IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

Maria Alejandra Celimen Savino, *et al*.,	
Petitioners-Plaintiffs,	
v.	Case No. 1:20-cv-10617 WGY
Steven J. Souza, Superintendent of Bristol County House of Corrections in his Official Capacity,	
Respondent-Defendant.	

SECOND SUPPLEMENTAL DECLARATION OF DR. MATTHEW GARTLAND

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

1. I have previously submitted two declarations in this case. I supplement those declarations here to respond specifically to statements made in support of Defendant's Motion To Stay Further Releases. In preparing this declaration, I have reviewed the declarations that accompanied that Motion (Souza Declaration, Floriano Declaration) and the exhibits attached thereto ("Defendant's ICE Unit A/B Drawings"), as well as the videos of Unit A that were submitted to the Court on April 9, 2020. I have also reviewed the renderings of the facilities prepared by Jen Shin and affirmed by Deborah Berke ("Plaintiffs' Renderings"), as well as their joint declaration and the Declaration of Lloyd Carter Wafula, which I understand Plaintiffs plan to submit to the Court on April 15, 2020.

2. I am a US-trained physician fully licensed to practice medicine in the State of Massachusetts. I am an Attending Physician in the Division of General Internal Medicine at

Brigham and Women's Hospital in Boston, MA, and Pediatrics at Newton Wellesley Hospital, Newton, MA. In these roles, I take care of patients of all ages. I am an Instructor at Harvard Medical School.

3. I am a graduate of Vanderbilt University Medical School in Nashville, TN. I completed residency in Internal Medicine and Pediatrics at Massachusetts General Hospital. My training includes extensive experience in the interview and physical examination of children, 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.

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

5. 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.

6. 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.

7. 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 for social distancing.

8. 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. In my previous declaration, I outlined why this is true as a general matter. Having now reviewed the materials from both parties relevant to the physical layout of the Bristol County House of Correction, I now state my opinion that the current conditions at the Bristol County House of Correction with the current population of detainees still do not allow for mitigation of widespread infection in the facility.

9. First, I would re-emphasize that social distancing does not address transmission of COVID-19 via contaminated surfaces. SARS-2-CoV, the virus responsible for COVID-19, can live on plastics for up to 72 hours, on stainless steel for up to 48 hours, and on cardboard for up to 24 hours.[1] Given the number of high-touch non-porous surfaces in detention facilities like Bristol County House of Corrections, there is high risk of transmission contamination.

[1] van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN, et al. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. N Engl J Med. 2020. [Epub ahead of print] https://doi.org/10.1056/NEJMc2004973 PMID: 32182409

10. In reviewing Defendant's ICE Unit A/B Drawings, I note that they depict static images of individuals occupying bunk beds. An individual, which could include a detainee or a staff member, would be unable to walk through the aisles without passing within 6 feet of another individual. Bottlenecks such as entrances to rooms and narrow hallways would also lead detainees into close proximity.

11. Additionally, in "Scenario C" and "Scenario D" on the last page of Defendant's ICE Unit A/B Drawings, distances between individuals on the top bunk and the bottom bunk are depicted using a straight line measuring the absolute distance between the figures. This does not accurately represent a safe distance for social distancing because respiratory particles would travel greater distances as they fall to the floor if an individual on the top bunk coughs or sneezes.

12. The ICE Unit A/B Drawings do not depict communal areas such as bathrooms, laundry rooms, classrooms, medical rooms, common areas, education program room. The dimensions depicted in Plaintiffs' Renderings by Jen Shin demonstrate that if there is occupancy by more than a single individual in many of these spaces, detainees will not be able to maintain distance greater than 6 feet. This is particularly important in bathrooms, where individuals must frequent in order to practice proper hygiene to prevent transmission of COVID-19. These renderings also demonstrate that 30' x 11' cells have narrow aisles that would not allow for adequate social distancing for individuals walking in the aisle.

13. A description of meal service in the Declaration of Lloyd Carter Wafula states (Paragraph 3), "four detainees hand it out to everyone else. One person hands out a tray, one hands out a juice, one hands out bread, and one hands out butter." In the described routine, the entire detained population of detainees comes in close proximity to the individuals serving the

meal. If this pattern is repeated with a rotation of servers, then one asymptomatic infected individual could expose the entire detained population within a matter of days.

14. Mr. Wafula then writes, “We eat at shared tables at the end of the room where we all sleep. We all have fifteen minutes to eat our meals, so everyone is sitting at the tables at the same time.” Based on the renderings of areas used for communal meals, the presence of even a small group of individuals occupying the space at the same time would force them into close proximity. Potential protocols to reduce concurrent occupancy such as staggering mealtimes would have to restrict occupancy to very small groups. The use of in-room meals would not allow for adequate social distancing because of the close proximity of bunk beds in communal sleeping areas. Individuals sitting on the edge of their beds would be in close proximity to those across the narrow aisle.

15. When considering an analogous congregate setting in the community, nursing homes and long-term care facilities, the CDC has issued guidance to “cancel all group activities and communal dining."[2] The guidelines also state that when a case is detected in a facility, residents should be encouraged to remain in their room and should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others). These recommendations demonstrate that there are additional measures to social distancing that are essential to prevent transmission of the virus in facilities where infection has occurred.

16. As the current pandemic involves a novel coronavirus, we are constantly learning new things about the SARS-2-CoV virus that refine our recommendations for prevention and

[2] Centers for Disease Control and Prevention, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes. Accessed on April 15, 2020 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

treatment of the disease. While the CDC currently recommends social distancing of "at least 6 feet (2 meters) from other people,"[3] newly published research by a scientist at the Massachusetts Institute of Technology demonstrated that this recommendation may underestimate the distance, timescale, and persistence of respiratory particles carrying SARS-2-CoV. [4] The study shows that respiratory droplets of all sizes can travel up to 23 to 27 feet (7-8 m) depending on environmental factors such as temperature, humidity and airflow. In the current guidelines, social distancing recommendations should be understood as a continuum, where the greater the distance, the less likelihood of transmission, and there may not be a distance that can be deemed completely safe.

17. Given the rapid spread of the virus, including in detention facilities, 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 additional 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 15th day of April, in Boston, MA.

Dr. Matthew Gartland

[3] Centers for Disease Control & Prevention, How To Protect Yourself And Others, accessed on April 15, 2020 *at* https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html.

[4] Bourouiba L. Turbulent Gas Clouds and Respiratory Pathogen Emissions: Potential Implications for Reducing Transmission of COVID-19. *JAMA.* Published online March 26, 2020. doi:10.1001/jama.2020.4756