

EXHIBIT A

adolescents, and adults including psychosocial evaluation, evaluation and treatment of medical and psychiatric conditions. In my clinical practice I routinely diagnose and manage patients with psychiatric disorders including major depressive disorder, generalized anxiety disorder, post-traumatic stress disorder, and delirium. I have attended a specific training about the medical and psychiatric evaluation of asylum seekers entitled, "Introduction to Forensic Evaluation and Documentation of Trauma in Asylum-Seekers," hosted by the Harvard Medical School chapter of Physicians for Human Rights. Since attending this training, I have taught at two subsequent trainings endorsed by Physicians for Human Rights.

3. I have passed all three steps of the United States Medical Licensing Examination Board exams. I am board-certified in Internal Medicine and Pediatrics.

4. I am the Medical Director and a volunteer for the Massachusetts General Hospital Asylum Clinic, and in this capacity, I have conducted more than twenty-five medical and psychological evaluations of persons seeking asylum in the United States including with individuals in ICE detention.

5. I have visited Bristol County House of Corrections on medical visits on several occasions in the past three months and so have firsthand experience with the conditions in which detainees are living.

6. I write this declaration with special consideration for the question of whether accommodations can be made to make detention facilities less vulnerable to COVID-19 outbreaks and individual detainees less susceptible to COVID-19 infection. Possible measures to decrease risk of infection include a decrease in the total population and density within facilities and adaptation of existing infrastructure to conform with public health recommendations.

7. It is my opinion that there are fundamental characteristics of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) -- the virus that causes Coronavirus Disease 2019 (COVID-19) -- immutable aspects of detention, limits to adaptation of existing infrastructure, and inadequacies in ICE procedures and protocols that will not allow for mitigation of widespread infection in detention facilities.

8. First, the virus responsible for COVID-19 is highly transmissible. In a report from the Imperial College of London the reproduction number or R_0 , the number of cases, on average, an infected person will cause during their infectious period, was estimated to be between 1.5-3.5.¹ This makes the virus more contagious than many other infectious pathogens including typical seasonal influenza.

9. Additionally, there is emerging evidence that asymptomatic individuals can transmit the disease to others,² and may account for as many as 18% to 31% of infected individuals.^{3,4} Further, the incubation period, the time after exposure until a person displays symptoms of infection, can extend up to 14 days.⁵ These factors mean that in congregate living settings such as detention facilities, nursing homes, or naval ships in which there is frequent

¹ Natsuko Imai, Anne Cori, Iliaria Dorigatti, Marc Baguelin, Christl A. Donnelly, Steven Riley, Neil M. Ferguson. Transmissibility of 2019-nCoV. Imperial College London (25-01-2020), doi: <https://doi.org/10.25561/77148>.

² Yan Bai et al., "Presumed Asymptomatic Carrier Transmission of COVID-19," *JAMA*. Published online Feb. 21, 2020. <https://jamanetwork.com/journals/jama/article-abstract/2762028>.

³ Mizumoto Kenji, Kagaya Katsushi, Zarebski Alexander, Chowell Gerardo. Estimating the asymptomatic proportion of coronavirus disease 2019 (COVID-19) cases on board the Diamond Princess cruise ship, Yokohama, Japan, 2020. *Euro Surveill.* 2020;25(10):pii=2000180. <https://doi.org/10.2807/1560-7917.ES.2020.25.10.2000180>

⁴ Nishiura H, Kobayashi T, Suzuki A, Jung S-Mok, Hayashi K, Kinoshita R, Yang Y, Yuan B, Akhmetzhanov AR, Linton NM, Miyama T, Estimation of the asymptomatic ratio of novel coronavirus infections (COVID-19), *International Journal of Infectious Diseases*. Pre-proof received and published online February 13, 2020. doi: <https://doi.org/10.1016/j.ijid.2020.03.020>

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

close interaction between cohabitants, measures like symptom screening and isolating individuals who exhibit symptoms will not be sufficient to stop the infection's spread.

10. Public health recommendations from the CDC include implementation of strict social distancing, maintaining at least 6 feet of distance to avoid spread via respiratory droplets.⁶ Guidance from ICE states that facilities “should maximize social distancing as much as practicable,” which “may include staggered meals and recreation times in order to limit the number of detainees gathered together.”⁷ This policy will be very difficult to implement effectively given the closed quarters and frequent interaction between detained individuals and staff.

11. Given the propensity of the virus that causes COVID-19 to remain viable on hard surfaces such as metal or plastic, shared common spaces such as meals, recreation areas, and toilet facilities will remain a vector for the spread of disease even if appropriate social distancing can be maintained. Additionally, common spaces in detention facilities are frequently poorly-ventilated, raising risk for spread of infection via aerosolization from coughing.

12. The ability for individuals in detention to adhere to proper hygiene practices, including regular hand washing with soap for at least twenty seconds is severely hindered by lack private sinks or showers and inadequate hand soap supplies and hand sanitizers. Further frequent disinfection of the ubiquitous metal and hard plastic materials of high-touch surfaces in detention facilities is not feasible.

13. Prior recent experience with communicable diseases in detention facilities has demonstrated the risk of outbreaks in this setting, despite availability of well-known public

⁶ Centers for Disease Control & Prevention, How To Protect Yourself And Others, accessed on April 8, 2020 at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.

⁷ Immigration and Customs Enforcement, “ICE Guidance on COVID-19,” Section entitled “Detention,” accessed on April 8, 2020 at <https://www.ice.gov/coronavirus>

health prevention measures. This includes outbreaks of mumps in 2019 in immigration detention,⁸ high prevalence rates of Methicillin-Resistant *Staphylococcus aureus* in correctional populations,⁹ H1N1 influenza,¹⁰ and tuberculosis.¹¹

14. COVID-19 outbreaks have already occurred in correctional facilities in New York,¹² Illinois,¹³ New Jersey,¹⁴ and Massachusetts.¹⁵

15. Recent outbreaks of COVID-19 in congregate settings in the community have demonstrated that even measures to implement social distancing, hygiene protocols, PPE, and isolation are insufficient due to the fundamental nature of a congregate environment and aspects of the biology of the virus that causes COVID-19. These settings include the Evergreen Health

⁸Leung J, Elson D, Sanders K, et al. *Notes from the Field: Mumps in Detention Facilities that House Detained Migrants — United States, September 2018–August 2019*. MMWR Morb Mortal Wkly Rep 2019;68:749–750. DOI: <http://dx.doi.org/10.15585/mmwr.mm6834a4>, accessed on April 8, 2020 at <https://www.cdc.gov/mmwr/volumes/68/wr/mm6834a4.htm>

⁹Malcolm B. The rise of methicillin-resistant staphylococcus aureus in U.S. correctional populations. *J Correct Health Care*. 2011;17(3):254–265. doi:10.1177/1078345811401363

¹⁰David M. Reutter, “Swine Flu Widespread in Prisons and Jails, but Deaths are Few,” *Prison Legal News* (Feb. 15, 2010), access on April 8, 2020 at <https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-widespread-in-prisons-and-jails-but-deaths-are-few/>.

¹¹Restum ZG. Public health implications of substandard correctional health care. *Am J Public Health*. 2005;95(10):1689–1691. doi:10.2105/AJPH.2004.055053

¹²‘We Feel Like All of Us Are Gonna Get Corona.’ Anticipating COVID-19 Outbreaks, Rikers Island Offers Warning For U.S. Jails, Prisons. *Time*. March 24, 2020. Accessed on April 8, 2020 at <https://time.com/5808020/rikers-island-coronavirus/>

¹³Cook County Jail detainee dies of COVID-19. *Chicago Tribune*. April 7, 2020. Accessed on April 8, 2020 at <https://www.chicagotribune.com/coronavirus/ct-coronavirus-cook-county-jail-death-20200406-42b3dkcqsbevyzflmsos6s2j4wi-story.html>

¹⁴As Pandemic Rages, U.S. Immigrants Detained in Areas With Few Hospitals. April 3, 2020. Access on April 8, 2020 at <https://www.nytimes.com/reuters/2020/04/03/us/03reuters-health-coronavirus-usa-detention-insight.html>

¹⁵First Massachusetts Inmate Dies From COVID-19, April 2, 2020. Access on April 8, 2020 at <https://www.wgbh.org/news/local-news/2020/04/02/coronavirus-infections-continue-to-rise-in-massachusetts-prisons>

long-term care facility in King County, WA,¹⁶ the Chelsea Soldier's Home in the Boston metro area,¹⁷ and the Diamond Princess cruise ship.¹⁸

16. Immediate relief is necessary to protect detainees from risk of COVID-19. In my opinion, this can only be achieved through the immediate release of detained individuals.

I hereby declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on this, the 8th day of April, in Boston, MA.



Dr. Matthew Gartland

¹⁶ McMichael TM, Clark S, Pogojans S, et al. COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:339-342.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6912e1>

¹⁷ <https://www.bostonglobe.com/2020/04/03/nation/amid-outbreak-state-moves-covid-patients-chelsea-soldiers-home/>

¹⁸ 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 [published online ahead of print, 2020 Feb 22]. *Int J Infect Dis.* 2020;93:201–204. doi:10.1016/j.ijid.2020.02.033