the introduction of COVID-19 into the POEs and Border Patrol stations at or nearby the United States borders with Canada and Mexico, and the interior of the country as a whole, because COVID-19 exists in Canada, Mexico,

⁶⁴ Arizona has 1.9 hospital beds per 1,000 inhabitants; California has 1.8; New Mexico has 1.8, and Texas has 2.3. Kaiser Family Foundation, State Health Facts: Hospitals Per 1,000 Population by Ownership Type (2018), available at <https://www.kff.org/other/state-indicator/beds-by-ownership/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Total%22,%22sort%22:%22asc%22%7D>.

⁶⁵ Kaiser Family Foundation, State Health Facts: Primary Care Health Professional Shortage Areas (HPSAs) (Sept. 30, 2019), available at <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Percent%20of%20Need%20Met%22,%22sort%22:%22asc%22%7D>.

and the countries or places of origin of the covered aliens who migrate to the United States across the land borders with Canada and Mexico. I also find that the introduction into POEs and Border Patrol stations of covered aliens increases the seriousness of the danger to the point of requiring a temporary suspension of the introduction of covered aliens into the United States.

It is necessary for the public health to immediately suspend the introduction of covered aliens. The immediate suspension of the introduction of these aliens requires the movement of all such aliens to the country from which they entered the United States, or their country of origin, or another location as practicable, as rapidly as possible, with as little time spent in congregate settings as practicable under the circumstances. The faster a covered alien is returned to the country from which they entered the United States, to their country of origin, or another location as practicable, the lower the risk the alien poses of introducing, transmitting, or spreading COVID-19 into POEs, Border Patrol stations, other congregate settings, and the interior.

My determinations are based on information provided to CDC by DHS personnel regarding DHS border operations and facilities; the report of the observational visit to the El Paso PDN conducted by the USPHS Scientist officer; figures on the numbers of apprehensions at the United States borders with Canada and Mexico of aliens from countries where COVID-19 exists; information from the public domain; and my own personal knowledge and experience.

I consulted with DHS before I issued this order, and requested that DHS implement this order because CDC does not have the capability, resources, or personnel needed to do so. As part of the consultation, CBP developed an operational plan for implementing the order. Accordingly, DHS will, where necessary, use repatriation flights to move covered aliens on a space-available basis, as authorized by law. The plan is generally consistent with the language of this order directing that covered aliens spend as little time in congregate settings as practicable under the circumstances. In my view, it is also the only viable alternative for implementing the order; CDC's other public health tools are not viable mechanisms given CDC resource and personnel constraints, the large numbers of covered aliens involved, and the likelihood that covered aliens do not have homes in the United States.⁶⁶

This order is not a rule within the meaning of the Administrative Procedure Act (APA). In the event this order qualifies as a rule under the APA, notice and comment and a delay in effective date are not required because there is good cause to dispense with prior public notice and the opportunity to comment on this order and a delay in effective date. Given the public health emergency caused by COVID-19, it would be impracticable and contrary to the public health—and, by extension, the public interest—to delay the issuing and effective date of this order. In addition, because this order concerns the ongoing discussions with Canada and Mexico on how

⁶⁶ CDC relies on the Department of Defense, other federal agencies, and state and local governments to provide both logistical support and facilities for federal quarantines. CDC lacks the resources, manpower, and facilities to quarantine covered aliens. Similarly, DHS has informed CDC that in the near term, it is not financially or logistically practicable for DHS to build additional facilities at POEs and Border Patrol stations for use in quarantines or isolation. Certain soft-sided facilities may be inappropriate for use in quarantines or isolation. DHS would need at least 90 days (likely more) to build and start bringing hard-sided facilities online. Such an approach would not help address the current public health emergency presented to the Federal government today.

best to control COVID-19 transmission over our shared border, it directly “involve[s] . . . a . . . foreign affairs function of the United States.” 5 U.S.C. § 553(a)(1). Notice and comment and a delay in effective date would not be required for that reason as well.

This order shall remain effective for 30 days, or until I determine that the danger of further introduction of COVID-19 into the United States has ceased to be a serious danger to the public health, whichever is shorter. I may extend or modify this order as needed to protect the public health.

In testimony whereof, the Director, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, has hereunto set his hand at Atlanta, Georgia, this 20th day of March, 2020.

A handwritten signature in black ink, reading "Robert R. Redfield MD". The signature is written in a cursive, flowing style.

Robert R. Redfield, MD
Director
Centers for Disease Control and Prevention

EXHIBIT 1

Date: March 14, 2020

To: RADM Sylvia Trent-Adams, Principal Deputy Assistant Secretary for Health, Office of the Assistant Secretary for Health (OASH)

RADM Erica Schwartz, Deputy Surgeon General, Office of the Surgeon General, OASH

From: CAPT Mehran S. Massoudi, Regional Health Administrator, Region VI, OASH

RE: Report of Observational Visit to the DHS El Paso *Paso del Norte* Port of Entry

Mission: Observe normal work flow process and personnel traffic at the El Paso *Paso del Norte* Port of Entry and assess possible public health risks or vulnerabilities posed by the Coronavirus Disease (COVID-19) at Department of Homeland Security (DHS) border facilities.

On March 12-13, 2020, I traveled to El Paso *Paso del Norte* (PDN) Port of Entry and met with Port Director Good, Watch Commander Alvarez, Watch Commander Gomez, and Supervisor Officer Rivas.

The site I visited was selected by the Customs and Border Patrol (CBP) Senior Medical Advisor Dr. Tarantino. It was intended to serve as an example of one of CBP's largest and best-equipped Ports of Entry (POEs) on the Southwest Border, not a representative of other POEs across the country.

The El Paso PDN is one of the country's busiest border crossings, and sees approximately 10 million people entering the United States from Mexico annually. The El Paso PDN processes a flow of approximately 12,000 pedestrians and approximately 6-8,000 vehicles per day. Field statistics for FY19 and Jan. 2020 were supplied by the Public Affairs and Community Liaison Director, El Paso Field Office and are attached to this report, as Attachments A and B, respectively. The location is staffed by CBP officers 24/7 working 8 hour shifts. In addition, the facility has 24/7 coverage by a third party contracted Medical Team comprised of 3-4 members, led by a nurse practitioner or physician assistant, with the rest of the team comprised of emergency medical technicians or Registered Nurses.

There are two points of entry into PDN: a pedestrian and vehicular mode. Both are staffed by the same CBP officers from El Paso. Each person seeking entry to the United States at PDN is asked a series of questions upon encountering the CBP officer, including the travel-related COVID-19 screening questions. Officers use visual cues as well as responses to the screening questions to determine the level of risk of COVID-19 infection. If CBP officers suspect any level of risk or signs/symptoms of illness, they put on a surgical mask (CBP officers wear gloves as a normal practice) and give a surgical mask to the individual as well. The officer would then escort the individual to an area where the officer would first inspect the individual for anything that could be used as a weapon, and then fingerprint the individual (if applicable). The individual would then be triaged to an area where they would be administered a 13-part

questionnaire, with a series of questions added about COVID-19 by the third party contract Medical Team. The questionnaire is attached as Attachment C.

If an individual is determined to be at risk of COVID-19, the individual is escorted to one of several small waiting rooms, each with a window and locked door, while the local health department, Centers for Disease Control and Prevention (CDC), and CBP's Senior Medical Advisor are notified. Local health officials and/or CDC would then be consulted to determine next steps with respect to testing and/or treatment for COVID-19.

If testing is recommended, then CBP will follow guidance from CDC and local health officials about which third party hospital to transport the individual. If the individual is sent for testing in an ambulance, a CBP officer will accompany the individual inside the ambulance. In addition, CBP will consult with Immigration and Customs Enforcement (ICE) officials if the individual leaving the CBP facility has not yet been processed and so must remain in custody.

CBP personnel informed me that the same basic process described above would be applied to those who arrived on foot or by vehicle—provided the individual provided a response to the screening questions indicative of COVID-19 exposure/infection or appeared to exhibit signs/symptoms of the disease requiring a medical consult for further evaluation and possible testing.

Key Observations:

- All CBP officers are fit-tested twice a year for N-95 respirators, but when asked and observed, only surgical masks were identified for use. I was told that the N-95 respirators would be used when there is a declaration of a pandemic or when they are told to use them. Leadership at the site said that they have approximately a 30-day supply of N-95 respirators on hand at the PDN sites. I observed that all CBP officers had a box of gloves and a box of N-95 respirators by their feet behind their workstations.
- The CDC Quarantine Station in El Paso makes routine visits to stop by and answer any questions and provide any updates as needed for the CBP officers. The CBP officers carry a small, two-sided laminated card with key evaluation criteria. The card is attached as Attachment D.
- Observed color-posters of CDC COVID-19 awareness messaging on walls throughout the facility.
- The third party contract Medical Team performs only a small number of tests on-site (rapid Influenza A/B, pregnancy, and glucose). Tests for other conditions, particularly other contagious diseases like measles, are performed off-site at a third part medical facility.
- If an individual is suspected of having an infectious disease or needs to be held for a short period of time, they are put in a small room with a window and a locked door, adjacent to the CBP officers' work-area. This is not an isolation room because the HVAC system is shared with the rest of the facility, and does not have adequate capabilities to contain COVID-19 (i.e., negative pressure, HEPA filtration). Escorting a contagious individual

to and from this room, as well as holding them there, poses a significant risk of exposing nearby CBP personnel.

- If an individual actually infected with COVID-19 were subject to the above screening processes, they would be maneuvered throughout various sections of the POE, creating a significant risk of COVID-19 exposure to other aliens and CBP officers in the POE.

[Attachment A: FY 2019 Field Statistics]

U.S. Department of Homeland Security
9400 Viscount
El Paso, TX 79925



U.S. Customs and Border Protection

January 21, 2019

To: Stakeholders and interested parties

From: Ruben Jauregui
Director, Communication Management Office
Public Affairs and Community Liaison
El Paso Field Office
El Paso, Texas

Subject: El Paso Field Office Traffic Summary Report January-December 2019

January 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	642	228,341	0	0	0	376,229
El Paso	Bridge of Americas	24,576	719	332,330	116	5,387	2,817	104,379
El Paso	Ysleta Bridge	46,518	0	238,762	0	0	0	116,175
El Paso	Stanton St DCL	0	0	119,715	0	0	0	0
El Paso	Ysleta DCL	0	0	101,452	0	0	0	0
Presidio		823	114	62,393	0	0	0	19,563
Boquillas		0	0	0	0	0	0	144
Serna/Tornillo		0	0	24,750	0	0	0	3,124
Serna/Tornillo	Ft Hancock	0	0	8,002	0	0	0	162
Columbus	Columbus	863	0	26,777	0	0	0	23,158
Columbus	Antelope Wells	0	*120	1,163	0	0	0	0
Santa Teresa		9,733	19	46,230	0	0	0	10,132

*Antelope Wells numbers are for passenger vans processed

February 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	793	208,026	0	0	0	347,742
El Paso	Bridge of Americas	22,159	539	296,190	116	6,503	2,487	93,721
El Paso	Ysleta Bridge	43,800	0	213,097	0	0	0	115,133
El Paso	Stanton St DCL	0	0	114,954	0	0	0	0
El Paso	Ysleta DCL	0	0	96,686	0	0	0	0
Presidio		707	77	53,410	0	0	0	15,362
Boquillas		0	0	0	0	0	0	2,385
Serna/Tornillo		0	0	24,503	0	0	0	3,284
Serna/Tornillo	Ft Hancock	0	0	7,792	0	0	0	143
Columbus	Columbus	418	0	24,635	0	0	0	21,340
Columbus	Antelope Wells	0	*76	793	0	0	0	0
Santa Teresa		9,116	15	42,335	0	0	0	7,413

*Antelope Wells numbers are for passenger vans processed

March 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	759	225,206	0	0	0	408,028
El Paso	Bridge of Americas	23,832	684	305,090	109	5,751	3,180	115,579
El Paso	Ysleta Bridge	45,152	0	221,472	0	0	0	136,788
El Paso	Stanton St DCL	0	0	124,712	0	0	0	0
El Paso	Ysleta DCL	0	0	106,205	0	0	0	0
Presidio		791	105	62,810	0	0	0	20,473
Boquillas		0	0	0	0	0	0	4,362
Serna/Tornillo		0	0	28,181	0	0	0	3,061
Serna/Tornillo	Ft Hancock	0	0	9,908	0	0	0	224
Columbus	Columbus	377	0	28,673	0	0	0	21,951
Columbus	Antelope Wells	0	*103	972	0	0	0	0
Santa Teresa		9,903	24	52,541	0	0	0	9,898

*Antelope Wells numbers are for passenger vans processed

April 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	750	155,983	0	0	0	380,366
El Paso	Bridge of Americas	18,973	670	200,817	112	6,932	3,211	154,135
El Paso	Ysleta Bridge	38,449	0	140,421	0	0	0	173,111
El Paso	Stanton St DCL	0	0	130,521	0	0	0	0
El Paso	Ysleta DCL	0	0	92,139	0	0	0	0
Presidio		829	123	55,708	0	0	0	35,469
Boquillas		0	0	0	0	0	0	2,875
Serna/Tornillo		0	0	28,326	0	0	0	4,361
Serna/Tornillo	Ft Hancock	0	0	11,545	0	0	0	339
Columbus	Columbus	608	0	28,117	0	0	0	24,299
Columbus	Antelope Wells	0	*127	1,302	0	0	0	0
Santa Teresa		10,187	29	45,852	0	0	0	20,355

*Antelope Wells numbers are for passenger vans processed

May 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	882	168,894	0	0	0	379,532
El Paso	Bridge of Americas	20,390	705	242,474	134	8,308	3,239	147,259
El Paso	Ysleta Bridge	47,835	0	169,580	0	0	0	168,443
El Paso	Stanton St DCL	0	0	138,374	0	0	0	0
El Paso	Ysleta DCL	0	0	108,888	0	0	0	0
Presidio		875	0	58,129	0	0	0	23,072
Boquillas		0	0	0	0	0	0	1,563
Serna/Tornillo		0	118	29,010	0	0	0	3,571
Serna/Tornillo	Ft Hancock	0	0	11,630	0	0	0	216
Columbus	Columbus	1,030	0	30,660	0	0	0	24,365
Columbus	Antelope Wells	0	*125	1,135	0	0	0	0
Santa Teresa		13,221	13	49,834	0	0	0	14,221

*Antelope Wells numbers are for passenger vans processed

June 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	934	158,621	0	0	0	372,565
El Paso	Bridge of Americas	14,620	789	224,054	121	7,820	3,116	154,368
El Paso	Ysleta Bridge	48,564	0	181,356	0	0	0	161,103
El Paso	Stanton St DCL	0	0	123,047	0	0	0	0
El Paso	Ysleta DCL	0	0	104,499	0	0	0	0
Presidio		643	117	55,964	0	0	0	29,194
Boquillas		0	0	0	0	0	0	1,007
Serna/Tornillo		0	0	26,625	0	0	0	1,506
Serna/Tornillo	Ft Hancock	0	0	9,443	0	0	0	334
Columbus	Columbus	1,204	0	29,661	0	0	0	15,392
Columbus	Antelope Wells	0	*127	992	0	0	0	0
Santa Teresa		11,843	30	50,672	0	0	0	16,847

*Antelope Wells numbers are for passenger vans processed

July 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	862	146,360	0	0	0	369,293
El Paso	Bridge of Americas	15,711	883	217,658	126	8,741	2,660	182,378
El Paso	Ysleta Bridge	51,922	0	305,414	0	0	0	178,969
El Paso	Stanton St DCL	0	0	123,123	0	0	0	0
El Paso	Ysleta DCL	0	0	107,296	0	0	0	0
Presidio		830	162	58,934	0	0	0	37,779
Boquillas		0	0	0	0	0	0	934
Serna/Tornillo		0	0	33,967	0	0	0	1,510
Serna/Tornillo	Ft Hancock	0	0	9,456	0	0	0	385
Columbus	Columbus	1,808	0	32,455	0	0	0	22,959
Columbus	Antelope Wells	0	*152	1,473	0	0	0	0
Santa Teresa		12,915	19	56,495	0	0	0	26,487

*Antelope Wells numbers are for passenger vans processed

August 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	981	163,806	0	0	0	349,842
El Paso	Bridge of Americas	16,129	812	240,369	124	10,404	4,487	152,466
El Paso	Ysleta Bridge	53,240	0	198,831	0	0	0	166,014
El Paso	Stanton St DCL	0	0	133,379	0	0	0	0
El Paso	Ysleta DCL	0	0	108,208	0	0	0	0
Presidio		806	130	56,539	0	0	0	25,946
Boquillas		0	0	0	0	0	0	709
Serna/Tornillo		0	0	28,161	0	0	0	3,093
Serna/Tornillo	Ft Hancock	0	0	9,508	0	0	0	273
Columbus	Columbus	2,138	0	31,132	0	0	0	25,529
Columbus	Antelope Wells	0	*121	950	0	0	0	0
Santa Teresa		11,922	22	49,664	0	0	0	16,532

*Antelope Wells numbers are for passenger vans processed

September 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	930	183,319	0	0	0	341,846
El Paso	Bridge of Americas	15,080	675	252,480	127	8,223	3,086	131,396
El Paso	Ysleta Bridge	50,428	0	221,684	0	0	0	156,242
El Paso	Stanton St DCL	0	0	134,221	0	0	0	0
El Paso	Ysleta DCL	0	0	107,839	0	0	0	0
Presidio		833	125	56,328	0	0	0	20,988
Boquillas		0	0	0	0	0	0	1,001
Serna/Tornillo		0	0	25,901	0	0	0	3,654
Serna/Tornillo	Ft Hancock	0	0	9,581	0	0	0	268
Columbus	Columbus	2,054	0	30,609	0	0	0	24,870
Columbus	Antelope Wells	0	*98	938	0	0	0	0
Santa Teresa		11,377	16	43,162	0	0	0	12,113

*Antelope Wells numbers are for passenger vans processed

October 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	839	191,494	0	0	0	361,221
El Paso	Bridge of Americas	16,498	697	265,834	115	7,278	2,571	147,038
El Paso	Ysleta Bridge	55,251	0	214,485	0	0	0	159,779
El Paso	Stanton St DCL	0	0	146,029	0	0	0	0
El Paso	Ysleta DCL	0	0	115,628	0	0	0	0
Presidio		1,054	142	56,209	0	0	0	19,401
Boquillas		0	0	0	0	0	0	1,700
Serna/Tornillo		0	0	27,883	0	0	0	4,021
Serna/Tornillo	Ft Hancock	0	0	9,676	0	0	0	268
Columbus	Columbus	2,890	0	30,318	0	0	0	23,592
Columbus	Antelope Wells	0	*0	931	0	0	0	0
Santa Teresa		12,672	13	42,174	0	0	0	11,661

*Antelope Wells numbers are for passenger vans processed

November 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	742	175,505	0	0	0	330,171
El Paso	Bridge of Americas	12,839	760	259,756	112	7,202	2,346	134,592
El Paso	Ysleta Bridge	52,063	0	203,584	0	0	0	149,073
El Paso	Stanton St DCL	0	0	133,865	0	0	0	0
El Paso	Ysleta DCL	0	0	105,061	0	0	0	0
Presidio		1,022	142	54,667	0	0	0	21,686
Boquillas		0	0	0	0	0	0	3,498
Serna/Tornillo		0	0	26,583	0	0	0	3,128
Serna/Tornillo	Ft Hancock	0	0	9,664	0	0	0	242
Columbus	Columbus	1,868	0	27,981	0	0	0	21,435
Columbus	Antelope Wells	0	*95	1,070	0	0	0	0
Santa Teresa		10,924	20	43,748	0	0	0	12,416

***Antelope Wells numbers are for passenger vans processed**

December 2019

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	1,007	190,826	0	0	0	325,436
El Paso	Bridge of Americas	11,379	978	284,027	97	5,258	2,826	154,034
El Paso	Ysleta Bridge	46,744	0	221,027	0	0	0	161,469
El Paso	Stanton St DCL	0	0	135,170	0	0	0	0
El Paso	Ysleta DCL	0	0	108,080	0	0	0	0
Presidio		985	182	58,203	0	0	0	38,527
Boquillas		0	0	0	0	0	0	2,467
Serna/Tornillo		0	0	29,660	0	0	0	3,099
Serna/Tornillo	Ft Hancock	0	0	10,279	0	0	0	262
Columbus	Columbus	1,490	0	30,398	0	0	0	22,675
Columbus	Antelope Wells	0	*121	1,551	0	0	0	0
Santa Teresa		10,113	20	53,942	0	0	0	23,104

***Antelope Wells numbers are for passenger vans processed**

[Attachment B: Jan. 2020 Field Statistics]

U.S. Department of Homeland Security
9400 Viscount
El Paso, TX 79925



U.S. Customs and Border Protection

February 25, 2020

To: Stakeholders and interested parties

From: Ruben Jauregui
Director, Communication Management Office
Public Affairs and Community Liaison
El Paso Field Office
El Paso, Texas


Subject: El Paso Field Office Traffic Summary Report January 2020

January 2020

		Trucks	Buses	POV's	Trains	Empty Rail containers	Full Rail Containers	Pedestrians
El Paso	Paso del Norte	0	1,047	186,475	0	0	0	294,921
El Paso	Bridge of Americas	13,612	810	279,016	91	4,090	1,481	127,497
El Paso	Ysleta Bridge	53,785	0	219,982	0	0	0	137,015
El Paso	Stanton St DCL	0	0	134,574	0	0	0	0
El Paso	Ysleta DCL	0	0	104,067	0	0	0	0
Presidio		967	128	56,535	0	0	0	25,047
Boquillas		0	0	0	0	0	0	2,585
Serna/Tornillo		0	0	24,937	0	0	0	2,929
Serna/Tornillo	Ft Hancock	0	0	9,246	0	0	0	169
Columbus	Columbus	1,032	0	28,629	0	0	0	24,479
Columbus	Antelope Wells	0	*118	1,254	0	0	0	0
Santa Teresa		11,886	31	46,478	0	0	0	14,731


***Antelope Wells numbers are for passenger vans processed**

[Attachment C: 13-part Screening Questionnaire]

 LoyalSource
Government Services

BSFAU SOP: 010
28 Oct 2019

Attachment 3

 LoyalSource
Government Services

13 Scripted Questions for Detainee Intake

1. Do you have a history of current medical or mental health issues?
Tiene o ha tenido problemas medicos o condiciones de enfermedad mentales?
2. Are you taking any medications (prescription or OTC)? If yes, do you have it with you?
Esta tomando medicamento recetadas?
3. Do you have any allergies (food or medicine)?
Tiene alergias a cualquier medicamento o comida?
4. Are you a drug user?
Usa drogas?
5. (If female) Are you pregnant? If yes, how many months?
Esta embarazada? Cuantos meses/semanas?
6. (If female) Are you nursing?
Estas amamantando?
7. Are you currently injured or do you have significant pain?
Esta erido or tiene dolor en algun lugar?
8. Do you have a skin rash?
Tiene una condicion en la piel?
9. Do you have a contagious disease?
Tiene una enfermedad contagiosa?
10. Are you thinking about hurting yourself or others?
Esta pesando lastimarte a ti mismo o alguien mas?
11. Do you feel feverish or do you feel that you have a fever?
Te sientes febril o tiene fiebre?
12. Do you have a cough or difficult breathing?
Tiene tos o problemas respirando?
13. Do you have nausea, vomiting, or diarrhea?
Tiene nausea, vomitos or diarea?

Detainee Initial Health-Intake Requirements V2.1

Page 6



LoyalSource
Government Services

BSFAU SOP: 010
28 Oct 2019

Attachment 3



LoyalSource
Government Services

13 Scripted Questions for Detainee Intake

1. Do you have a history of current medical or mental health issues?
Tiene o ha tenido problemas medicos o condiciones de enfermedad mentales?
2. Are you taking any medications (prescription or OTC)? If yes, do you have it with you?
Esta tomando medicamento recetadas?
3. Do you have any allergies (food or medicine)?
Tiene alergias a cualquier medicamento o comida?
4. Are you a drug user?
Usa drogas?
5. (If female) Are you pregnant? If yes, how many months?
Esta embarazada? Cuantos meses/semanas?
6. (If female) Are you nursing?
Estas amamantando?
7. Are you currently injured or do you have significant pain?
Esta erido or tiene dolor en algun lugar?
8. Do you have a skin rash?
Tiene una condicion en la piel?
9. Do you have a contagious disease?
Tiene una enfermedad contagiosa?
10. Are you thinking about hurting yourself or others?
Esta pensando lastimarte a ti mismo o alguien mas?
11. Do you feel feverish or do you feel that you have a fever?
Te sientes febril o tiene fiebre?
12. Do you have a cough or difficult breathing?
Tiene toz o problemas respirando?
13. Do you have nausea, vomiting, or diarrhea?
Tiene nausea, vomitos or diarea?



LoyalSource
Government Services

BSFAU SOP: 010
28 Oct 2019

Attachment 3



LoyalSource
Government Services

13 Scripted Questions for Detainee Intake

1. Do you have a history of current medical or mental health issues?
Tiene o ha tenido problemas medicos o condiciones de enfermedad mentales?
2. Are you taking any medications (prescription or OTC)? If yes, do you have it with you?
Esta tomando medicamento recetadas?
3. Do you have any allergies (food or medicine)?
Tiene alergias a cualquier medicamento o comida?
4. Are you a drug user?
Usa drogas?
5. (If female) Are you pregnant? If yes, how many months?
Esta embarazada? Cuantos meses/semanas?
6. (If female) Are you nursing?
Estas amamantando?
7. Are you currently injured or do you have significant pain?
Esta erido or tiene dolor en algun lugar?
8. Do you have a skin rash?
Tiene una condicion en la piel?
9. Do you have a contagious disease?
Tiene una enfermedad contagiosa?
10. Are you thinking about hurting yourself or others?
Esta pensando lastimarte a ti mismo o alguien mas?
11. Do you feel feverish or do you feel that you have a fever?
Te sientes febril o tiene fiebre?
12. Do you have a cough or difficult breathing?
Tiene toz o problemas respirando?
13. Do you have nausea, vomiting, or diarrhea?
Tiene nausea, vomitos or diarea?



LoyalSource
Government Services

BSFAU SOP: 010
28 Oct 2019

Attachment 3



LoyalSource
Government Services

13 Scripted Questions for Detainee Intake

1. Do you have a history of current medical or mental health issues?
Tiene o ha tenido problemas medicos o condiciones de enfermedad mentales?
2. Are you taking any medications (prescription or OTC)? If yes, do you have it with you?
Esta tomando medicamento recetadas?
3. Do you have any allergies (food or medicine)?
Tiene alergias a cualquier medicamento o comida?
4. Are you a drug user?
Usa drogas?
5. (If female) Are you pregnant? If yes, how many months?
Esta embarazada? Cuantos meses/semanas?
6. (If female) Are you nursing?
Estas amamantando?
7. Are you currently injured or do you have significant pain?
Esta erido or tiene dolor en algun lugar?
8. Do you have a skin rash?
Tiene una condicion en la piel?
9. Do you have a contagious disease?
Tiene una enfermedad contagiosa?
10. Are you thinking about hurting yourself or others?
Esta pesando lastimarte a ti mismo o alguien mas?
11. Do you feel feverish or do you feel that you have a fever?
Te sientes febril o tiene fiebre?
12. Do you have a cough or difficult breathing?
Tiene toz o problemas respirando?
13. Do you have nausea, vomiting, or diarrhea?
Tiene nausea, vomitos or diarea?

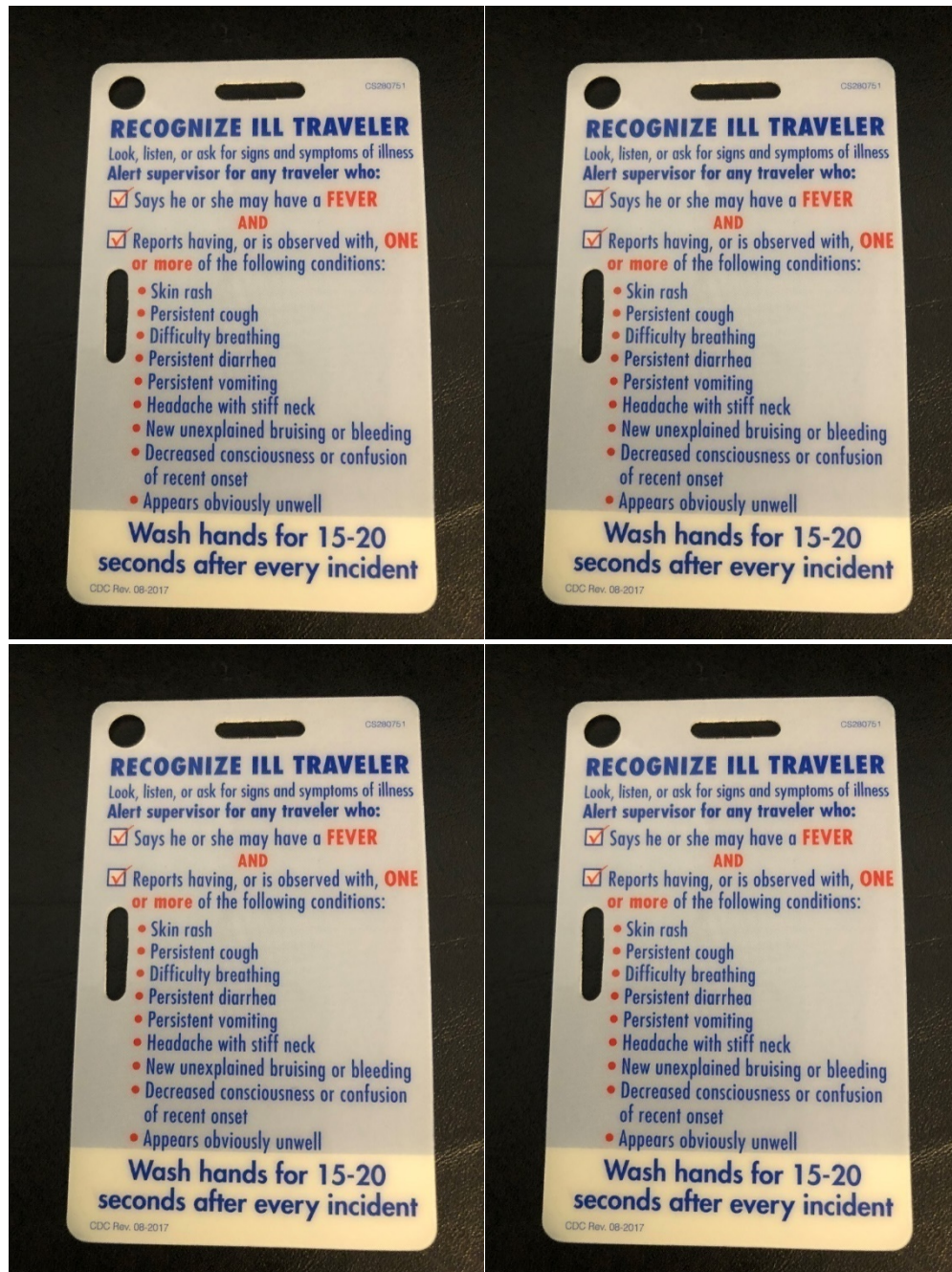
[Attachment D: RING Card]

(front)





(back)



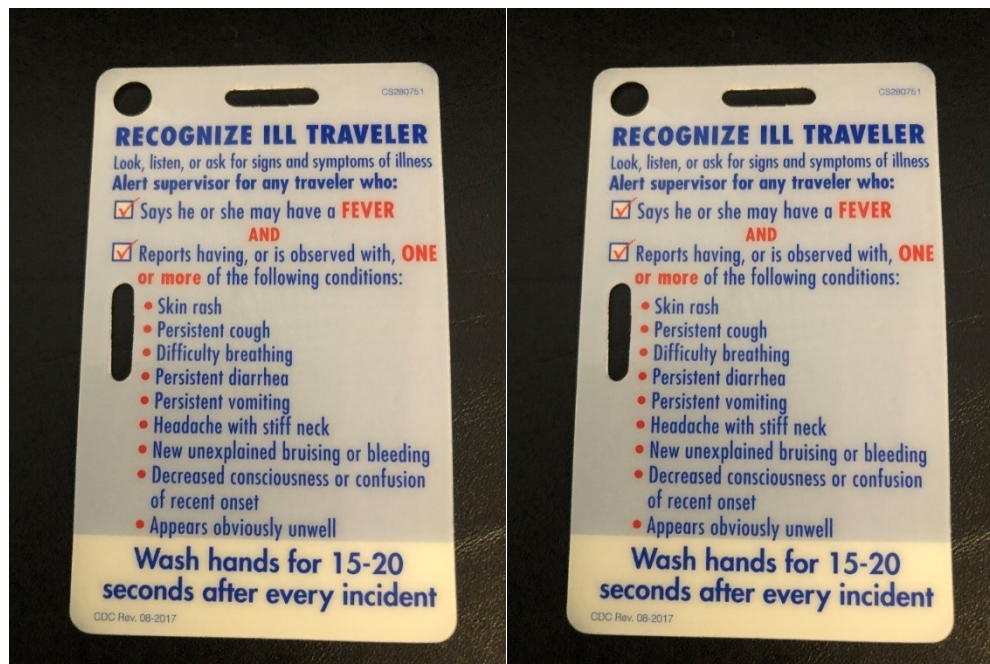


EXHIBIT 2

U.S. Border Patrol (USBP) - Apprehensions (FY20TD-Feb.)		
Country of Citizenship	Southwest Border	Northern Border
ALBANIA	12	1
ALGERIA	0	1
ARGENTINA	4	2
ARMENIA	1	0
BANGLADESH	420	1
BELGIUM	0	1
BOLIVIA	10	1
BRAZIL	6,248	11
BULGARIA	1	1
BURKINA FASO	1	1
CAMBODIA	0	1
CAMEROON	20	0
CANADA	2	33
CHILE	341	0
CHINA (PEOPLE'S REPUBLIC OF)	1,157	18
COLOMBIA	204	35
COSTA RICA	21	0
DEM REP OF THE CONGO	149	0
DOMINICAN REPUBLIC	160	12
ECUADOR	7,027	35
FRENCH GUIANA	1	0
GERMANY	0	1
GUADELOUPE	2	0
HONDURAS	19,493	87
INDIA	805	111
INDONESIA	1	1
IRAN	5	1
IRAQ	1	1
IRELAND	2	0
ISRAEL	4	3
ITALY	6	1
JAMAICA	1	7
JAPAN	0	1
JORDAN	7	3
KOREA	0	1
KUWAIT	1	0
MALAYSIA	1	1

U.S. Border Patrol (USBP) - Apprehensions (FY20TD-Feb.)		
Country of Citizenship	Southwest Border	Northern Border
MEXICO	80,130	707
MOLDOVA	0	1
NEPAL	77	0
NIGERIA	9	8
NORWAY	0	1
PAKISTAN	61	3
PANAMA	11	1
PARAGUAY	1	1
PERU	295	1
PHILIPPINES	0	3
POLAND	0	3
ROMANIA	151	43
RUSSIA	6	0
SENEGAL	1	1
SINGAPORE	1	0
SOUTH AFRICA	2	2
SOUTH KOREA	1	8
SPAIN	5	7
SRI LANKA	196	3
SWEDEN	1	0
THAILAND	0	1
TOGO	2	1
TUNISIA	0	1
TURKEY	46	1
UKRAINE	2	3
UNITED KINGDOM	2	10
VIETNAM	197	2
TOTAL	117,305	1,185

Source: End of Month Report

EXHIBIT 3

Office of Field Operations (OFO) - Inadmissible Aliens (FY20TD-Feb.)		
Country of Citizenship	Southwest Border	Northern Border
AFGHANISTAN	0	23
ALBANIA	0	13
ALGERIA	0	349
ANDORRA	0	1
ARGENTINA	4	7
ARMENIA	108	1
AUSTRALIA	4	53
AUSTRIA	1	6
AZERBAIJAN	8	9
BANGLADESH	3	79
BELARUS	11	5
BELGIUM	15	39
BHUTAN	0	9
BOLIVIA	3	2
BOSNIA-HERZEGOVINA	0	6
BRAZIL	152	318
BULGARIA	1	14
BURKINA FASO (UPPER VOLTA)	10	20
CAMBODIA	0	3
CAMEROON	1,025	69
CANADA	25	9,693
CHILE	21	47
CHINA (PEOPLE'S REPUBLIC OF)	500	1,378
TAIWAN	0	21
COLOMBIA	83	151
COSTA RICA	8	3
CROATIA	0	10
CYPRUS	0	4
CZECH REPUBLIC	1	7
DEMOCRATIC REPUBLIC OF CONGO (ZAIRE)	171	29
DENMARK	1	16
DOMINICAN REPUBLIC	4	25
ECUADOR	156	14

Office of Field Operations (OFO) - Inadmissible Aliens (FY20TD-Feb.)		
Country of Citizenship	Southwest Border	Northern Border
EGYPT	2	124
ESTONIA	0	1
FINLAND	0	5
FRANCE	6	802
GEORGIA	59	2
GERMANY	1	88
GREECE	1	19
HONDURAS	1,343	32
HONG KONG, PRC	0	8
HUNGARY	1	16
INDIA	22	2,135
INDONESIA	1	17
IRAN	3	1,061
IRAQ	2	63
IRELAND	0	27
ISRAEL	5	58
ITALY	6	50
JAMAICA	24	120
JAPAN	2	33
JORDAN	1	28
KUWAIT	3	1
LATVIA	1	1
LEBANON	2	54
LITHUANIA	2	8
LUXEMBOURG	0	2
MACAO (MACAU), PRC	0	1
MACEDONIA (SKOPJE)	0	2
MALAYSIA	0	9
MALTA AND GOZO	0	2
MEXICO	29,713	245
MOLDOVA	0	9
MOROCCO	1	350
NEPAL	0	6
NETHERLANDS	0	17

Office of Field Operations (OFO) - Inadmissible Aliens (FY20TD-Feb.)		
Country of Citizenship	Southwest Border	Northern Border
NEW ZEALAND	0	20
NIGERIA	0	182
NORWAY	3	7
OMAN	1	2
PAKISTAN	5	160
PANAMA	4	1
PARAGUAY	0	2
PERU	46	15
PHILIPPINES	0	554
POLAND	1	66
PORTUGAL	0	57
REPUBLIC OF CONGO (BRAZZAVILLE)	40	9
REPUBLIC OF SOUTH AFRICA	6	21
ROMANIA	9	39
RUSSIA	340	101
SAUDI ARABIA	4	14
SENEGAL	5	56
SERBIA	0	4
SINGAPORE	0	6
SLOVAKIA	0	2
SLOVENIA	0	2
SOUTH KOREA	12	178
SPAIN	19	66
SRI LANKA	0	28
SWEDEN	0	27
SWITZERLAND	1	20
THAILAND	0	6
TOGO	6	20
TUNISIA	0	274
TURKEY	38	50
UKRAINE	70	130
UNITED ARAB EMIRATES	1	2
UNITED KINGDOM	7	148
VIETNAM	7	77

Office of Field Operations (OFO) - Inadmissible Aliens (FY20TD-Feb.)		
Country of Citizenship	Southwest Border	Northern Border
TOTAL	34,141	20166

Source: SBO Data via End of Month Report; NBO Data via CBP Data Warehouse as of
3/3/2020

Exhibit 28

to Choudhury Decl.

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



The Pulaski County Detention Center is located just off Interstate 57 in Ullin.

The Southern File Photo

ULLIN — 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."

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.

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.

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."

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.

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.

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

molly.parker@thesouthern.com

618-351-5079

On Twitter: @MollyParkerSI

 **2** comments

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.

Sign up!

* I understand and agree that registration on or use of this site constitutes agreement to its user agreement and [privacy_policy](#).

Molly Parker

Reporter

Molly Parker is general assignment and investigative projects reporter for The Southern Illinoisan.

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 29

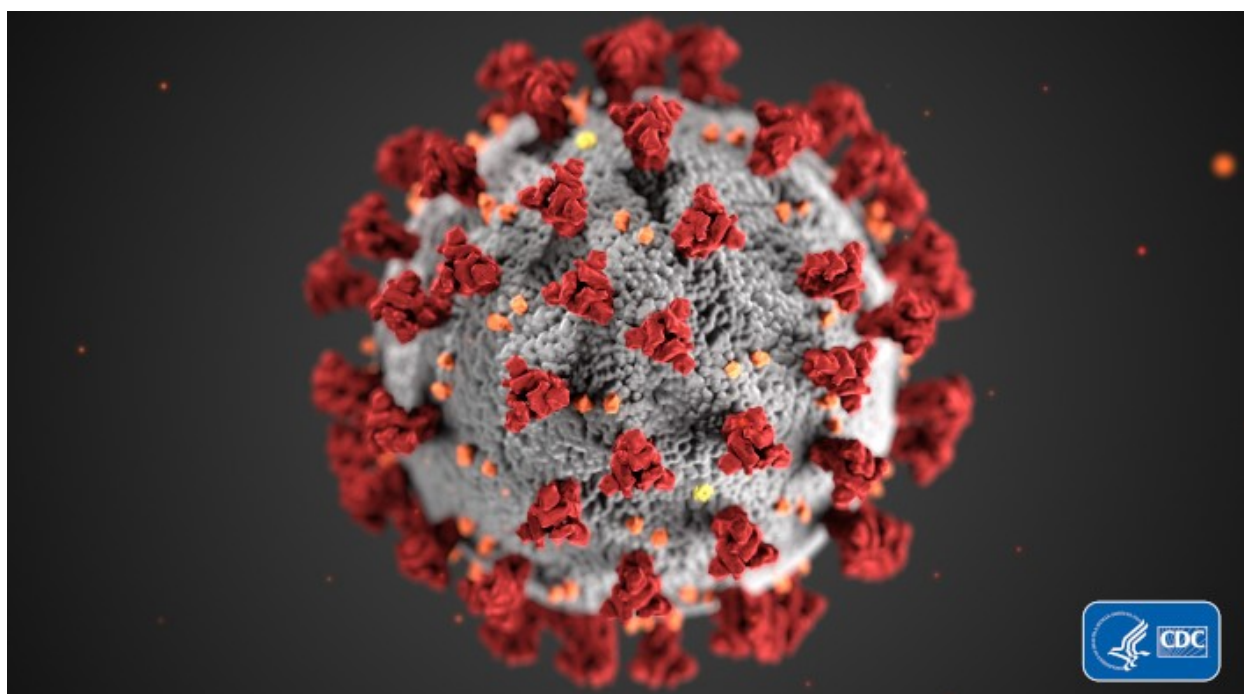
to Choudhury Decl.



Common Questions About the New Coronavirus Outbreak

Written By: Miriam Falco

📅 May 8, 2020



By continuing to browse this site, you are accepting our terms of use, including the use of cookies. To read and understand our Terms of Use and our use of cookies BEFORE you use our site, please review:

[Terms of Use](#)

[View Cookies](#)

[✓ Accept Terms & Cookies](#)

It's also important that both patients and their caregivers take precautions to lower their risk of getting COVID-19. The US Centers for Disease Control and Prevention (CDC) has [specific recommendations for people at risk for serious illness from COVID-19 infection](#).

While the news about this outbreak is changing daily, knowing some basic facts about what can and cannot be done to help protect you and others from getting sick can be very empowering.

On this page

[How can I protect myself and others from getting COVID-19?](#)

[What are the symptoms of COVID-19?](#)

[What else do cancer patients need to know about the coronavirus?](#)

[Should people still get screened for cancer during this pandemic?](#)

[What is a coronavirus?](#)

[What is COVID-19?](#)

[How serious is the COVID-19 illness?](#)

[How does the virus spread?](#)

[Can I get COVID-19 from a blood transfusion?](#)

[Can I get tested to see if I'm infected \(or was infected in the past\)?](#)

[Is there a vaccine against the new coronavirus?](#)

[Are there medicines to treat COVID-19?](#)

How can I protect myself and others from getting COVID-19?

According to the CDC, there are things all of us can do to help lower the risk of being infected (and infecting others):

- Wash your hands frequently with soap and water for at least 20 seconds because it's one of the best ways to kill germs on your hands and prevent the spread of germs to others. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth because if you picked up the virus, you could infect yourself by

By continuing to
browse this site,
you are accepting
our terms of use,
including the use
of cookies. To read
and understand
our Terms of Use
and our use of
cookies BEFORE
you use our site,
please review:

[Terms of Use](#)

[View Cookies](#)

[✓ Accept Terms & Cookies](#)

People are encouraged to take advantage of telehealth services, if they are available, and "see" their doctors without going in person for an office visit. [Medicare has temporarily expanded its coverage of telehealth services](#). Some health insurance providers are doing the same.

People with cancer who are getting infusions at the clinic or hospital should talk to their doctor about alternate treatments that might be available, like oral medicines or infusions at home.

Should I wear a face mask?

The CDC is recommending that if you need to go out somewhere where you might be close to other people (such as in a grocery store or pharmacy), wear a cloth face covering (something that covers your nose, mouth, and much of your face) or a face mask (if you already have one). The face covering is meant to help protect other people, because you could spread the virus if you are infected and don't have symptoms. The chances of infecting others might be the greatest just before someone shows symptoms.

It's important to understand that **wearing a covering or mask is not a substitute for social distancing. It's still very important to stay at least 6 feet away from others, even while wearing a face covering or mask, and to continue to wash your hands frequently.**

If you want to make a cloth covering or mask at home and aren't sure how, the CDC has [instructions on how to make basic sewing and non-sewing versions](#). Friends and family might also be able to help you find or make masks.

Remember to wash your hands before putting on your face covering, to not touch your face while wearing the covering, and to wash your hands right after taking it off.

The CDC does not recommend that people in the general public wear surgical or N95 masks. These are in short supply in many areas and should be saved for healthcare workers who need them when caring for people who are sick.

It is also best to check with your local authorities to see if your area has specific guidelines about wearing a face covering in public.

Are there different recommendations for cancer patients and caregivers?

The CDC does not have specific recommendations on masks for people who have or have had cancer and their caregivers. But for many people being treated for cancer, especially with treatments like chemotherapy or stem cell (bone marrow) transplants that can weaken the immune system, doctors often recommend patients wear a mask to help lower exposure to germs that might cause infections. If you're not sure if you or your caregiver should be

By continuing to
browse this site,
you are accepting
our terms of use,
including the use
of cookies. To read
and understand
our Terms of Use
and our use of
cookies BEFORE
you use our site,
please review:

[Terms of Use](#)

> [View Cookies](#)

✓ [Accept Terms & Cookies](#)

- New loss of smell or taste

Other symptoms can include:

- Feeling very tired
- Loss of appetite
- Coughing up sputum

Some patients may have diarrhea or nausea before these symptoms occur.

Contact your doctor or local health department if you have any of these symptoms.

If you or the person you're caring for has any of the following **serious signs and symptoms** of COVID-19, get medical attention right away:

- Trouble breathing or shortness of breath
- Constant pain or heaviness in the chest
- New confusion or being hard to wake up
- Bluish lips or face

It's important to know that some people who are infected with the virus might not have symptoms, but they could still spread the virus to others. Children in particular might have fewer symptoms. Because of this, it's important that *everyone* follow the [CDC's recommendations on how to protect yourself and others](#).

What else do cancer patients need to know about the coronavirus?

The COVID-19 outbreak is fairly new, and doctors are still learning information about this coronavirus for cancer patients. But they do have a lot of information regarding the [risk of infections in general for cancer patients](#).

Avoiding being exposed to this virus is especially important for cancer patients, who might be at higher risk for serious illness if they get infected. This is particularly true for patients who are getting chemotherapy or a stem cell (bone marrow) transplant, because their immune systems can be severely weakened by the treatment.

By continuing to
browse this site,
you are accepting
our terms of use,
including the use
of cookies. To read
and understand
our Terms of Use
and our use of
cookies BEFORE
you use our site,
please review:

[Terms of Use](#)

> [View Cookies](#)

✓ Accept Terms & Cookies

Does health insurance cover coronavirus testing and care?

You may or may not have out-of-pocket costs if you get tested for coronavirus or if you need medicines or other care for COVID-19. You'll need to check with your health insurance company about coverage. Here are some tips and resources to get you started:

- Call the toll-free number on the back of your insurance card
- Read about [Medicare coverage of coronavirus-related needs](#)
- See [Medicaid's frequently asked questions about COVID-19](#)
- Learn about [coronavirus and your Marketplace health plan coverage](#)

Should people still get screened for cancer during this pandemic?

Health officials in most places are still urging people to stay home as much as possible to reduce the spread of COVID-19. At the same time, health centers in some parts of the country are starting to schedule screening tests and exams again, typically with measures in place to help maintain social distancing as much as possible. So, what should you do if you're due (or overdue) for a cancer screening?

This is a complex topic because even though stay-at-home orders in many places are being relaxed or lifted, the pandemic is not over. The answer to the question of whether it's safe to be screened again might not be the same for everyone, so **it's important to talk to your doctor, nurse practitioner, physician assistant, etc., to find out what's best for you.** Some important things to consider:

- What is your risk for the type of cancer you're being screened for? Is the risk of postponing cancer screening bigger than the risk you face from COVID-19?
- What type of screening test would you have? (Some types of screening tests are more involved than others.)
- How common is COVID-19 in your area, and what are local health officials recommending about getting health care services right now?
- What is your risk for having complications if you are infected with COVID-19 (based on things like your age and if you have other serious health conditions)?
- What measures is the center taking to help protect you and others from COVID-19 (such as pre-screening patients for COVID-related symptoms before appointments, allowing for physical distancing between patients and for longer appointment times if needed, cleaning equipment and surfaces after each patient visit, and

By continuing to
browse this site,
you are accepting
our terms of use,
including the use
of cookies. To read
and understand
our Terms of Use
and our use of
cookies BEFORE
you use our site,
please review:

[Terms of Use](#)

> [View Cookies](#)

✓ [Accept Terms & Cookies](#)

What is a coronavirus?

Coronaviruses are a family of viruses that can cause common colds, as well as more serious respiratory diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The first coronavirus was discovered in the 1960s.

What is COVID-19?

COVID-19 is the name of the illness caused by a *new* coronavirus that has led to a large outbreak, which was first reported in China in December 2019. The name of this coronavirus is "SARS-CoV-2."

Principal Deputy Director of the CDC, Dr. Anne Schuchat, says this new COVID-19 illness, referred to by some people only as COVID, is "spread in a similar way to the common cold or to influenza."

How serious is the COVID-19 illness?

"The vast majority of individuals who contract the novel coronavirus, they will experience mild to moderate symptoms and their treatment will be to remain at home, treating their symptoms the way they would a severe cold or the flu," said Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health in a statement. "For some individuals, a smaller percentage, especially those who may be medically fragile, they will require medical attention including possibly hospitalization."

[According to the CDC](#), people who may be at greater risk for serious complications if they are infected with this new virus include:

- Older adults (aged 65 or older) or people living in nursing homes or long-term care facilities
- People with weakened immune systems**
- People with chronic lung disease (including moderate or severe asthma)
- People with serious heart conditions
- People who are very obese
- People with medical conditions such as diabetes, kidney failure, or liver disease

**Many conditions can weaken the immune system, such as cancer and its treatment (including a bone marrow transplant), smoking, having had an organ transplant, being born with an immune deficiency, having poorly controlled

By continuing to
browse this site,
you are accepting
our terms of use,
including the use
of cookies. To read
and understand
our Terms of Use
and our use of
cookies BEFORE
you use our site,
please review:

[Terms of Use](#)

> [View Cookies](#)

✓ [Accept Terms & Cookies](#)

Coping with how life has changed:

- [Tips to Help Manage Stress, Anxiety, and Emotions](#)
- [Staying Active and Eating Healthy While at Home](#)
- [Encouraging Seniors to Use Telehealth Services](#)

Can I get COVID-19 from a blood transfusion?

According to the [American Red Cross](#), there is no evidence that this new coronavirus can be transmitted through a blood transfusion.

Donating blood is still possible for those who are healthy and feel well, and it's greatly needed, according to the Red Cross. The COVID-19 outbreak and resulting social distancing has led to canceled blood drives and dramatic blood shortages in many parts of the country.

The US Food and Drug Administration (FDA) has [information on donating blood and other things you can do to help](#) during this pandemic.

Can I get tested to see if I'm infected (or was infected in the past)?

Tests for the virus that causes COVID-19 can be done on samples taken from inside the nose or throat (or from saliva samples). The testing field is changing almost daily, as the FDA continues to allow new tests onto the market. But not everyone needs to be tested for COVID-19.

The CDC has issued [guidance for state and local health departments and for doctors on how to prioritize who should be tested](#), because there aren't enough tests available at this time for everyone. But it's up to each health department and doctor to use their best judgment when deciding if someone needs to be tested, based on things like:

- If the person is having symptoms
- If the person is likely to be exposed to the virus (as is the case for many health care workers)
- If the person is in the hospital or is at higher risk for complications if they're infected

By continuing to
browse this site,
you are accepting
our terms of use,
including the use
of cookies. To read
and understand
our Terms of Use
and our use of
cookies BEFORE
you use our site,
please review:

[Terms of Use](#)

> [View Cookies](#)

✓ [Accept Terms & Cookies](#)

- One test uses swabs to collect samples from [inside the nose](#)
- The other test uses [samples of saliva](#)

With either test, once the samples are collected, they need to be shipped to a lab for the actual testing, so the results won't be available right away. These tests still require a doctor's order before they can be done. **No other tests that can be done at home have been authorized by the FDA.**

What about antibody (serology) tests?

[These tests](#) look at a person's blood for specific antibodies (immune system proteins) that would show that the person has been exposed and had an immune response to the virus. Antibody tests do not look for the virus itself, so they can't be used to tell if someone is currently infected. They can only tell if a person has been exposed to the virus at some point.

It's not clear how useful the results of antibody testing are at this time. While many different antibody tests are now being used, the results from some of them might not be as accurate as others. And even with an accurate test result, experts aren't yet sure if having a positive test means that you can't be infected again.

Is there a vaccine against the new coronavirus?

There are no vaccines available yet against the virus that causes COVID-19. Several pharmaceutical companies are working on vaccines. The [first clinical trial for a COVID-19 vaccine started](#) in mid-March. However, it will likely be at least a year or a year and half before a vaccine might be available, according to the NIH's Fauci.

Are there medicines to treat COVID-19?

At this time, there are no FDA-approved drugs to treat COVID-19, although some medicines might be helpful in treating symptoms from the disease.

The drug **remdesivir** is being studied in people with COVID-19. It works by preventing the coronavirus from making copies of itself. The FDA is now allowing remdesivir to be used in adults and children hospitalized with severe COVID-19 disease, because in a recent clinical trial it appeared to shorten the recovery time in some people. Side effects of remdesivir can include abnormal liver tests and reactions when the drug is given, such as low blood pressure, sweating and chills. Other studies are still going on to learn more about how safe and effective remdesivir is in treating COVID-19.

The drugs **chloroquine** and **hydroxychloroquine**, which are already used to treat malaria and some other

By continuing to
browse this site,
you are accepting
our terms of use,
including the use
of cookies. To read
and understand
our Terms of Use
and our use of
cookies BEFORE
you use our site,
please review:

[Terms of Use](#)

> [View Cookies](#)

✓ [Accept Terms & Cookies](#)

For the latest information, including more detailed responses to some common questions, please visit the following websites:

- [US Centers for Disease Control and Prevention \(CDC\)](#)
- [World Health Organization \(WHO\)](#)

This page was first published on March 3, 2020 and is updated regularly.

American Cancer Society news stories are copyrighted material and are not intended to be used as [press releases](#). For reprint requests, please see our [Content Usage Policy](#).

By continuing to
browse this site,
you are accepting
our terms of use,
including the use
of cookies. To read
and understand
our Terms of Use
and our use of
cookies BEFORE
you use our site,
please review:
[Terms of Use](#)

› [View Cookies](#)

✓ [Accept Terms & Cookies](#)

Exhibit 30

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>.

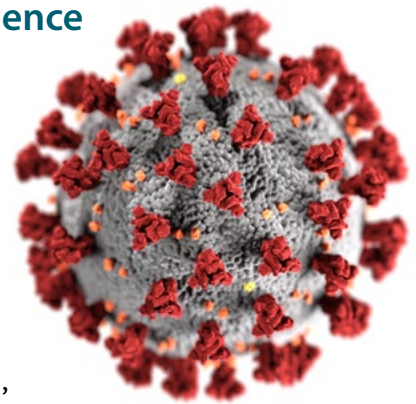
This document provides interim guidance specific for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors. Recommendations may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

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 CDC guidelines 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 CDC infection control guidelines)	✓**		✓	✓	✓
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines)	✓	–	✓	✓	✓
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 CDC guidelines 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 31

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.¹ 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

¹ 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.

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 32

to Choudhury Decl.



About the Data
through March 2020

What to graph:

- ☐ Pending Cases
☒ Average Days

Charge Type:

- ☒ All Charges
☐ Immigration
☐ Criminal/Nat. Sec./Terror

What to tabulate:

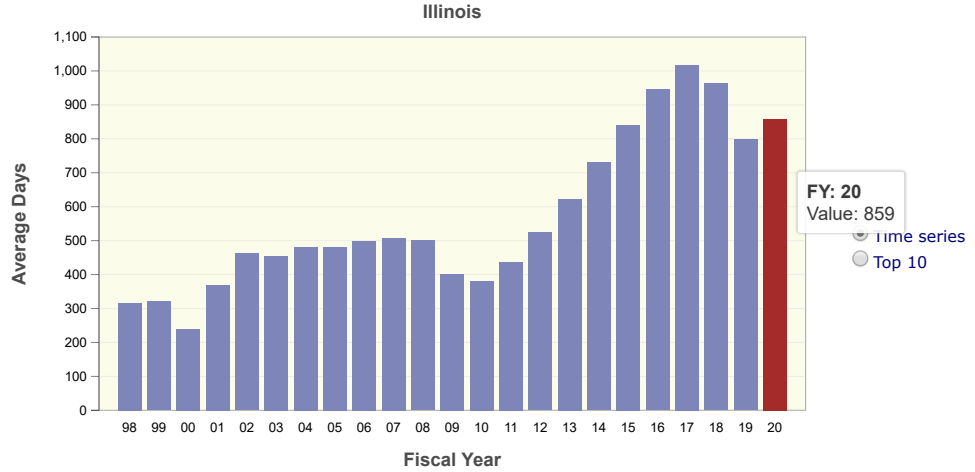
- ☒ Pending Cases
☐ Average Days

Starting with:

- ☒ States
☐ Nationalities

Immigration Court Backlog Tool

Pending Cases and Length of Wait by Nationality, State, Court, and Hearing Location



Fiscal Year 2020

click on column headings to sort

State	Pending Cases
Entire US	1,129,890
California	179,635
Texas	173,861
New York	132,038
Florida	94,683
New Jersey	62,581
Virginia	51,198
Massachusetts	46,286
Illinois	45,020
Georgia	41,476
North Carolina	39,500
Maryland	36,437
Pennsylvania	26,304
Louisiana	25,764
Tennessee	24,765

State = Illinois

click on column headings to sort

Court Location	Pending Cases
All Courts	45,020
Chicago	45,020
Hearing Location	Pending Cases
Chicago, Illinois	41,655
Chicago Non-Detained Juveniles	1,889
Iad Hloc -Yor, Pennsylvania	825
Chicago Detained	453
Chicago Detained Juveniles	112
Illinois DOC- Statesville	74
Wisconsin Department of Corrections	12



Copyright 2020, TRAC Reports, Inc.