

**IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF GEORGIA**

ARISTOTELES SANCHEZ MARTINEZ, et al.,

Petitioners/Plaintiffs,

v.

MICHAEL DONAHUE, et al.,

Respondents/Defendants.

No. 7:20-CV-00062-CDL-MSH

DECLARATION OF RUSSELL WASHBURN

I, Russell Washburn, hereby state the following based upon my personal knowledge, make the following Declaration:

1. I am over the age of 18 years and competent to testify to the matters set forth in this Declaration.

2. I have personal knowledge of the facts set forth in this Declaration, and if called as a witness, could competently testify to these facts.

3. I have been employed by CoreCivic, Inc. since 1996. For the past 12 years, I have held the position of Warden at several CoreCivic facilities.

4. Effective April 1, 2020, I became Warden of the Stewart Detention Center (“SDC”), in Lumpkin, GA. SDC is owned and operated by CoreCivic, Inc. CoreCivic is the service provider for an Intergovernmental Service Agreement between Stewart County, Georgia and U.S. Immigration and Customs Enforcement.

5. While SDC has design capacity of 2,266 ICE detainees, on April 9, 2020, the facility was operating at approximately 55% of that capacity, with only 1,248 ICE detainees present at the facility.

6. CoreCivic recognizes the unique and exceptional nature of the current COVID-19 pandemic, and takes seriously its responsibility to protect the safety and security of the detainees and inmates in its facilities, its staff, its contractors' employees, its governmental partners' employees, and the public as a whole.

7. CoreCivic's Facility Support Center is providing ongoing guidance and instruction to its facilities, in accordance with and consistent with recommendations of the CDC and its governmental partners, as well as state and local health authorities where its facilities are located. As additional recommendations are made, and in consideration of localized health conditions, practices to prevent the spread of COVID-19 at SDC have evolved, with changes occurring sometimes on a daily basis.

8. While I understand that several declarations submitted in support of Petitioners' Motion for Temporary Restraining Order describe past events and conditions, or relate the concerns of unidentified third-parties, this Declaration focuses on the current situation, procedures and practices in place at SDC as of the time of its execution.

9. As an initial matter, several weeks ago, SDC medical staff began, at the request of ICE to generate a list of detainees with certain medical conditions or who were over the age of 60, for consideration for potential release. Dr. Owusu reviewed that list, along with the medical records of all listed detainees, and initially identified 78 with heightened COVID-19 risk-factors. Those lists were provided to ICE, and ICE has made decisions to release certain of those detainees on its list. 43 of those detainees remained at SDC as of March 30, 2020.

10. ICE subsequently requested that SDC provide expanded lists, including detainees with additional underlying medical conditions, for additional release consideration. On April 6, 2020, SDC provided ICE with a list of all 150 detainees at SDC who providers identified during

intake as having a chronic cardiac, insulin, immunodeficiency, pulmonary, and/or seizure condition, for consideration.

11. The 43 remaining detainees identified by Dr. Owusu identified as being higher-risk, were moved to a protective cohort, in two housing units at SDC, to prevent the mixing of high and low custody ICE detainees. Thirteen (13) of those detainees have been released from SDC. Currently 30 detainees are housed in these two units.

12. The purpose of this protective cohort is to limit contact between these vulnerable detainees and the general population in the event that any detainee at SDC is infected by COVID-19. These two restricted units are in a protective area, essentially the opposite of a containment area, with the express objective of keeping the space free of COVID-19 virus. These units are staffed with a dedicated cadre of nurses, providers and security staff, which minimizes the risk of transmission of the virus from other parts of the facility or free world into that protective area. All personnel entering these units wear protective garments (paper isolation gowns, shoe covers, latex or nitrile gloves, and N-95 masks) to ensure staff are clean upon entering the area, for the safety of the detainees. All meal, medical services, and programming services are provided to these detainees in the protective cohort units. For those detainees, non-emergency and optical services which cannot be provided on the unit have been suspended.

13. SDC, has implemented a daily COVID-19 checklist. Daily responsibilities are assigned to the Warden (or the Administrative Duty Officer); each Shift Supervisor (or designed Assistant Shift Supervisor); Unit Manager; Safety Manager; Health Services Administrator; contracted Food Service Manager; and, Quality Assurance Manager. The purpose of this checklist is to make sure that each of those facility supervisors is timely aware of new developments; is speaking with staff and detainees about following appropriate precautions;

encouraging staff and detainees to seek medical care if they feel ill or show signs of illness; monitoring staff and detainees for signs of illness; engaging in ongoing education efforts with staff and detainees; verifying ample supplies of appropriate materials; and, conducting sanitation inspections on a daily basis in their delegated area of responsibility.

Efforts to Mitigate Risk of Introduction of COVID-19 at SDC

14. Initially SDC took steps to focus on preventing the introduction of COVID-19 into the facility. The following steps remain in place at SDC.

15. Social visitation (both contact and non-contact), has been suspended.

16. All persons entering the facility (whether a CoreCivic employee, contractor, federal employee, or attorney visitor) are subject to health screening, as a pre-requisite to entrance to the facility. Consistent with the CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (“CDC Interim Guidance”), that screening consists of a screening questionnaire and temperature check.

17. A screening area has been set up outside of the facility. Attachment A is a true and correct copy of photographs taken on April 9, 2020 depicting the facility entrance. In particular, the photographs demonstrate the placement of orange cones, where individuals who are waiting to be screened are to stand, to ensure that recommended physical distancing is maintained.

18. If the health screening is inconclusive, medical staff responds to make any final determination on screening. Where screening shows that an individual may be at risk, they are denied entry to the facility, and instructed either to remain at home for a specified quarantine period, or to consult and obtain clearance from their medical provider, before they will be admitted to the facility.

19. Following health screening, individuals permitted to access to the facility, are still required to completed standard security screening. Like most airport security screenings, items carried by, or to be removed from, a person screened are placed on bins and sent through a scanner. At SDC, the practice of the Detention Officers managing the scanner, is to disinfect the bins each time following the screened persons' removal of items they initially placed in the bin. Those Detention Officers wear gloves, so that the only people who make ungloved contact with the disinfected bin is the individual whose items are scanned.

20. Attorney visitors at SDC are not only permitted, but required to bring their own Personal Protective Equipment ("PPE") (and may also bring sanitizing wipes) if making an in-person legal visit. However, attorney visitors are not permitted to provide PPE or wipes to the detainee population. Such items would need to be physically inspected for potential contraband (including metal pieces which could be broken off and fashioned into weapons or tools to facilitate an escape) prior to exchange, and may have any sterility compromised by that inspection.

21. In-person attorney visits at SDC occur in secure visitation areas, with a secure divider between the detainee and attorney visitor. Social distancing practices are followed with any in-person attorney visitor at SDC. Visitation staff sanitizes legal visitation areas before and after each legal visit. This includes, but is not limited to, wiping down chairs, tables, phones, and other surfaces and equipment using HDQ Neutral disinfectant.

22. In addition, SDC staff who escort detainees to in-person legal visits, are also wearing Personal Protective Equipment, to reduce the risk of exposure to any potential pathogen, including COVID-19.

23. If attorneys do not wish to visit in person, they may have confidential communications with detainees either through the detainee telephone system or through the Video Teleconference System. SDC has begun providing expanded hours for VTC appointments, and further has placed additional VTC equipment in the facility, significantly expanding the number of available VTC appointments. These VTC units are also available for use in lieu of detainee physical appearances in immigration court.

24. Newly received detainees at SDC, as well as those returning to the facility from any outside transport, are similarly screened at intake in accordance with the CDC Interim Guidance. Any detainee who is symptomatic or otherwise does not pass health screening, is immediately referred to medical personnel for further examination, diagnosis and potential testing.

25. SDC does not want its employees who may have come into contact with anyone infected with COVID-19 to enter the facility. Out of an abundance of caution, such employees are instructed to remain home, but will be paid for the 14-day self-quarantine period, without that time being charged against their leave balance. This is designed to eliminate any “incentive” for a potentially infected employee to “tough it out” and attempt to report to work.

26. As of April 8, 2020 four employees at SDC had tested positive for COVID-19, none of those four have been present at the facility since March 27, 2020 or earlier. On April 9, 2020, SDC received word that a fifth facility employee had tested positive for COVID-19. That employee had recently worked on April 4th and 5th, 2020 in a housing unit which was under cohort quarantine at that time. No infected staff member has been assigned to work in any of the protective cohort facilities.

Staff and Detainee Education

27. SDC has a long track record of training its staff with respect to potential exposure to pathogens and following appropriate universal precautions.

28. For SDC staff, there is an on-demand recorded COVID-19 briefing from facility administration and medical staff providing information on prevention; sanitization instruction; symptoms of COVID-19 exposure and infection; directions for access to testing and care; and, encouraging employees to stay home if ill. This briefing is updated at least weekly, if not more frequently based upon interim changes in official guidance.

29. In accordance with the CDC Interim Guidelines, educational materials have been posted throughout the facility and in all housing units, regarding COVID-19 symptoms, what to do if you are sick, and steps to be taken to reduce the risk of exposure. Attachment B is a true and correct copy of photographs taken on April 9, 2020 detailing some of those postings in place in detainee areas at SDC.

30. Medical personnel, including Dr. Owusu, and SDC Safety Manager Laboy have conducted multiple town hall meetings in each housing unit to educate detainees on proper sanitation, personal hygiene, sanitation etiquette, prevention practices, and instructions to clean and disinfect individual living areas.

Maintaining Physical Distancing Among the Detainee Population

31. Although it is challenging to maintain six feet of physical distance in a custodial setting, at SDC several practices have been implemented to promote physical distancing.

32. In particular, SDC has taken several steps to ensure that detainees are not in groups larger than ten (10), when outside their housing pod. For example, Attachment C is a

photograph of posted signs on facility gates instructing detainees to limit numbers when attempting to move to the recreation area.

33. While detainees at SDC typically receive their meals in a large chow hall, SDC is currently using Satellite Feeding in all housing pods. Under the Satellite Feeding program, detainees receive their meal trays and eat them in their housing areas, rather than going to the chow hall, where they would mix with detainees from other housing areas and typically be seated less than six feet from another detainee during the meal periods.

34. All contact-type sports, including soccer and basketball have been removed from the SDC recreation program, to promote social distancing among detainees.

35. Detail crews of detainees participating in the Voluntary Work Program have been eliminated entirely or reduced in size, to limit potential exposure.

36. Because the current facility population is approximately 55% of design capacity, detainees are distanced where possible. In particular, where detainees are housed in a dormitory-style unit, rather than individual two-person cells, detainees are being spread out, particularly those detainees who are in a protective cohort. Of the protective cohort areas being used for at-risk detainees identified by Dr. Owusu, one is an 89-bed pod, which is being used to house only 23 detainees, and the other is a 66-bed pod which is currently housing only 7 detainees. Use and Issuance of Personal Protective Equipment

37. SDC personnel have long been issued protective gloves, to reduce the risk of exposure to or transmission of any pathogen. The use of masks by staff working outside of the protective and/or cohort areas, are optional. Staff are permitted to bring their own masks, or may request replacement masks.

38. SDC has ordered additional Personal Protective Equipment, including gloves and appropriate face masks, for use by staff and detainees.

39. Gloves and masks are provided to detainee participants in the Voluntary Work Program who work as pod porters, as well as those working details in other parts of the facility where the physical plant design prevents effective social distancing. If any detainee or staff is working in any area which has been under cohort, they are also provided with protective gowns and face coverings, in accordance with CDC guidelines.

40. Gloves and masks are also provided to certain other categories detainees at SDC, based upon direction from ICE, such as detainees who are being transported outside of the facility.

41. SDC's current plan is to issue a mask to every detainee at the facility, upon receipt of masks in sufficient quantity, those have not yet been received. During the interim, SDC facility staff have not been instructed to tell detainees that they cannot use unaltered towels or items of clothing as a face mask. However, detainees are not permitted to alter or destroy facility materials to fashion their own masks, and must uncover their face at appropriate times, so that staff may confirm and verify the detainee's identity.

Enhanced Sanitation Practices

42. SDC has recently undertaken enhanced practices to promote sanitation throughout the facility.

43. In recognition of the potential future shortage of sanitation supplies, SDC increased its inventory of cleaning chemicals and supplies. That inventory is checked and restocked daily, to maintain a sufficient supply on hand, particularly if additional shortages occur in the public market.

44. SDC's facility housekeeping plan was reviewed, updated and enhanced to comply with the CDC Interim Guidelines. In particular instructions were included pertaining to the safe and recommend use of antiviral cleaning agents, as well as appropriate use of Personal Protective Equipment in areas where the COVID-19 virus may be present.

45. Hand sanitizer units have been installed in all units and throughout SDC.

46. Sanitary wipes have been made available in all units and throughout SDC, and are available to detainees. During town hall meetings, detainees have been instructed how to safely sanitize common area surfaces they may come into contact with during the day—such as detainee telephones and kiosks—before and after use.

47. Detainees are permitted access to facility-approved chemicals, soap, and hand sanitizer for personal hygiene and to clean their immediate living areas. Such access is available 24-hours a day, seven days a week.

48. Pump dispensers for HDQ Neutral, a multi-purpose disinfecting antibiotic and antiviral cleaning solution, have been installed in SDC areas for use by individual detainees as well as Voluntary Work Program participants.

49. Sani-T-10 has been procured and issued to the kitchen for sanitation of areas where food contact may occur.

50. SDC continues its practice of issuing hygiene products to detainees twice a week. Issued hygiene products include soap, toothpaste, shampoo, lotion and toilet paper. While soap is now available 24/7, if any detainee has a need for any of the other items between distributions, they may receive a replacement from facility staff by exchanging their empty shampoo bottle, toothpaste tube, toilet paper roll, etc. for a full replacement. That one-for-one exchange serves to

prevent the stockpiling by detainees of materials which can be used in larger quantities to create safety and security risks to staff and other detainees.

51. Facility vehicles used at SDC are also subject to enhanced cleaning and disinfecting procedures, with recommended antiviral cleaning agents before and after each transport. While certain detainees at SDC have asked for bleach to be made available to them 24/7, due to safety and security risks, it is not being provided for general population use. Detainee pod porters, who have been trained in the proper and safe use of bleach, are instructed and supervised in its use to clean showers and other appropriate areas of each housing unit.

Access to Detainee Health Care and Plans in the Event of Detainee Infection

52. Since CoreCivic employees have begun providing health care services at SDC, detainees requesting medical assistance submit a sick call request in the secure box in their housing unit. Medical staff collect those requests once each day, triage them, and schedule the detainee for follow-up care.

53. If a detainee believes that he is experiencing an urgent or medical condition, which cannot await the sick call process, the detainee should notify their the CoreCivic Detention Officer stationed in that area, who will notify the nursing staff of the medical problem, and nursing will respond appropriately. Trained staff is available to administer emergency first aid and life saving techniques. If after normal provider hours at the facility, providers are available on an on-call basis at all times.

54. If a detainee returns from an outside medical appointment, including from any hospital, they are given the same health screening as all new detainee intakes. In particular any detainee who is returning to SDC from an outside hospital visit, is also assessed by a medical

provider who reviews their medical status and will determine medically appropriate actions for care and housing, prior to the detainee returning to their assigned housing local.

55. If a staff member observes and suspects that any detainee at SDC may be symptomatic of potential COVID-19 infection, staff immediately refers those detainees to medical for screening. Any detainee who exhibits such symptoms, including a fever is isolated in the medical area pending the results of any provider reported testing.

56. At the time a detainee is referred to medical and subject to testing, the original housing unit is placed on cohort status, pending results of the testing for the suspected detainee. Detainees in such cohorted housing units are restricted to their units and subject to daily medical monitoring for fever and symptoms of respiratory illness. Any that show signs of fever and/or respiratory illness will be referred to medical. Cohorting will be discontinued following a 14-day period with no new cases, following the last positive test result.

57. As of April 8, 2020, there were no positive COVID-19 test results, although results were pending for 8 detainees.

58. On April 9, 2020, SDC received results that five detainees had tested positive for COVID-19. Each unit where those detainees resided had previously been put on cohort status, and the detainee transferred to medical. None of those detainees had been present in the protective cohort area for at-risk detainees identified by Dr. Owusu.

59. SDC has developed and is constantly reviewing its contingency plans for confirmed or presumptive COVID-19 positive detainees.

60. SDC has highly security-sensitive and confidential emergency plans for a Medical Emergency (including specifically COVID-19) and Pandemic Flu Preparedness, as part of its Emergency Response Policy. The disclosure of the specific details of those plans poses an

unreasonable safety and security risk should they be communicated to the detainee population or any member of the public.

61. SDC conducts quarterly and annual Emergency Response training exercises for staff regarding, which include both function and full-scale exercises.

62. SDC has capacity to effectively quarantine and medically isolate any detainee who is confirmed, presumed, or suspected positive for COVID-19. There are the four negative air pressure cells located in the SDC medical unit, which would be the first use for any confirmed or presumed positive detainee. The SDC medical unit has three additional observation cells. SDC has four additional observation cells in other areas of the facility, where detainees can be medically isolated from the detainee population and most facility staff, while still receiving appropriate medical care.

63. Should additional space be needed, SDC has the ability to clear detainees from a housing area, and dedicate that housing area as a cohort or quarantine to limit the potential for exposure to other detainees or staff.

64. In the exceptional event that the number of cases of COVID-19 reach levels beyond those, CoreCivic can provide additional support, supplies or personnel to SDC, and also make additional unutilized bed space at other CoreCivic facilities available on short notice.

65. Should a detainee require higher levels of care or monitoring than SDC can provide, SDC has agreements with hospital facilities in Cuthbert, Columbus, and Albany where detainees can be transferred to receive higher levels of care or monitoring.

RESPONSE TO ADDITIONAL ALLEGATIONS

66. I understand that several other allegations relating to SDC have been asserted in the Declarations supporting Petitioners' Motion for Temporary Restraining Order. While

sufficient detail was not provided to investigate each one in this short time period, I do provide the following responses.

67. There was no death of a detainee at SDC on April 6, 2020 from complication of COVID-19.

68. On April 6, 2020, three detainees were transported for outside medical evaluation. None of these were for COVID-19 symptoms. Once detainee was transported due to abdominal pains and was treated by an outside provider for reflux. A second detainee was diagnosed with anxiety. A third detainee who complained of chest pains and shortness of breath, was diagnosed as being asthmatic.

69. There was a recent use of force incident involving OC on Unit 4 in the hallway. No detainee in any of the housing pods was directly exposed to OC spray. In accordance with SDC practice, exhaust fans are used to ventilate any area where OC spray is used and the area is decontaminated to remove any trace of over-spray from areas where it may be used.

70. While detainee Aristoteles Sanchez Martinez does use a wheelchair, I have personally watched video of him self-propelling his wheelchair across the dayroom in the protective cohort housing area where he has been housed at SDC since March 30th, without any apparent difficulty.

71. As SDC Detainees “Michael Robinson” and “Peter Owusu” are proceeding under a pseudonym, I do not know their identify and cannot comment on other specific individual allegations, such as “Peter Owusu”’s claim that he was denied access to his CPAP machine, or “Michael Robinson”’s claim that he has not received his medical records or was personally exposed to OC spray.

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

Executed this ___ day of April, 2020 in Lumpkin, Georgia.

Russell Washburn

ATTACHMENT A

ATTACHMENT A





STEWART CONVENTION CENTER

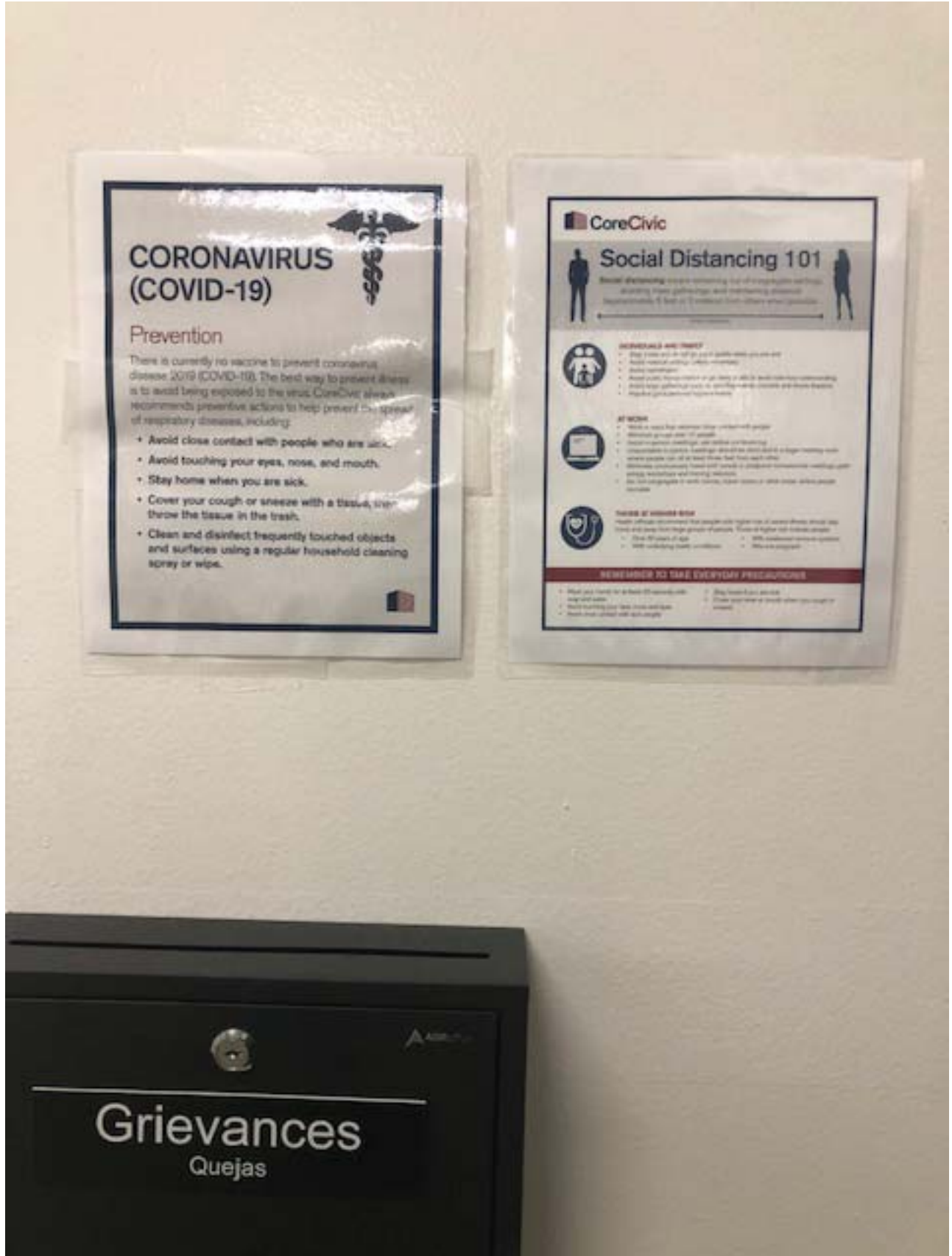


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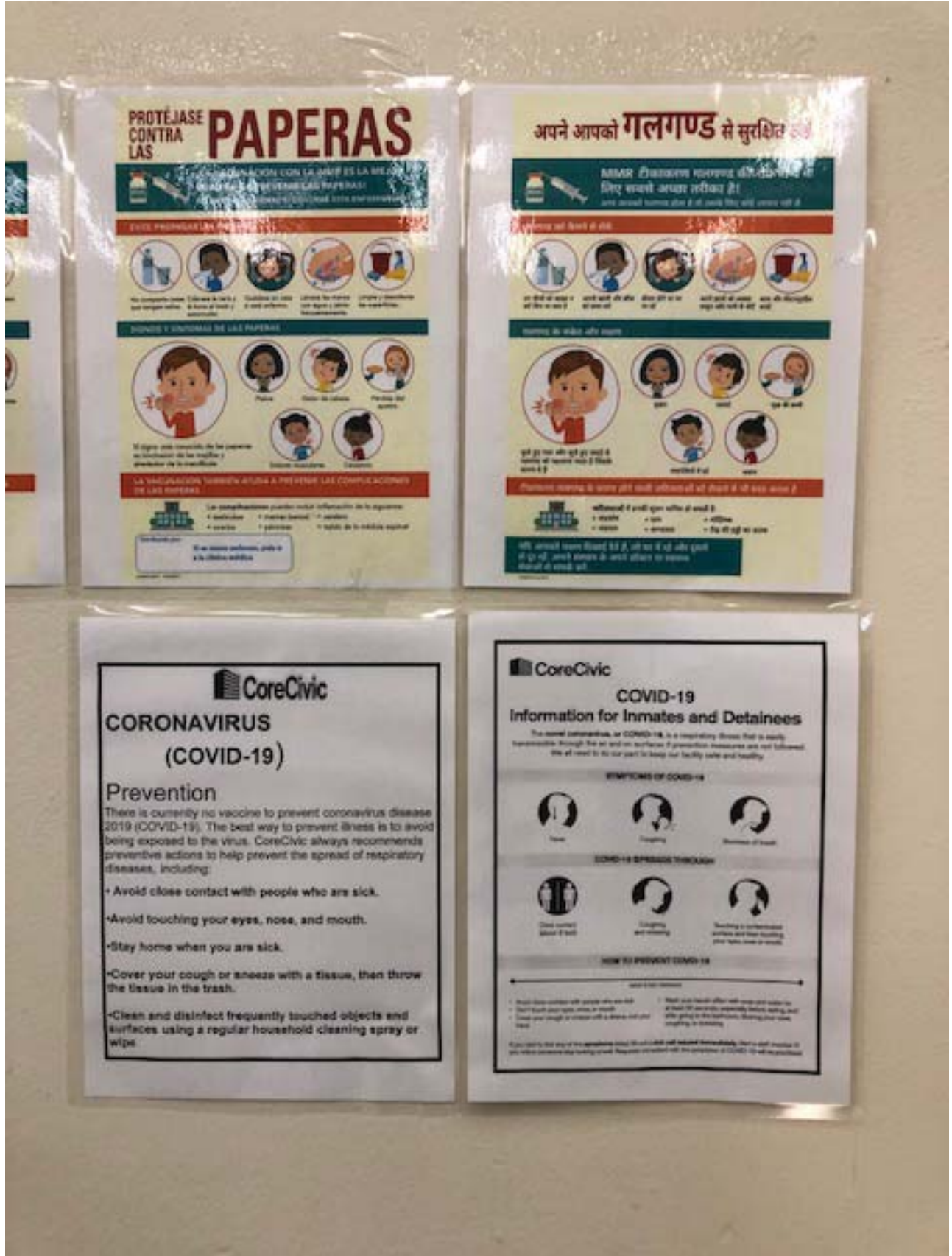


ATTACHMENT B

ATTACHMENT B









ATTACHMENT C

ATTACHMENT C

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