

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

Maria Alejandra Celimen Savino, *et. al.*,

Petitioners-Plaintiffs,

v.

THOMAS HODGSON, *et. al.*,

Respondents-Defendants.

Civil Action No. 1:20-cv-10617-WGY

DECLARATION OF IRA ALKALAY

I, Ira Alkalay, hereby declare under penalty of perjury, that the following is true and correct to the best of my knowledge.

1. I am a private attorney who practices in Massachusetts specializing in immigration law, criminal appeals, and post-conviction relief. I have multiple clients who are currently Immigration and Customs Enforcement (ICE) detainees at Bristol County House of Corrections (BCHOC).
2. I most recently visited clients at BCHOC on March 25, 2020. I also visited clients on March 20, 21, and 23. My clients are worried about exposure to COVID-19 inside the facility.
3. I currently have no-contact visits with my clients, so as not to risk carrying infection to them. I meet with my clients in the visitor's bay where we sit in a glass-partitioned booth. From this vantage point I can see into one of the ICE detainee housing units, known as Unit B.
4. Up to 66 people can be housed in Unit B at one time. The beds are bunk beds located between one and three feet apart. Eating tables are clustered at one end of the room. The Unit contains a small area of space where detainees can walk around. Other than a few hours outside each day, the detainees spend all hours of the day inside Unit B, where they eat, sleep, and socialize. From my observation of the Unit, detainees do not have adequate space to practice social distancing, which requires keeping six feet apart.
5. My clients have informed me that they eat their meals off of plastic trays, which have been passed through three or four individuals before reaching a detainee for meals.
6. To the best of my knowledge, at least one corrections officer, who has been in physical contact with the outside community, is present on the Unit at all times.

7. My clients have informed me that the Unit has access to six showers, of which four are currently operational. Additionally, they have access to four urinals, of which two are operational. My clients have told me that soap is watered down and inadequate for proper hygiene.
8. My clients and the other Unit B detainees are responsible for cleaning the unit. My clients have informed me that until the past few days, they were not allocated bleach, adequate scrub-brushes, or sufficient soap for this purpose. Despite this recent improvement, my clients do not believe they have the training or supplies necessarily to disinfect their living space to prevent spread of COVID-19.
9. On March 26, 2020, I spoke with two current clients and an additional prospective client regarding a new detainee booked into Unit B. This new detainee is, based on my client's description, in his late twenties. The new detainee related that he was arrested on March 25 and placed in New Bedford District Court lockup in close proximity to a man wearing a mask who was obviously sick. The new detainee posted bail, was immediately picked up by ICE, and put straight into Unit B without screening for COVID-19. He was assigned a bunk next to a detainee who tests positive for tuberculosis. The new detainee spent the night coughing and vomiting without intervention from BCHOC officials. On the morning of March 26, he was taken to medical. This intake process and placement of an obviously ill and potentially exposed detainee demonstrates how Bristol and ICE put detainees at risk of outside infection.
10. I have a client who is being transferred from BCHOC to Stafford County Department of Corrections in New Hampshire overnight on March 26, 2020. This client was exposed to the ill detainee described in paragraph 9. This transfer could spread the illness, if it is COVID-19, from BCHOC to ICE units at Stafford.
11. My clients have complained about inadequate medical attention at BCHOC. For example, I have a client who experiences breathing problems due to allergies and headaches due to hypertension. He has been detained for nine months at BCHOC. He has repeatedly needed medical attention, but tells me it takes days to a week to receive an appointment. It can take an additional week following the appointment to receive medications aside from his daily medications for hypertension and allergies, such as Tylenol for his severe headaches. His eyeglasses, when broken, were not replaced for approximately two months.
12. Based on my observations, my clients and their fellow ICE detainees are not resilient to infection. In addition to underlying health conditions, they are impacted by the stress of living in Unit B, sometimes for a year or more.

13. In my estimation, 65-75% of ICE detainees in Unit B at any given time speak Spanish. I speak Spanish, and almost all of my Spanish-speaking clients do not speak adequate English to understand facility instructions unless those instructions are provided in Spanish.

Date: March 26, 2020

A handwritten signature in black ink, appearing to be 'Ira Alkalay', written over a horizontal line.

Ira Alkalay

CERTIFICATE OF SERVICE

I hereby certify that on March 27, 2020, the above-captioned document was filed through the ECF system and will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF), and paper copies will be sent to those indicated as non-registered participants.

/s/ Oren M. Sellstrom