

Exhibit 1

Affidavit of Ken Pierce

**CONNECTICUT SUPERIOR COURT
JUDICIAL DISTRICT OF WATERBURY**

CONNECTICUT CRIMINAL DEFENSE)	
LAWYERS ASSOCIATION et al.,)	
)	
Plaintiffs,)	
)	
v.)	
)	
NED LAMONT, in his official capacity as)	
Governor of Connecticut, et al.,)	
)	
Defendants)	
)	

No. UWY-CV20-6054309-S

AFFIDAVIT OF KEN PIERCE

I, Ken Pierce, declare as follows:

1. I have been incarcerated at Carl Robinson Correctional Institution since around December 2018. I am 39 years old. I was in dorm 3A until about a week ago. Now I am in dorm 5D. To my knowledge, there are around 90 people housed in this dorm, and that is the same for all dorms.

2. Two days ago, a guy in the dorm was removed because he had symptoms of coronavirus. Yesterday, the Lieutenant came in and announced to the whole dorm that the guy had tested negative, but then he said that the prison authorities were putting our dorm on quarantine anyways. So our quarantine just started yesterday, April 14, 2020.

3. I feel skeptical that the Lieutenant was telling the truth when he said that the guy

they removed because he had symptoms tested negative. That's because yesterday, two more people were removed from the dorm because they had symptoms, too. I was talking to one of them before he was removed. He looked really sick. I see him every day, so I know how he normally looks, and he really different. He was sweaty and pale. I could tell something was not right. I told him that he should tell the guards that he was sick and that they should remove him. He said he had gone to the guard station several times already and told them this, and that eventually, they agreed to remove him from the dorm. He was sitting there with his things packed, ready to go. He said he wanted to leave as quickly as possible so that he wouldn't get other people sick. But he had to wait for the staff, and so he sat in the dorm for a few hours while he was symptomatic. I do not know if he tested positive for coronavirus.

4. I feel like it is just a matter of time until we all get infected with the virus. Like I said, there are 90 people in one big, open dorm, and we all sleep in bunks. Being in quarantine means that we usually don't leave the dorm anymore. For example, now we eat on our laps, sitting on our bunks, instead of going to the cafeteria, where we normally eat with people from other dorms, because of the quarantine. But even so, we are close together all the time. You can count the tiles on the floor to see how close we are to each other, because the tiles are each 12-inch squares. Me and some of the other guys with bunks near mine recently counted the tiles around our bunk beds. By our count, there are 10 people within four feet of each of us every time we go to sleep. When we're not in our bunks, we can either walk around the dorm, or go to the little dayroom that is attached. But there is not much more space where we can go.

5. I have not observed any efforts to make the dorm more sanitized since the beginning of the outbreak. We haven't been given extra cleaning supplies; we get the same

amount of cleaning stuff every week as we have before the pandemic, and the inmate workers still clean the dorm three times per day. The inmates are doing their best on their own to keep the dorm as clean as possible, but it's hard to do with 90 guys packed in one room. The one exception is that some guards have bought Lysol themselves, I believe with their own money, and brought it in for us to use. I don't think this has been very effective, though, because a staff member has to supervise inmates while they use it, so that rarely happens.

6. I have not observed any changes to the protocols for cleaning showers. We have seven shower stalls. They are cleaned three times per day. But the showers are not cleaned after each use, so people use showers that have not been disinfected.

7. We also usually do not free soap. The staff has told us that we have to pay for soap from the commissary so long as we have any money in our accounts. I got one free bar of soap because I complained about it. If I hadn't complained, I don't think I would have gotten the bar of soap for free.

8. Every person in my dorm was given one mask. The masks are made of cloth. The outer part is the same material that they use to make our "prison tans," and the inner part is made of a t-shirt material. We haven't been ordered to use them; we are told to use them at our own discretion. I would guess that about five or six people in the dorm use the masks, out of 90 guys.

9. The guards also have masks. I would guess that about 85% of the guards wear masks and gloves. I also see them using hand sanitizer really often, either inside the guard station or in bottles attached to their belts. I am not allowed to use hand sanitizer, because I am an inmate. I have also been told that the guards have their temperatures checked before they come into the prison every day, though I do not see this.

10. The only guidance I have received from staff about how to protect myself from coronavirus is from informational flyers. Those flyers say, if I remember correctly, that we should wash our hands and cover our mouths and noses when we sneeze or cough. I have not been told to keep a distance of 6-8 feet between me and other people, or to “socially distance.” I assume this is because it would be impossible, because the dorm is so crowded.

11. I am worried about what will happen if I get sick with coronavirus and need to seek medical treatment. In my experience, it can take months to see a doctor, even when there is not a global pandemic going on. For example, I have a bad ear canal, so sometimes it gets infected and bleeds. Last year, my ear got infected and started bleeding. I tried to see someone from medical, but no one would see me for two days. So I had to spend two days in the dorm with a bleeding ear. After that, a nurse gave me antibiotics, but I have still never seen an ENT doctor, even though I requested it. I have watched other guys wait for months to see a doctor. Sometimes, you never see a doctor.

12. I worry about my family. For example, my mother is a doctor in the ER in Middlesex Hospital. I am worried that she will get infected while I am still in prison.

13. I am in prison because I committed a non-violent crime. I have been approved for release to a halfway house since October 16, 2019, but now I have been told that the halfway houses are not accepting people from prison, so I can't be released to one. I know I committed a crime, and that's why I'm here. But I also feel like I earned my release date. I think there are about ten people in my dorm who were approved for release and are in prison for non-violent offenses, but now, they're stuck in here, just like me. If they let us go, like they are approved to do, it would make more space for everyone else, and the other prisoners and the staff would be


safer. Right now, I feel like I am just sitting here waiting to get sick, and there is nothing I can do to protect myself.

14. I declare under penalty of perjury that the foregoing is true and correct. I would testify to the same statements above if called to do so in court.

15. I have authorized Sophia Angelis to affix my signature to this affidavit for me, because I am incarcerated, and it would take a minimum of seven days for me to receive a document in the mail, sign it in front of a notary, and return it by mail.

Executed this 15 day of April, 2020.

Ken Pierce

by 

Signed before me by video in conformance with
Gov. Lamont Exec. Order No. 7Q (Mar. 30,
2020) on April 20th, 2020:



Commissioner of Superior Court

Exhibit 2

Affidavit of William Bruno

**CONNECTICUT SUPERIOR COURT
JUDICIAL DISTRICT OF WATERBURY**

CONNECTICUT CRIMINAL DEFENSE)	
LAWYERS ASSOCIATION et al.,)	
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Plaintiffs,)	
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NED LAMONT, in his official capacity as)	
Governor of Connecticut, et al.,)	
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Defendants)	
)	
)	

No. UWY-CV20-6054309-S

AFFIDAVIT OF WILLIAM BRUNO

I, William Bruno, declare as follows:

1. I have been incarcerated at Brooklyn Correctional Institution for almost four years. I am fifty years old. I am housed in D Dorm of Brooklyn CI. To my knowledge, there are 114 people housed in my dorm.

2. D Dorm has been in lockdown for about a month. The lockdown means that we don't leave D Dorm anymore to eat lunch with other dorms or to go to rec. We still go outside once or twice per day. Other than that, we spend pretty much all of our time inside D Dorm.

3. D Dorm is one big, open area. It has a single dayroom, which we can use from 8:00am to 11:00pm every day. That means that all 114 of us are in the dayroom at once. We play cards there and watch TV. Usually, we are about 1-2 feet away from each other. I have never been told by CDOC to "social distance" from other people, or to keep 6-8 feet between me and

every other person. Even if I was told to do that, it wouldn't be possible because there is not enough space. I believe the total size of D Dorm is 120 feet by 65 feet. This includes sleeping areas and the day room, but not the showers. I believe these are the dimensions because the tiles on the floor are each twelve-inch squares, and I counted the tiles.

4. In D Dorm, we do not have cells. Instead, we sleep in "cubes." "Cubes" are separated from the day room by walls that are about eight feet high, and that leave a gap of around six or seven feet between the top of the walls and the ceiling. Each cube sleeps six people on three bunk beds. When we sleep, we are probably 2-3 feet apart from the people in the other bunks. There's probably about an arm's length between the people who share a bunk bed. These measurements are my best guesses.

5. CDOC gave each of the prisoners in D Dorm two masks. The masks are made of a tan cloth that looks to me kind of like the "inmate prison tans," and are lined with cotton. CDOC told us that we can use the masks at our own discretion. I only wear mine when I go out of D Dorm for medical visits, or when I am talking on the phone. I don't wear my mask when I am inside D Dorm. Most other prisoners don't either. I would guess that maybe 5% of people wear their masks when they are inside D Dorm.

6. The prison gives me soap. Usually, prisoners have to buy soap, but for about the last three weeks, the prison has been giving us bars of soap for free. They have told us to wash our hands often. I probably wash my hands a dozen times a day. I see other people in D Dorm washing their hands often as well.

7. D Dorm is cleaned three times per day by prison workers. They are supposed to clean the table tops too, but they can't because they don't have supplies. I clean on the third shift.

I am still expected to do my job right now. If I refused to work, I would probably be written up for that.

8. Most of the guards wear masks all of the time, but some do not. Their masks are blue, but I think they are made from the same material as ours. A lot of staff wear gloves. I also see them using hand sanitizer from machine dispensers. Prisoners are not allowed to use the dispensers. Staff have also told us that they have their temperatures taken every day before they come into the prison. But I cannot verify that.

9. I have been on medicine for Hepatitis C, so, luckily, I am allowed to go up to medical every day. But for everyone else, it is taking longer than usual right now to get seen by medical. For example, we've been waiting for our flu shots for about three months, and we still haven't gotten them. The medical staff has told us that they haven't had time to give us all flu shots because they have been busy with other things. I do not know what the things are that they are busy with.


10. To my knowledge, I have not come into contact with anyone who has tested positive for coronavirus. I have not noticed anyone in my dorm with cough, fever, diarrhea, nausea, and / or vomiting. But I have heard that so far there have been seven people in B Dorm who have symptoms.

11. I declare under penalty of perjury that the foregoing is true and correct. I would testify to the same statements above if called to do so in court.


12. I have authorized Sophia Angelis to affix my signature to this affidavit for me, because I am incarcerated, and it would take a minimum of seven days for me to receive a document in the mail, sign it in front of a notary, and return it by mail.

Executed this 14 day of April, 2020.

William Bruno

by 

Signed before me by video in conformance with Gov.
Lamont Exec. Order No. 7Q (Mar. 30, 2020) on April
20th, 2020:



Commissioner of Superior Court

Exhibit 3

Affidavit of Kezlyn Mendez

**CONNECTICUT SUPERIOR COURT
JUDICIAL DISTRICT OF WATERBURY**

CONNECTICUT CRIMINAL DEFENSE)	
LAWYERS ASSOCIATION et al.,)	
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Plaintiffs,)	
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v.)	
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NED LAMONT, in his official capacity as)	
Governor of Connecticut, et al.,)	
)	
Defendants)	
)	
)	

No. UWY-CV20-6054309-S

AFFIDAVIT OF KEZLYN MENDEZ

I, Kezlyn Mendez, declare as follows:

1. I have been incarcerated at MacDougall Walker Correctional Institution on and off since 2014. I am 33 years old. I am housed in N pod. To my knowledge, there are around 66 people housed in N pod.
2. We are not on lockdown, but our movement is restricted. We get three hours and 30 minutes total out of cell per day. We use our time out of cell to shower and use the phone. We can also play cards, chess, and dominoes. We are allowed to go outside and play basketball. There is no social distancing when we are out of our cells.
3. I am in a cell by myself. My sleeping area is not cleaned or sanitized by staff. I am provided with diluted cleaning supplies to clean my own space.
4. We eat meals in the dayroom of the unit. During mealtimes, we are spaced about a foot apart.

5. The staff do not provide us with soap. When I have needed soap in the past two weeks, I have gotten it from commissary for a fee. I sometimes cannot buy other items I need from commissary so that I can afford soap. I do not have access to hand sanitizer.

6. I do not have a shower in my cell. I share eight showers with approximately 12 other people. On the tier below me, roughly 40 people share eight showers. The showers are typically cleaned three times per day. The showers are cleaned with diluted cleaner. The showers are not sufficiently clean.

7. I also share eight phones with my entire unit. The phones sometimes get used about 50 times in between cleanings. I put a sock over the phone before I use it to protect against germs.

8. I work as a barber, and I am still expected to work. I try to wipe down all of my equipment in between each haircut.

9. Since the onset of the coronavirus pandemic, I have observed some staff wearing masks. I have not observed staff wearing gloves.

10. Several staff members in my facility have tested positive for COVID-19. I saw one of these staff members standing within a foot of someone who was incarcerated.

11. Staff have not provided me with guidance about how to protect myself and others from coronavirus transmission. They provided me with a used cloth mask about two weeks ago.


12. I have not come into contact with anyone who has tested positive for the coronavirus. However, there are people in my unit who were recently transferred from another prison where they lived in an open dormitory with someone who tested positive. I

have come into contact with people who have been coughing.

13. I declare under penalty of perjury that the foregoing is true and correct. I would testify to the same statements above if called to do so in court.

14. I have authorized Wynne Muscatine Graham to affix my signature to this affidavit for me, because I am incarcerated, and it would take a minimum of seven days for me to receive a document in the mail, sign it in front of a notary, and return it by mail.

Executed this 15th day of April, 2020.

Kezlyn Mendez
By 

Signed before me by video in conformance with
Gov. Lamont Exec. Order No. 7Q (Mar. 30,
2020) on April 16th, 2020:



Commissioner of the Superior Court

Exhibit 4

Governor Lamont Executive Order No. 7T

STATE OF CONNECTICUT

BY HIS EXCELLENCY

NED LAMONT

EXECUTIVE ORDER NO. 7T

**PROTECTION OF PUBLIC HEALTH AND SAFETY DURING COVID-19 PANDEMIC
AND RESPONSE – SAFE LODGING, LIQUOR DELIVERY, ADDITIONAL
FLEXIBILITY FOR VICTIMS OF DOMESTIC VIOLENCE, OTHER MEASURES**

WHEREAS, on March 10, 2020, I issued a declaration of public health and civil preparedness emergencies, proclaiming a state of emergency throughout the State of Connecticut as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed spread in Connecticut; and

WHEREAS, pursuant to such declaration, I have issued seventeen (17) executive orders to suspend or modify statutes and to take other actions necessary to protect public health and safety and to mitigate the effects of the COVID-19 pandemic; and

WHEREAS, COVID-19 is a respiratory disease that spreads easily from person to person and may result in serious illness or death; and

WHEREAS, the World Health Organization has declared the COVID-19 outbreak a pandemic; and

WHEREAS, the risk of severe illness and death from COVID-19 appears to be higher for individuals who are 60 years of age or older and for those who have chronic health conditions; and

WHEREAS, to reduce the spread of COVID-19, the United States Centers for Disease Control and Prevention and the Connecticut Department of Public Health recommend implementation of community mitigation strategies to increase containment of the virus and to slow transmission of the virus, including cancellation of gatherings of ten people or more and social distancing in smaller gatherings; and

WHEREAS, it is imperative to take aggressive mitigation measures to slow the spread of COVID-19 within our State and region and one such measure, as reflected in my prior Executive Order Nos. 7H and 7J, restricting the operations of non-essential businesses, and the Domestic Travel Advisory recently issued by the Centers for Disease Control, is to ensure that people stay home and avoid unnecessary travel or temporary lodging for vacation or leisure purposes; and

WHEREAS, to encourage social distancing and protect public health and safety, my Executive Order Nos. 7D and 7G, closed bars and restaurants to all on-premise service of food and beverages; and

WHEREAS, home delivery of products by additional liquor permittees can reduce the need for customers to leave their homes and thereby increase the effectiveness of efforts to limit transmission of COVID-19, while allowing safe conduct of certain economic activity; and

WHEREAS, the Connecticut Recovery Bridge Loan Program is meant to provide timely financial assistance to small businesses affected by the COVID-19 pandemic through a streamlined and easily understandable application process that can be submitted with minimal delay; and

WHEREAS, the existing requirement for a notarized affidavit to certify compliance with certain nondiscrimination provisions of state law may introduce unnecessary delay to the application process and increase the risk of transmission of COVID-19 if an applicant is unable to complete the certification through remote notarization; and

WHEREAS, ongoing child care operations are necessary to support the essential workforce, and child care providers must be stabilized through the duration of the emergency to ensure the maintenance of an adequate child care infrastructure; and

WHEREAS, the Commissioner of Social Services seeks to increase rates paid to various providers, including nursing facilities, intermediate care facilities for the intellectually disabled and residential care homes, over the current rate in effect, by 10% in recognition of the extraordinary costs related to the COVID-19; and

WHEREAS, permitting such facilities and homes to obtain a rate rehearing and contest the increased rate would create a significant administrative burden on the Department of Social Services during a time where prioritization of time and resources is critical to protecting public health and safety; and

WHEREAS, in order to reduce administrative burdens and protect the state from increased costs beyond those necessary to pay the temporary rate increase, it is necessary to suspend providers' rights to appeal the overall magnitude and methodology temporary rate increases that are paid in response to COVID-19; and

WHEREAS, certain documents require the in-person services of a Notary Public or Commissioner of the Superior Court and such interactions should be avoided to the maximum extent possible in order to promote social distancing and the mitigation of the spread of the COVID-19; and

WHEREAS, attendance at public proceedings is likely to increase the risk of transmission of COVID-19; and

WHEREAS, in consultation with the Chief Court Administrator on behalf of the Chief Justice of the Supreme Court and the Judicial Branch, I have determined that there exists a compelling state interest that courts conduct only essential business in order to minimize the spread of COVID-19;

NOW, THEREFORE, I, NED LAMONT, Governor of the State of Connecticut, by virtue of the authority vested in me by the Constitution and the laws of the State of Connecticut, do hereby **ORDER AND DIRECT**:

1. **Provision of Non-Essential Lodging Prohibited.** Notwithstanding any provision of the Connecticut General Statutes or of any regulation, rule, policy, procedure, charter, or ordinance, the following restrictions shall apply to all hotels, motels, inns, bed and breakfasts, and short-term residential rentals including those arranged through on-line hosting platforms such as Airbnb or VRBO (collectively, as defined below, “lodgings”). Pursuant to my authority under Section 28-9 of the Connecticut General Statutes, and in accordance with the terms of Executive Order No. 7H, and notwithstanding the provisions of Section 28-8(a), this order shall supersede and preempt any local order, rule, or emergency order.

a. **Lodging Definition.** For the purposes of this order, “lodging” shall mean the provision of overnight accommodations by commercial transaction in any of the following categories:

- i. Bed and breakfast establishments
- ii. Bed and breakfast homes
- iii. Hotels
- iv. Motels
- v. Lodging houses rented for a period of 31 days or fewer
- vi. Professionally managed units rented for a period of 31 days or fewer
- vii. Short-term rentals (including Airbnb, VRBO and similar rental properties) rented for a period of 31 days or fewer
- viii. Resorts
- ix. Inns
- x. Timeshares

b. **Permissible Lodging.** The provision of lodging shall be permitted only when offered and employed for the following uses:

- i. Housing and accommodation for health care workers, first responders, and other workers who work for an Essential Business pursuant to Executive Order No. 7H and implementing guidance issued by the Department of Economic and Community Development (DECD).
- ii. To the extent not already included in (a), housing and accommodation for out-of-state workers engaged in transportation of materials, logistics, and construction associated with the delivery of health-related services, such as the development of COVID-19 alternative care sites, testing facilities, or research.
- iii. Housing and accommodation for members of vulnerable populations, including but not limited to emergency shelter for people experiencing homelessness and victims of domestic violence, and persons returning from incarceration.
- iv. Housing and accommodation for Connecticut residents (i) who are self-isolating or are subject to a quarantine order; and (ii)

families or roommates of such individuals who are self-isolating or are subject to a quarantine order; but (iii) in each case, for no longer than the period required to complete the necessary period of self-isolation or quarantine.

- v. Housing and accommodation for individuals receiving long-term, specialized medical care from a physician licensed or located in Connecticut and for accompanying family members.
 - vi. Housing, accommodation, and shelter when required by extenuating circumstances such as fire or casualty to ensure the care and safety of Connecticut residents and to accommodate other persons unable to return to their own homes due to flight cancellations, border closures, or other direct and material constraints on travel.
 - vii. Housing and accommodation to the extent necessary for workers engaged in providing or servicing or maintaining lodging for any of the purposes described above.
- c. **Other Purposes and Uses for Lodging Prohibited During State of Emergency.** Lodging offered, operated, or employed for purposes other than those listed in subsection (b) above shall not be permitted. Accordingly, the provision and occupancy of lodging for leisure, vacation, and other purposes may not continue. Operators of lodging may, however, continue to provide other, lodging-related services through remote means that do not require workers, customers, or the public to enter or appear at any brick-and-mortar lodging premises.
- d. **Existing Lodging Guests.** Persons occupying lodging as of April 2, 2020 may be permitted to remain in their current lodgings through the end of their originally scheduled stay. Lodging may not be extended except for one of the purposes listed in subsection (b) above or if the lodging in question is permissible under this order because it is for a period that exceeds 31 days.
- e. **Future Booked Lodging.** For the duration of the public health and civil preparedness emergency, unless earlier modified or terminated by me:
- i. persons with future reservations or bookings or agreements to occupy lodgings may not exercise those agreements and may not occupy those lodgings; and
 - ii. operators of lodgings may not provide lodging to persons with future reservations or bookings or agreements to occupy lodgings, unless in each case the lodgings are provided and occupied for one of the purposes listed in section 1 above or if the lodging in question is permissible under this order because it is for a period that exceeds 31 days.

- iii. operators of lodgings shall make reasonable efforts to refund any deposits or other payments to persons who cannot exercise bookings or agreements as a result of this order.
2. **Further Clarification of Limits on Restaurants, Bars and Private Clubs.** Effective immediately, Executive Order No. 7G, which addressed sales of alcoholic beverages by certain licensees, is modified to additionally permit holders of the following alcoholic liquor permits to deliver directly to consumers any sealed alcoholic liquor under the same conditions as Executive Order No. 7G permitted for pick-up and off-premise consumption sales: Restaurant, Café, Tavern, Manufacturer Permit, Manufacturer Permit for Beer, Manufacturer Permit for Farm Winery, Manufacturer Permit for Farm Brewery, Manufacturer Permit for a Brew Pub, Manufacturer Permit for Beer and Brew Pub, Manufacturer Permit for a Farm Distillery. In addition, the holder of a Manufacturer Permit for Cider and a Manufacturer Permit for Apple Brandy and Eau-de-vie may be open for the sale of pick-up or delivery of alcoholic liquors as allowed under their permit types and consistent with the requirements set forth in Executive Order 7G for off-premise consumption sales by other manufacturers. The Commissioner of Consumer Protection may issue any implementing orders and guidance that she deems necessary to implement this order.
3. **Suspension of Notarization Requirement Related to Connecticut Recovery Bridge Loan Program.** Section 4a-60(c)(2)(C) of the Connecticut General Statutes is modified to authorize the Commissioner of Economic and Community Development to accept, in place of a notarized affidavit certifying compliance with nondiscrimination laws, a Nondiscrimination Certification in a form prescribed by the Commissioner and signed under penalty of false statement, for the sole purpose of applications to the Connecticut Recovery Bridge Loan program for small businesses. Such modification shall apply only to the Connecticut Recovery Bridge Loan program.
4. **Flexibility to Maintain Adequate Child Care Infrastructure.** The provisions of General Statutes Sections 10-16n through 10-16u, 10-266p, 10-266q, 10-262u, 10-505, 10-506, 10-509, 17b-749, 17b-749a, 17b-749c, 17b-749i, and 17b-749j; and Sections 17b-749-01 through 17b-749-23 of the Regulations of Connecticut State Agencies, and any associated regulations, rules, and policies regarding child care funding, are modified to authorize the Commissioner of Early Childhood to temporarily waive any requirements contained therein as she deems necessary to maintain a sufficient capacity of child care services or stabilize child care providers during this public health and civil preparedness emergency. The Commissioner may issue any order that she deems necessary to implement this order.
5. **Suspension of Rehearing Rights for Temporary Rate Increases for Certain Healthcare Providers.** Section 17b-238(b) of the Connecticut General Statutes, to the extent that it authorizes specified institutions or agencies to request a rehearing on all items of aggrievement, is modified to suspend the right to rehearing only regarding the overall magnitude and methodology of temporary rate increases paid to facilities

in response to the COVID-19 pandemic. In all other respects, Section 17b-238(b) shall remain in full force and effect.

6. **Alternative to Affidavits Related to Orders of Protection and Relief.** The requirement in Sections 46b-15 and 46b-16a of the Connecticut General Statutes that an application for an order of protection and relief be accompanied by an affidavit made under oath that includes a statement of the specific facts that form the basis for relief is hereby modified to allow such statement of facts to be made under penalty of false statement pursuant to Section 53a-157b of the Connecticut General Statutes, in lieu of being made under oath, at the option of the applicant. In addition, any other provision of the Connecticut General Statutes that requires an application, affidavit or any other document or paper related to an order of protection and relief be made under oath are hereby modified to allow such application, affidavit, document or paper to be filed under the penalty of false statement pursuant to Section 53a-157b of the Connecticut General Statutes, in lieu of being made under oath, at the option of the applicant.

Unless otherwise specified herein, this order shall take effect immediately and shall remain in effect for the duration of the public health and civil preparedness emergency, unless earlier modified or terminated by me.

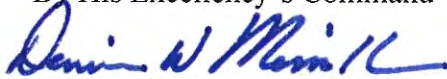
Dated at Hartford, Connecticut, this 2nd day of April, 2020.



Ned Lamont
Governor



By His Excellency's Command



Denise W. Merrill
Secretary of the State

Exhibit 5

Affidavit of Tyrone Spence

**CONNECTICUT SUPERIOR COURT
JUDICIAL DISTRICT OF WATERBURY**

CONNECTICUT CRIMINAL DEFENSE))	
LAWYERS ASSOCIATION et al.,))	
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Plaintiffs,))	
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v.))	
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NED LAMONT, in his official capacity as))	
Governor of Connecticut, et al.,))	
)	
Defendants))	
)	
)	

No. UWY-CV20-6054309-S

AFFIDAVIT OF TYRONE SPENCE

I, Tyrone Spence, declare as follows:

1. I have been incarcerated at Garner Correctional Institution since September 2019. I am 28 years old. I am housed in Echo Unit. To my knowledge, there are approximately 90 people currently housed in my unit.
2. My unit is not on lockdown, but we are confined to the unit. We get about 3 hours and 30 minutes of out-of-cell time per day. During this time, we can lift weights or play ping pong, chess, or cards. Sometimes, ten or fifteen people use equipment during one recreation period, and equipment is not cleaned in between each person's use. Some people use gloves, but they are not used consistently.
3. One other person lives in my cell. We sleep in bunkbeds. The cell is cramped, and it is impossible to stay more than five feet away from one another. Our sleeping area is not cleaned or sanitized by staff. We have cell clean-up once per week, at

which time we are provided a broom, mop, and cleaner. The cleaner is diluted. If I want to clean my cell any other day of the week, I usually use shampoo.

4. I eat my lunch and dinner in the common area of the unit. Each table has four seats. Everyone sitting at a table is within arm's length of one another.

5. The staff do not provide us with soap. I do not have access to hand sanitizer. I recently requested that my family send me hand sanitizer, but the prison staff would not allow it.

6. I do not have a shower in my cell. I share six showers with the entire unit. The showers are typically cleaned twice per day. They are also cleaned with diluted cleaner.

7. I share six phones with the entire unit. The phones are not cleaned between each person's phone calls. I usually place a sock over the phone or put the phone inside my t-shirt to protect against germs.

8. I have not observed many staff members wearing masks or gloves or washing their hands more often. I have not observed staff checking temperatures of incoming persons or staff on a daily basis.

9. Staff have placed posters on the wall providing information about what the facility is doing to prevent against transmission of the virus. They have also provided us with two masks made out of the same cloth that our uniforms are made out of.

10. One person in my unit had a fever. He was taken off of his work assignment in the kitchen, but remained in the unit. Another person in my unit said he was having trouble breathing. He went to medical briefly before being sent back to the unit.

11. I have been diagnosed with asthma.

12. I declare under penalty of perjury that the foregoing is true and correct. I would testify to the same statements above if called to do so in court.

13. I have authorized Wynne Muscatine Graham to affix my signature to this affidavit for me, because I am incarcerated, and it would take a minimum of seven days for me to receive a document in the mail, sign it in front of a notary, and return it by mail.

Executed this 16th day of April, 2020.

Tyrone Spence
By [Signature]

Signed before me by video in conformance with
Gov. Lamont Exec. Order No. 7Q (Mar. 30,
2020) on April 16th, 2020:

[Signature]

Commissioner of the Superior Court

Exhibit 6

Affidavit of Frank Kelly

**CONNECTICUT SUPERIOR COURT
JUDICIAL DISTRICT OF WATERBURY**

CONNECTICUT CRIMINAL DEFENSE)	
LAWYERS ASSOCIATION et al.,)	
)	
Plaintiffs,)	
)	
v.)	
)	
NED LAMONT, in his official capacity as)	
Governor of Connecticut, et al.,)	
)	
Defendants)	
)	
)	

No. UWY-CV20-6054309-S

AFFIDAVIT OF FRANK KELLY

I, Frank Kelly, declare as follows:

1. I have been incarcerated at Garner Correctional Institution since January 2, 2020. I am 25 years old. I am housed in Fox Unit. To my knowledge, there are currently approximately 25 people housed in my unit, but the number of people fluctuates daily.
2. I get at most one hour out of cell per day. When people in my unit leave their cells, they are escorted by an officer. The officers hold people's arms while escorting them. The officers wear gloves, but many do not change their gloves between each person they escort. The officers also use handcuffs while escorting some people. They do not sanitize the handcuffs each time they place them on someone new. Wearing a mask is optional, and most officers do not wear them. Sometimes officers place multiple people in recreation "cages" at the same time so that they are within six of feet

of one another.

3. I do not share my cell with anyone else. My sleeping area is not cleaned nor sanitized by staff. I am only provided supplies to clean my own cell once per week. I am provided with diluted cleaning supplies to clean. I do not have access to hand sanitizer.

4. I am only allowed to shower three times per week. I do not have a shower in my cell. I share approximately five showers with everyone in the unit.

5. I also share two phones with my entire unit. I am allowed to make three 15-minute phone calls per week. The phones are not always cleaned in between calls.

6. There is one person who is responsible for cleaning the entire unit, including the common area, outside recreation area, counselors' units, phone booths, showers, and individual cells after people are transferred. He cannot clean the unit sufficiently each day.

7. Staff have provided guidance about how to protect myself and others from coronavirus transmission by placing posters in the unit. They have also provided me with two masks made out of the same material used for our uniforms.

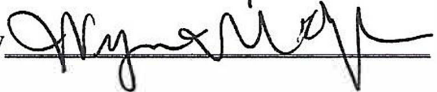
8. Some staff members have tested positive for COVID-19. I have no way of knowing if I have come into contact with them.

9. I have been diagnosed with asthma. I have been hospitalized two times due to asthma while in the custody of the Department of Corrections. Both times, I was taken in an ambulance to an outside hospital.

10. I declare under penalty of perjury that the foregoing is true and correct. I would testify to the same statements above if called to do so in court.

11. I have authorized Wynne Muscatine Graham to affix my signature to this affidavit for me, because I am incarcerated, and it would take a minimum of seven days for me to receive a document in the mail, sign it in front of a notary, and return it by mail.

Executed this 16th day of April, 2020.

Frank Kelly
By 

Signed before me by video in conformance with
Gov. Lamont Exec. Order No. 7Q (Mar. 30,
2020) on April 16th, 2020:



Commissioner of the Superior Court

Exhibit 7

Letter from 58 Yale Faculty Member

April 21, 2020

**Hon. Ned Lamont
Governor of Connecticut
Connecticut State Capitol
Hartford, CT**

Dear Governor Lamont,

We are writing as faculty members of the Yale School of Public Health, the Yale School of Medicine, and the Yale School of Nursing to address the urgent threat of COVID-19 in Connecticut prisons, jails, and juvenile detention centers. The steps taken and decisions made by your office and the CT Department of Corrections (CDOC) over the past month do not sufficiently mitigate the dangers of SARS-CoV-2 in carceral settings. As experts in public health and medicine, we wish to express clearly and unequivocally that the most effective measure to ensure the safety and wellbeing of incarcerated individuals is to thoughtfully release a substantial portion of the State's prison population.

Congregate living facilities such as prisons, jails, and detention centers are well-known to be associated with high transmission rates for infectious diseases: tuberculosis, drug-resistant tuberculosis, influenza, MRSA, and hepatitis among them. Due to the disproportionate rate of comorbidities among people in prison, incarcerated individuals are at an elevated risk of Covid-19 complications and mortality. On April 14th, the CDOC announced the first COVID-19-related death of an individual in the custody of the State of Connecticut; we fear that this death is just one of many to come. Tragically, the man who passed away due to COVID-19 was imminently scheduled for release.

In a five day period between Thursday, April 9th and Tuesday, April 14th, the number of positive COVID-19 cases in CDOC facilities spiked from 61 to 182. When compared with state-wide infection rates, the rate of new infections in CDOC facilities is particularly alarming. As medical and public health professionals, we are concerned that the CDOC's current COVID-19 response plan does not address the specific disease characteristics of SARS-CoV-2 --e.g. current screening measures do not account delayed symptomology or asymptomatic carriers-- nor does the current response plan utilize the most effective COVID-prevention strategy, the rapid and thoughtful reduction of the State's prison population.

Of the CDOC's lackluster response to COVID-19, the decision to utilize Northern Correctional Institution--itself a maximum-security facility--to isolate patients who test positive for SARS-CoV-2 is particularly concerning. Transferring all COVID-positive individuals to Northern C.I. is inhumane

and ineffective, especially in light of the U.N. Special Rapporteur on Torture's recent condemnation of the CDOC's widespread use of prolonged isolation. The inherently punitive nature of confinement associated with Northern C.I. may ultimately de-incentivize individuals from reporting if they become symptomatic. We are concerned that the human rights of incarcerated individuals are being unduly contravened in the name of medicine; isolation of sick patients in Northern C.I. is a punitive measure, not a public health one.

Finally, there remains a question of whether the CDOC is prepared to provide adequate medical services to those who become infected while in their custody. Indeed, the union that represents healthcare workers in the CDOC felt compelled to file an amicus brief for the ACLU CT's lawsuit challenging your response to COVID-19 in prisons; the brief highlighted the unions "specialized knowledge of chronic understaffing and limited medical resources in Connecticut's correctional facilities." Incarcerated individuals, their families, advocates, and public health experts have been vocalizing their concerns for weeks, pleading with the State to anticipate the ways in which healthcare delivery within facilities will inevitably fail amidst a large-scale outbreak: testing kits and personal protective equipment are already in short supply and facilities have limited resources for proper respiratory isolation.

Therefore, we strongly recommend you to take the following steps:

- 1) Rapidly reduce the number of people in prison. Decreasing the density of prisons is critical to mitigate the spread of COVID-19; Connecticut would be following precedent set by numerous other states that have either begun releasing incarcerated people or are imminently preparing to do so;
- 2) Coordinate non-congregant housing arrangements by renting vacant hotels and college dormitories for people released from incarceration; ease restrictions on sponsorship that prevent incarcerated people from identifying housing upon releases;
- 3) Place individuals who test positive for Covid-19 in medical isolation. Solitary confinement and quarantine do not provide the protections of medical isolation and should not be used as an alternative. The CDOC should follow the recommendations of David Cloud, JD, MPH, Dallas Augustine, MA, Cyrus Ahalt, MPP, & Brie Williams, MD, MS articulated in their paper, *The Ethical Use of Medical Isolation – Not Solitary Confinement – to Reduce COVID-19 Transmission in Correctional Settings*;
- 4) Discontinue transfer to the Northern Correctional Institution and only utilize appropriate medical facilities or isolated housing units to treat Covid-positive individuals;

- 5) Require the CDOC to make their plans for prevention and management of COVID-19 in each correctional institutions publicly available; all plans should be coordinated with the advice of independent medical experts; any reports of medical neglect, unsanitary conditions, or violation of protocol should be immediately reported to an independent body that includes medical experts who can swiftly develop an actionable remedy;
- 6) Monitor and ensure the availability of sufficient soap and hand sanitizer for all staff and incarcerated individuals, without charge; provide all incarcerated people with appropriate PPE.

Infectious pathogens are oftentimes invisible cargo: they won't set off the metal detectors, but should nonetheless be treated as significant threats to the safety and well being of incarcerated individuals and prison staff alike. As medical experts and healthcare workers, we too feel compelled to urge your office to treat incarcerated populations, frontline healthcare workers, and correctional staff with the respect they deserve. We have an ethical responsibility to protect vulnerable communities in these dark times. However, your duties as our State's Executive authority extend beyond moral platitudes in moments of crisis: Covid-19 related deaths in our incarcerated communities are preventable tragedies. You must take immediate action.

Sincerely,

(affiliations for identification purposes only)

- 1) **Gregg Gonsalves, PhD; Yale School of Medicine;** Assistant Professor of Epidemiology (Microbial Diseases); Associate (Adjunct) Professor of Law, Yale Law School; Co-Director, Global Health Justice Partnership;
- 2) **Mayur Desai, PhD, MPH, FACE; Yale School of Public Health;** Associate Professor of Epidemiology (Chronic Diseases); Associate Dean for Diversity, Equity, and Inclusion, YSPH; Director, Advanced Professional MPH Program; Core Faculty, National Clinician Scholars Program
- 3) **Vasilis Vasiliou, PhD; Yale School of Medicine;** Department Chair and Susan Dwight Bliss Professor of Epidemiology (Environmental Health Sciences) and of Ophthalmology and Visual Science
- 4) **Robert Heimer, PhD, MSc; Yale School of Medicine;** Professor of Epidemiology (Microbial Diseases) and of Pharmacology
- 5) **David Vlahov, PhD, RN, FAAN; Yale School of Nursing;** Program Director, Professor at the Yale School of Nursing with a joint appointment in Epidemiology and Public Health. Co-Director National Program Office for the Robert Wood Johnson Foundation's Culture of Health: Evidence for Action Program.
- 6) **Sarah Lowe, PhD; Yale School of Public Health;** Assistant Professor of Public Health (Social & Behavioral Sciences)

- 7) **Melinda Pettigrew, PhD; Yale School of Public Health;** Senior Associate Dean of Academic Affairs and Professor of Epidemiology (Microbial Diseases)
- 8) **Cary Gross, MD; Yale School of Medicine;** Professor of Medicine (General Medicine) and of Epidemiology (Chronic Diseases); Founder and Director, Cancer Outcomes Public Policy and Effectiveness Research (COPPER) Center, Yale School of Medicine; Director, Adult Primary Care Center, Quality Improvement; Chair, National Clinician Scholars Program; Director, National Clinician Scholars Program
- 9) **Rafael Perez-Escamilla, PhD; Yale School of Public Health;** Professor of Public Health (Social and Behavioral Sciences); Director, Office of Public Health Practice; Director, Global Health Concentration
- 10) **Marcella Smith, MD, MHS; Yale School of Medicine;** Associate Professor of Medicine (General Medicine) and of Epidemiology (Chronic Diseases); Director, Equity Research and Innovation Center; Director, Center for Research Engagement; Core Faculty, National Clinician Scholars Program; Deputy Director of Health Equity Research and Workforce Development, Yale Center for Clinical Investigation; Director, Yale-Commonwealth Fund Fellowship
- 11) **Gerald Friedland, MD; Yale School of Medicine;** Professor Emeritus of and Senior Research Scientist in Medicine (Infectious Diseases); Professor Emeritus of Medicine and Epidemiology and Public Health; Senior Research Scientist, Infectious Diseases
- 12) **Jaime Meyer, MD, MS, FACP; Yale School of Medicine;** Assistant Professor of Medicine (AIDS) and Assistant Clinical Professor of Nursing
- 13) **Sunil Parikh, MD, MPH; Yale School of Public Health;** Associate Professor of Epidemiology (Microbial Diseases) and of Medicine (Infectious Diseases)
- 14) **Anna Reisman, MD; Yale School of Medicine; Professor;** Director, Program for Humanities in Medicine; Director, Yale Internal Medicine Residency Writers' Workshop
- 15) **Benjamin Howell, MD, MPH; Yale School of Medicine;** Postdoctoral Fellow; Chief Resident, Advocacy & Community Health
- 16) **Gail D'Onofrio, MD, MS; Yale School of Medicine;** Professor of Emergency Medicine; Chair, Department of Emergency Medicine
- 17) **Danya Keene, PhD; Yale School of Public Health;** Assistant Professor of Public Health (Social & Behavioral Sciences)
- 18) **Poonam Daryani, MPH; Yale Law School;** Clinical Fellow, Global Health Justice Partnership, Yale Law School and School of Public Health; Program Manager, Global Health Studies, Yale College
- 19) **Joan Steitz, PhD; Yale School of Medicine;** Sterling Professor of Molecular Biophysics and Biochemistry; Investigator, Howard Hughes Medical Institute
- 20) **LaRon E. Nelson, PhD, RN, FNP, FNAP, FAAN; Yale School of Nursing;** Associate Dean for Global Health & Equity, Independence Foundation Associate Professor of Nursing

- 21) **Joseph Lim, MD; Yale School of Medicine;** Professor of Medicine; Director, Yale Viral Hepatitis Program
- 22) **Raja Staggars-Hakim, PhD; Yale School of Public Health;** Lecturer in Public Health (Social & Behavioral Sciences)
- 23) **Kaveh Khoshnood, PhD, MPH; Yale School of Public Health;** Associate Professor of Epidemiology (Microbial Diseases); Faculty Director, InnovateHealth Yale; Program Co-Director, Global Health Ethics Program, Yale Institute for Global Health; Program Director, BA-BS/MPH Program in Public Health
- 24) **Ted Cohen, MD, MPH, DPH; Yale School of Public Health;** Professor of Epidemiology (Microbial Diseases); Co-director, Public Health Modeling Concentration
- 25) **Robert Dubrow, M.D., PhD; Yale School of Public Health;** Professor of Epidemiology (Environmental Health Sciences); Faculty Director, Yale Center on Climate Change and Health, Environmental Health Sciences
- 26) **Kathryn Hawk, MD, MHS; Yale School of Medicine;** Assistant Professor of Emergency Medicine; NIDA K12 Drug Use, Addiction, and HIV Research Scholar (DAHRS)
- 27) **David Fiellin, MD; Yale School of Medicine;** Professor of Medicine (General Medicine), of Emergency Medicine, and of Public Health; Professor, Investigative Medicine; Director, Yale Program in Addiction Medicine; Director, Health Services and Research Core, Center for Interdisciplinary Research on AIDS (CIRA), Yale School of Public Health
- 28) **E. Jennifer Edelman, MD, MHS; Yale School of Medicine;** Associate Professor of Medicine (General Medicine) and of Social and Behavioral Sciences
- 29) **Ronica Mukerjee, MSN, DNP, FNP-BC, MsA, LAc, AAHIVS; Yale School of Nursing,** Primary Care Clinical Lecturer, Program Coordinator and Creator of Gender and Sexuality Health Justice Concentration.
- 30) **Prasanna Ananth, MD, MPH; Yale School of Medicine;** Assistant Professor of Pediatrics (Hematology/Oncology)
- 31) **Hani Mowafi, MD, MPH; Yale School of Medicine;** Associate Professor of Emergency Medicine; Chief of the Section of Global Health and International Emergency Medicine; Director of GHIEM Fellowship
- 32) **Mary Ellen Lyon, MD; Yale School of Medicine;** Instructor; Global Health Fellow, Emergency Medicine
- 33) **Brinda Emu, MD; Yale School of Medicine;** Associate Professor Term
- 34) **Paul Joudrey, MD, MPH; Yale School of Medicine;** Instructor; Drug Use, Addiction, and HIV Research (DAHRS) Scholar
- 35) **Aileen Garipey, MD, MPH, FACOG; Yale School of Medicine;** Associate Professor of OB/GYN & Reproductive Sciences; Director, Yale Fellowship in Family Planning, Obstetrics, Gynecology & Reproductive Sciences

- 36) **Karla Neugebauer, PhD; Yale School of Medicine;** Professor of Molecular Biophysics and Biochemistry and of Cell Biology; Director of Graduate Studies, Molecular Biophysics and Biochemistry; Director, Yale Center for RNA Science and Medicine
- 37) **Lisa Puglisi, MD; Yale School of Medicine;** Assistant Professor of Medicine (General Medicine); Core Faculty, Yale Program in Addiction Medicine
- 38) **Emily Wang, MD, MA; Yale School of Medicine;** Associate Professor of Medicine (General Medicine); Co-Director, Center for Research Engagement, Internal Medicine
- 39) **Matthew Ellman, MD; Yale School of Medicine;** Professor; Director, Yale Internal Medicine Associates; Director, Medical Student Palliative and End-of-Life Care Education
- 40) **Wendy Gilbert, PhD; Yale School of Medicine;** Associate Professor of Molecular Biophysics and Biochemistry
- 41) **Karen Wang, MD, MHS; Yale School of Medicine;** Assistant Professor of General Internal Medicine
- 42) **Mark Hochstrasser, PhD; Yale School of Medicine;** Chair and Eugene Higgins Professor of Molecular Biophysics and Biochemistry and Professor of Molecular, Cellular, and Developmental Biology
- 43) **Kristina Talbert-Slagle, PhD; Yale School of Medicine;** Assistant Professor of General Internal Medicine; Core Faculty, Equity Research and Innovation Center; Director, Yale College Multidisciplinary Academic Program in Global Health Studies
- 44) **Walter N. Kernan, MD; Yale School of Medicine;** Professor of General Medicine; Co-Director for Primary Care
- 45) **Brita Roy, MD, MPH, MHS; Yale School of Medicine;** Assistant Professor of Medicine and Epidemiology, Director of Population Health
- 46) **Stephen Huot, MD, PhD; Yale School of Medicine;** Professor of Medicine (Nephrology); Associate Dean for Graduate Medical Education (YSM)
- 47) **Diane Brusseow, MPAS, PA-C, DFAAPA; Yale School of Medicine;** Instructor in the Physician Assistant Online Program, Department of Internal Medicine
- 48) **Ilana Richman, MD; Yale School of Medicine;** Assistant Professor (General Internal Medicine)
- 49) **Jennifer Miller, PhD; Yale School of Medicine;** Assistant Professor (General Internal Medicine); Director, Good Pharma Scorecard Initiative
- 50) **Amy Schwartz, MD; Yale School of Medicine;** Assistant Professor (General Internal Medicine)
- 51) **Kenneth Morford, MD; Yale School of Medicine;** Assistant Professor of Medicine (General Medicine); Core Faculty, Yale Program in Addiction Medicine; Assistant Clinical Professor of Nursing
- 52) **Johanna Elumn Madera, PhD, MSW; Yale School of Medicine;** Associate Research Scientist, General Internal Medicine

- 53) **Matthew Zegarek, MD; Yale School of Medicine;** Assistant Professor, Section of General Internal Medicine, Department of Internal Medicine
- 54) **John P. Moriarty, MD, FAC; Yale School of Medicine;** Associate Professor of Medicine, Program Director, Primary Care Internal Medicine Residency
- 55) **Ryan McNeil, PhD; Yale School of Medicine;** Assistant Professor, Internal Medicine, Director of Harm Reduction Research, Program in Addiction Medicine
- 56) **Jane McDaniel, MS, MLS(ASCP)SC; Yale School of Medicine;** Lecturer, Director of Admissions, Yale Physician Assistant Online Program
- 57) **Jeanette M. Tetrault, MD FACP FASAM; Yale School of Medicine;** Associate Professor of Medicine, Program Director, Addiction Medicine Fellowship, Associate Director for Education and Training, Program in Addiction Medicine
- 58) **Inginia Genao M.D., FACP; Yale School of Medicine;** Associate Professor of Medicine (General Medicine); Associate Chair for Diversity and Inclusion; Medical Director, Adult Primary Care Center

Exhibit 8

Affidavit of Roger Johnson

**CONNECTICUT SUPERIOR COURT
JUDICIAL DISTRICT OF WATERBURY**

CONNECTICUT CRIMINAL DEFENSE)	
LAWYERS ASSOCIATION et al.,)	
)	
Plaintiffs,)	
)	
v.)	
)	
NED LAMONT, in his official capacity as)	
Governor of Connecticut, et al.,)	
)	
Defendants)	
)	
)	

No. UWY-CV20-6054309-S

AFFIDAVIT OF ROGER JOHNSON

I, Roger Johnson, declare as follows:

1. I am incarcerated in the E dorm of Cybulski. I will be 55 on April 29 of this year.
2. In prison, I work as a detail worker at Northern, meaning I am transported from Cybulski to Northern in order to clean that prison.
3. When I was cleaning in March, I was not protected at all. I had a pair of rubber gloves, but no mask or hazmat suit or anything.
4. March 28 was my last day of work at Northern. One of the kitchen workers in Northern had tested positive for COVID-19, so they stopped taking us to work.
5. They checked my vital signs back at Cybulski on March 30. I had a high fever. The nurse looked at me strangely and left. I stayed in the unit for a few hours. A

couple hours later I was called out with two other individuals. We took COVID tests and then sat there for hours waiting.

6. After a few hours, we were moved to H dorm at Cybulski. We had to move our stuff out ourselves. Then they sent us down to H dorm with bleach and forced us to clean it out ourselves, even though we were all sick. This made no sense. They knew this virus was coming and they knew this would happen way ahead of time. They could have done this weeks ago. Instead, they waited until it actually occurred and then sent sick people down to clean up the dorm.

7. The three of us from E dorm were in H dorm for a week. Once we tested positive, they put us in seg. It's a small cell behind the captains' and lieutenants' building. The ventilation system there is really bad. I was put in seg with another guy from E dorm. The cell had mold all over the ceiling. I started to complain—I have respiratory issues and it was terrible. There was a toilet in the cell, but I was in there with another guy and there was no privacy. We weren't allowed to leave to use the phone to call, not even to call and our emergency contact that we were sick. The COs were trying to avoid the area. The nurses were calling us "little Covies" even before we got our test results. There were guys who had gotten sick before us in E dorm, and they were stuck in a seg cell for 10 days.

8. I started to get upset. I made two requests to mental health before they finally came. A person from mental health came with the nurse and two lieutenants. As I was expressing my concern, she said "People are dying. People are dying." I said, "well, you're trying to kill me." The lieutenant told me you requested to speak to mental health because of this? I said of course, look at the conditions. It was like a joke to her. I just felt

like an animal, the way they did this. And even though it was a quarantine area, staff kept coming through to see who was in the cell and breaking the quarantine.

9. The nurse told me I would be leaving soon. I was transferred to Northern the night of April 7, around 10:30 p.m. I was transported in a regular van, with a bunch of other people.

10. When I got to Northern, they took our vital signs—temperature and blood pressure. Then they put us each in a cell for five days, in 2West. I was put in cell 202. We weren't allowed to leave our cells at all, except for one phone call.

11. There were guys close to me from Cybulski. There were guys downstairs from Corrigan and Radgowski. There were some from HCC and Cheshire, all around the state. There were people in all the cells. I think 2W and 3W were both full.

12. I heard coughing. Some guys were taken out on stretchers and wheelchairs. It was a really sad situation. Staff were wearing hazmat suits.

13. There were two nurses on each shift who took vitals. There was a CO who went around every 30 minutes. That was it. There was no specialized medical care or anything that I saw. I had my property with me. They didn't give us any cleaning supplies—just whatever you already had. I didn't take a shower for two weeks. When I asked why I couldn't take a shower, they said if we took a shower we would get the virus in the air.

14. People starting kicking their doors trying to get a phone call. After three days, they finally let us have one call. I called my mom. That was the only time I got out of my cell when I was at Northern.

15. I was in Northern for a total of five days. After five days, we were told

that we would be going back to H dorm at Cybulski. We were also told that before we got back, they would test everyone in E dorm for COVID-19 with new tests. We were supposed to leave Monday, but they took us out early, on Sunday, after taking our temperature.

16. Instead, when we got back to Cybulski, they put us back in E dorm. They told the other people in E dorm we were “cleared,” but we didn’t have another COVID-19 test, or test negative, or anything like that. Everyone was worried about us being back here. Right now, there are 112 guys in the block and they are not practicing social distancing. You can’t.

17. When we got out of quarantine at Northern, there were people already coming in to take our spots.

18. When I got back to E dorm, guys were taking Tylenol and aspirin to try to hide fevers so they wouldn’t get moved out to Northern. Nobody wants to go there. Meanwhile, a lot of guys I know are telling me they probably have the virus because their bodies are aching, they lost their smell and taste, but they don’t want to get tested. Still today, in here, you got guys doing a lot of coughing. There’s one guy who is overweight, he doesn’t look good at all.

19. Recently, staff actually stopped bringing in aspirin so people can’t take it any more. But they also stopped taking our temperatures. So everyone is still in here, no vital signs, nothing. There’s still no special cleaning. They stopped giving us bleach—just some stuff that looks like bleach. Whoever feels like cleaning, cleans.

20. The officers have a desk here that’s right near the counselor’s office. They put up tape so that we stay six feet away from it, even though they’re sitting up high on

an elevated platform. But that just takes six feet of space away from us, so we're all closer together.

21. I'm trying to stay on my bunk and stay away from other people, but it's hard. I wear my mask all the time. It's giving me a sore on my nose. While I was sick, I had a cough for two days and the fever. I am feeling better, trying to get my lungs back, a little weak. I heard someone died. This is scary situation for me. I'm at the end of my bid. To experience this now, it's scary. I don't know what's going to happen next.

22. As we speak, a guy is moving out of my dorm. He requested to be tested and they just moved him to H block. He just packed up his stuff and walked down the hall. There was another guy last night who requested to be tested and they said it came up positive for antibodies, but they put him back in the unit. This guy is still walking around the cube, with no mask.

23. It's clear to me that DOC did not have a plan for this. They didn't know how to deal with this. It is just crazy.

24. I declare under penalty of perjury that the foregoing is true and correct. I would testify to the same statements above if called to do so in court.

25. I have authorized Elana Bildner to affix my signature to this affidavit for me, because I am incarcerated, and it would take a minimum of seven days for me to receive a document in the mail, sign it in front of a notary, and return it by mail.

Executed this 17 day of April, 2020.

Roger Johnson

by _____

Signed before me by video in conformance with
Gov. Lamont Exec. Order No. 7Q (Mar. 30, 2020)
on April 20th, 2020:



Notary Public

My Commission Expires: 05/31/2022