

DECLARATION OF ROBERT GREIFINGER

I, Robert Greifinger, declare the following under penalty of perjury pursuant to 28 U.S.C. § 1746 as follows:

Background

1. From 2005 to 2015, Fulton County Jail was under federal court supervision for unconstitutional conditions of confinement. *Harper v. Bennett*, USDC Northern District Georgia, Case No: 04-CV-1416. In the *Harper* case, the federal court judge relied on my expert opinion regarding conditions of confinement at Fulton County Jail, including the need to make improvements in medical care. At the request of the Court, I visited the Fulton County Jail many times to examine the Jail and am intimately familiar with its physical layout and other features relevant to the ability of the facility to control an infectious disease outbreak.
2. Prior to *Harper*, the Fulton County Jail was subject to federal court oversight from 1999 to 2003 for its unconstitutionally deficient care of people living with HIV. *Foster v. Fulton County*. I was the medical monitor in that federal class action lawsuit.
3. I am a physician who has worked in health care for prisoners for more than 30 years. I have managed the medical care for inmates in the custody of New York City (Rikers Island) and the New York State prison system. I have authored more than 80 scholarly publications, many of which are about public health and communicable disease. I am the editor of *Public Health Behind Bars: from Prisons to Communities*, a book published by Springer (a second edition is due to be published in early 2021); and co-author of a scholarly paper on outbreak control in correctional facilities.
4. I have been an independent consultant on prison and jail health care since 1995. My clients have included the U.S. Department of Justice, Division of Civil Rights (for 23 years) and the U.S. Department of Homeland Security, Section for Civil Rights and Civil Liberties (for six years). I have visited several hundred correctional facilities during my career. I currently monitor the medical care in three large county jails for federal courts. My resume is attached.

The Spread of COVID-19 in Fulton County Jail

5. Fulton County must take immediate steps to significantly reduce the number of people detained inside FCJ. Other jurisdictions have shown such reductions are possible, through a combination of releases (through signature bonds, good time credit, reinstating probation, and other measures) and reducing arrests. Fulton County should be as aggressive as possible in reducing the numbers at FCJ, prioritizing the release of people with medical risk factors to prevent serious illness including death. Without immediate and aggressive action, Fulton County is walking willingly into a preventable disaster by maintaining an overcrowded facility and keeping high-risk and vulnerable patients detained during the rapid spread of COVID-19.
6. COVID-19 is a serious disease, ranging from no symptoms or mild ones to respiratory failure and death, particularly in older patients and patients with chronic underlying

conditions. There is no vaccine to prevent COVID-19. There is no known cure or anti-viral treatment for COVID-19 at this time. The only way to mitigate COVID-19 is to use scrupulous hand hygiene and social distancing.

7. Fulton County will not be able to stop the spread of COVID-19 within its jail. As of today, March 31, 2020, fourteen detained individuals have tested positive for COVID-19. It is difficult to capture the full extent of the problem because of a lack of testing and the fact that many people who are infected with COVID-19 are asymptomatic for days before showing the symptoms associated with the disease.
8. The FCJ is not set up to be able to contain the disease. This is due to the realities of an infectious disease within the tight confines of a jail. The CDC has warned jails, prisons, and detention centers to plan for staffing shortages due to the impact of COVID-19 on staff.¹
9. One of the few means of preventing a COVID-19 infection is through social distancing—that is maintaining distance of at least six feet between individuals so as not to unintentionally spread the virus to others. This is nearly impossible in FCJ at its current population level. FCJ was originally designed to house approximately *half* the number of people currently detained. To accommodate overflow, cells designed to be single cells were double bunked. Some were triple bunked. This was done without increasing the number of showers, toilets, sinks, or other utilities.
10. Close contact in FCJ is unavoidable and creates an incubator for COVID-19 infection. To run a detention facility is to facilitate close contact and movement between and amongst individuals—whether it be for meals or medical appointments, as examples, or during intakes or staff changes. Sanitation security measures available in hospital settings are simply impossible to apply in a corrections context.
11. There is no change in procedure that can alleviate these concerns. Approaches like solitary confinement or keeping individuals locked into their cell more hours of the day will make the problem worse. These approaches are psychologically damaging to detained people and may lead to a spike in severe depression, attempted and completed suicides, and medical emergencies. In the context of an outbreak in the facility, when onsite medical staff are operating at or over capacity, the problems can accelerate.
12. Staff is an especially important vector in this outbreak, since they go back and forth between the outside world, and because there is a real danger of a total breakdown inside FCJ if too many staff must self-quarantine following exposure or call in sick out of fear of contagion.
13. People with suspected COVID-19 close contacts are to be monitored for 14 days for symptoms. However, nearly every person at FCJ will have had close contact to someone

¹ https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#social_distancing

with COVID-19. The detention facility's medical unit simply cannot handle the volume of patients that would need this level of monitoring.

14. FCJ has isolation rooms designed to monitor individuals with highly infectious diseases such as COVID-19. There are not enough of these isolation rooms available and it appears, on information and belief, that FCJ is attempting to cohort people with COVID-19 symptoms, so that symptomatic patients can live separately from those who are asymptomatic or at risk.
15. Because of how full FCJ is, cohorting will very quickly become nearly impossible.
16. Transferring a large number of individuals to another correctional facility would be medically inappropriate during the outbreak. Doing so would only create a second hot spot where a catastrophic outbreak becomes likely.
17. All criminal justice actors in Fulton County must take immediate, coordinated steps to significantly reduce the number of people detained inside FCJ, prioritizing the release of people with medical risk factors to prevent serious illness including death. Without immediate and aggressive action, the unmitigated spread of disease inside Fulton County Jail will overwhelm the county's available hospital and intensive care beds. This is a preventable disaster that can be avoided, but only by acting with extreme speed.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 31st day in March 2020 in New York City, New York.

A handwritten signature in blue ink, appearing to read "Robert B. Greifinger". The signature is written in a cursive style and is positioned above a horizontal line.

Robert B. Greifinger, M.D.