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16 **UNITED STATES DISTRICT COURT**
17 **CENTRAL DISTRICT OF CALIFORNIA**
18 **EASTERN DIVISION – RIVERSIDE**

18 FAOUR ABDALLAH FRAIHAT, *et al.*,
19 Plaintiffs,
20 v.
21 U.S. IMMIGRATION AND CUSTOMS
22 ENFORCEMENT, *et al.*,
23 Defendants.

Case No.: 19-cv-01546-JGB(SHKx)

**Declaration of Jaimie Meyer in
Support of Motion for Preliminary
Injunction and Class Certification**

Date: March 24, 2020

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1 Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:
2

3 **I. BACKGROUND AND QUALIFICATIONS**

- 4 1. I am Dr. Jaimie Meyer, an Assistant Professor of Medicine at Yale School of
5 Medicine and Assistant Clinical Professor of Nursing at Yale School of
6 Nursing in New Haven, Connecticut. I am board certified in Internal
7 Medicine, Infectious Diseases and Addiction Medicine. I completed my
8 residency in Internal Medicine at NY Presbyterian Hospital at Columbia,
9 New York, in 2008. I completed a fellowship in clinical Infectious Diseases
10 at Yale School of Medicine in 2011 and a fellowship in Interdisciplinary
11 HIV Prevention at the Center for Interdisciplinary Research on AIDS in
12 2012. I hold a Master of Science in Biostatistics and Epidemiology from
13 Yale School of Public Health.
- 14 2. I have worked for over a decade on infectious diseases in the context of jails
15 and prisons. From 2008-2016, I served as the Infectious Disease physician
16 for York Correctional Institution in Niantic, Connecticut, which is the only
17 state jail and prison for women in Connecticut. In that capacity, I was
18 responsible for the management of HIV, Hepatitis C, tuberculosis, and other
19 infectious diseases in the facility. Since then, I have maintained a dedicated
20 HIV clinic in the community for patients returning home from prison and
21 jail. For over a decade, I have been continuously funded by the NIH,
22 industry, and foundations for clinical research on HIV prevention and
23 treatment for people involved in the criminal justice system, including those
24 incarcerated in closed settings (jails and prisons) and in the community
25 under supervision (probation and parole). I have served as an expert
26 consultant on infectious diseases and women's health in jails and prisons for
27 the UN Office on Drugs and Crimes, the Federal Bureau of Prisons, and
28 others. I also served as an expert health witness for the US Commission on
Civil Rights Special Briefing on Women in Prison.
3. I have written and published extensively on the topics of infectious diseases
among people involved in the criminal justice system including book
chapters and articles in leading peer-reviewed journals (including Lancet
HIV, JAMA Internal Medicine, American Journal of Public Health,
International Journal of Drug Policy) on issues of prevention, diagnosis, and
management of HIV, Hepatitis C, and other infectious diseases among
people involved in the criminal justice system.

- 1 4. My C.V. includes a full list of my honors, experience, and publications, and
2 it is attached as Exhibit A.
- 3 5. To date, I am not being paid for my work in this case, although I am being
4 paid \$1,000 for my time spent on a case filed in federal court in New York
5 involving similar issues. In making the following statements, I am not
6 commenting on the particular issues posed by this case. Rather, I am making
7 general statements about the realities of persons in jails and prisons.
- 8 6. I have not testified as an expert at trial or by deposition in the past four
9 years.

10 **II. HEIGHTENED RISK OF EPIDEMICS IN JAILS AND PRISONS**

- 11 7. The risk posed by infectious diseases in jails and prisons is significantly
12 higher than in the community, both in terms of risk of transmission,
13 exposure, and harm to individuals who become infected. There are several
14 reasons this is the case, as delineated further below.
- 15 8. Globally, outbreaks of contagious diseases are all too common in closed
16 detention settings and are more common than in the community at large.
17 Prisons and jails are not isolated from communities. Staff, visitors,
18 contractors, and vendors pass between communities and facilities and can
19 bring infectious diseases into facilities. Moreover, rapid turnover of jail and
20 prison populations means that people often cycle between facilities and
21 communities. People often need to be transported to and from facilities to
22 attend court and move between facilities. Prison health is public health.
- 23 9. Reduced prevention opportunities: Congregate settings such as jails and
24 prisons allow for rapid spread of infectious diseases that are transmitted
25 person to person, especially those passed by droplets through coughing and
26 sneezing. When people must share dining halls, bathrooms, showers, and
27 other common areas, the opportunities for transmission are greater. When
28 infectious diseases are transmitted from person to person by droplets, the
best initial strategy is to practice social distancing. When jailed or
imprisoned, people have much less of an opportunity to protect themselves
by social distancing than they would in the community. Spaces within jails
and prisons are often also poorly ventilated, which promotes highly efficient
spread of diseases through droplets. Placing someone in such a setting
therefore dramatically reduces their ability to protect themselves from being
exposed to and acquiring infectious diseases.

1 10. Disciplinary segregation or solitary confinement is not an effective disease
2 containment strategy. Beyond the known detrimental mental health effects
3 of solitary confinement, isolation of people who are ill in solitary
4 confinement results in decreased medical attention and increased risk of
5 death. Isolation of people who are ill using solitary confinement also is an
6 ineffective way to prevent transmission of the virus through droplets to
7 others because, except in specialized negative pressure rooms (rarely in
8 medical units if available at all), air continues to flow outward from rooms
9 to the rest of the facility. Risk of exposure is thus increased to other people
10 in prison and staff.

11 11. Reduced prevention opportunities: During an infectious disease outbreak,
12 people can protect themselves by washing hands. Jails and prisons do not
13 provide adequate opportunities to exercise necessary hygiene measures, such
14 as frequent handwashing or use of alcohol-based sanitizers when
15 handwashing is unavailable. Jails and prisons are often under-resourced and
16 ill-equipped with sufficient hand soap and alcohol-based sanitizers for
17 people detained in and working in these settings. High-touch surfaces
18 (doorknobs, light switches, etc.) should also be cleaned and disinfected
19 regularly with bleach to prevent virus spread, but this is often not done in
20 jails and prisons because of a lack of cleaning supplies and lack of people
21 available to perform necessary cleaning procedures.

22 12. Reduced prevention opportunities: During an infectious disease outbreak, a
23 containment strategy requires people who are ill with symptoms to be
24 isolated and that caregivers have access to personal protective equipment,
25 including gloves, masks, gowns, and eye shields. Jails and prisons are often
26 under-resourced and ill-equipped to provide sufficient personal protective
27 equipment for people who are incarcerated and caregiving staff, increasing
28 the risk for everyone in the facility of a widespread outbreak.

13. Increased susceptibility: People incarcerated in jails and prisons are more
susceptible to acquiring and experiencing complications from infectious
diseases than the population in the community.¹ This is because people in
jails and prisons are more likely than people in the community to have
chronic underlying health conditions, including diabetes, heart disease,

¹ *Active case finding for communicable diseases in prisons*, 391 *The Lancet* 2186 (2018), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31251-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31251-0/fulltext).

1 chronic lung disease, chronic liver disease, and lower immune systems from
2 HIV.

3 14. Jails and prisons are often poorly equipped to diagnose and manage
4 infectious disease outbreaks. Some jails and prisons lack onsite medical
5 facilities or 24-hour medical care. The medical facilities at jails and prisons
6 are almost never sufficiently equipped to handle large outbreaks of
7 infectious diseases. To prevent transmission of droplet-borne infectious
8 diseases, people who are infected and ill need to be isolated in specialized
9 airborne negative pressure rooms. Most jails and prisons have few negative
10 pressure rooms if any, and these may be already in use by people with other
11 conditions (including tuberculosis or influenza). Resources will become
exhausted rapidly and any beds available will soon be at capacity. This
makes both containing the illness and caring for those who have become
infected much more difficult.

12 15. Jails and prisons lack access to vital community resources to diagnose and
13 manage infectious diseases. Jails and prisons do not have access to
14 community health resources that can be crucial in identifying and managing
widespread outbreaks of infectious diseases. This includes access to testing
equipment, laboratories, and medications.

15 16. Jails and prisons often need to rely on outside facilities (hospitals,
16 emergency departments) to provide intensive medical care given that the
17 level of care they can provide in the facility itself is typically relatively
18 limited. During an epidemic, this will not be possible, as those outside
facilities will likely be at or over capacity themselves.

19 17. Health safety: As an outbreak spreads through jails, prisons, and
20 communities, medical personnel become sick and do not show up to work.
21 Absenteeism means that facilities can become dangerously understaffed with
22 healthcare providers. This increases a number of risks and can dramatically
23 reduce the level of care provided. As health systems inside facilities are
24 taxed, people with chronic underlying physical and mental health conditions
25 and serious medical needs may not be able to receive the care they need for
these conditions. As supply chains become disrupted during a global
pandemic, the availability of medicines and food may be limited.

26 18. Safety and security: As an outbreak spreads through jails, prisons, and
27 communities, correctional officers and other security personnel become sick
28

1 and do not show up to work. Absenteeism poses substantial safety and
2 security risk to both the people inside the facilities and the public.

3 19. These risks have all been borne out during past epidemics of influenza in
4 jails and prisons. For example, in 2012, the CDC reported an outbreak of
5 influenza in 2 facilities in Maine, resulting in two inmate deaths.²
6 Subsequent CDC investigation of 995 inmates and 235 staff members across
7 the 2 facilities discovered insufficient supplies of influenza vaccine and
8 antiviral drugs for treatment of people who were ill and prophylaxis for
9 people who were exposed. During the H1N1-strain flu outbreak in 2009
10 (known as the “swine flu”), jails and prisons experienced a
11 disproportionately high number of cases.³ Even facilities on “quarantine”
12 continued to accept new intakes, rendering the quarantine incomplete. These
13 scenarios occurred in the “best case” of influenza, a viral infection for which
14 there was an effective and available vaccine and antiviral medications,
15 unlike COVID-19, for which there is currently neither.

12 **III. PROFILE OF COVID-19 AS AN INFECTIOUS DISEASE⁴**

13 20. The novel coronavirus, officially known as SARS-CoV-2, causes a disease
14 known as COVID-19. The virus is thought to pass from person to person
15 primarily through respiratory droplets (by coughing or sneezing) but may
16 also survive on inanimate surfaces. People seem to be most able to transmit
17 the virus to others when they are sickest but it is possible that people can
18 transmit the virus before they start to show symptoms or for weeks after
19 their symptoms resolve. In China, where COVID-19 originated, the average
20 infected person passed the virus on to 2-3 other people; transmission
21 occurred at a distance of 3-6 feet. Not only is the virus very efficient at
22 being transmitted through droplets, everyone is at risk of infection because

21 ² *Influenza Outbreaks at Two Correctional Facilities — Maine, March 2011*,
22 Centers for Disease Control and Prevention (2012),
<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a3.htm>.

23 ³ David M. Reutter, *Swine Flu Widespread in Prisons and Jails, but Deaths are*
24 *Few*, Prison Legal News (Feb. 15, 2010),
<https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-widespread-in-prisons-and-jails-but-deaths-are-few/>.

25 ⁴ This whole section draws from Brooks J. Global Epidemiology and Prevention
26 of COVID19, COVID-19 Symposium, Conference on Retroviruses and
27 Opportunistic Infections (CROI), virtual (March 10, 2020); *Coronavirus (COVID-*
28 *19)*, Centers for Disease Control, <https://www.cdc.gov/coronavirus/2019-ncov/index.html>; Brent Gibson, *COVID-19 (Coronavirus): What You Need to*
Know in Corrections, National Commission on Correctional Health Care (February
28, 2020), <https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections>.

1 our immune systems have never been exposed to or developed protective
2 responses against this virus. A vaccine is currently in development but will
3 likely not be able for another year to the general public. Antiviral
4 medications are currently in testing but not yet FDA-approved, so only
5 available for compassionate use from the manufacturer. People in prison
6 and jail will likely have even less access to these novel health strategies as
7 they become available.

8 21. Most people (80%) who become infected with COVID-19 will develop a
9 mild upper respiratory infection but emerging data from China suggests
10 serious illness occurs in up to 16% of cases, including death.⁵ Serious
11 illness and death is most common among people with underlying chronic
12 health conditions, like heart disease, lung disease, liver disease, and diabetes,
13 and older age.⁶ Death in COVID-19 infection is usually due to pneumonia
14 and sepsis. The emergence of COVID-19 during influenza season means
15 that people are also at risk from serious illness and death due to influenza,
16 especially when they have not received the influenza vaccine or the
17 pneumonia vaccine.

18 22. The care of people who are infected with COVID-19 depends on how
19 seriously they are ill.⁷ People with mild symptoms may not require
20 hospitalization but may continue to be closely monitored at home. People
21 with moderate symptoms may require hospitalization for supportive care,
22 including intravenous fluids and supplemental oxygen. People with severe
23 symptoms may require ventilation and intravenous antibiotics. Public health
24 officials anticipate that hospital settings will likely be overwhelmed and
25 beyond capacity to provide this type of intensive care as COVID-19
26 becomes more widespread in communities.

27 23. COVID-19 prevention strategies include containment and mitigation.
28 Containment requires intensive hand washing practices, decontamination
and aggressive cleaning of surfaces, and identifying and isolating people

⁵ *Coronavirus Disease 2019 (COVID-19): Situation Summary*, Centers for Disease Control and Prevention (March 14, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>.

⁶ *Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study*. *The Lancet* (published online March 11, 2020), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

⁷ *Coronavirus Disease 2019 (COVID-19): Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease*, Centers for Disease Control and Prevention (March 7, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

1 who are ill or who have had contact with people who are ill, including the
2 use of personal protective equipment. Jails and prisons are totally under-
3 resourced to meet the demand for any of these strategies. As infectious
4 diseases spread in the community, public health demands mitigation
5 strategies, which involves social distancing and closing other communal
6 spaces (schools, workplaces, etc.) to protect those most vulnerable to
disease. Jails and prisons are unable to adequately provide social distancing
or meet mitigation recommendations as described above.

7 24. The time to act is now. Data from other settings demonstrate what happens
8 when jails and prisons are unprepared for COVID-19. News outlets reported
9 that Iran temporarily released 70,000 prisoners when COVID-19 started to
10 sweep its facilities.⁸ To date, few state or federal prison systems have
11 adequate (or any) pandemic preparedness plans in place.⁹ Systems are just
12 beginning to screen and isolate people on entry and perhaps place visitor
restrictions, but this is wholly inadequate when staff and vendors can still
come to work sick and potentially transmit the virus to others.

13
14 I declare under penalty of perjury that the foregoing is true and correct.
15

16 March 22, 2020
17 New Haven, Connecticut

18 
19 _____
20 Dr. Jaimie Meyer
21

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24 ⁸ *Iran temporarily releases 70,000 prisoners as coronavirus cases surge*, Reuters
25 (March 9, 2020), [https://www.reuters.com/article/us-health-coronavirus-iran-iran-temporarily-releases-70000-prisoners-as-coronavirus-cases-surge-idUSKBN20W1E5](https://www.reuters.com/article/us-health-coronavirus-iran/iran-temporarily-releases-70000-prisoners-as-coronavirus-cases-surge-idUSKBN20W1E5).

26 ⁹ Luke Barr & Christina Carrega, *State prisons prepare for coronavirus but federal
27 prisons not providing significant guidance, sources say*, ABC News (March 11,
28 2020), <https://abcnews.go.com/US/state-prisons-prepare-coronavirus-federal-prisons-providing-significant/story?id=69433690>.