

DONALD SPECTER – 083925
STEVEN FAMA – 099641
ALISON HARDY – 135966
SARA NORMAN – 189536
RITA LOMIO – 254501
MARGOT MENDELSON – 268583
PRISON LAW OFFICE
1917 Fifth Street
Berkeley, California 94710-1916
Telephone: (510) 280-2621

MICHAEL W. BIEN – 096891
ERNEST GALVAN – 196065
LISA ELLS – 243657
JESSICA WINTER – 294237
MARC J. SHINN-KRANTZ – 312968
CARA E. TRAPANI – 313411
ROSEN BIEN
GALVAN & GRUNFELD LLP
101 Mission Street, Sixth Floor
San Francisco, California 94105-1738
Telephone: (415) 433-6830

Attorneys for Plaintiffs

UNITED STATES DISTRICT COURTS
EASTERN DISTRICT OF CALIFORNIA
AND NORTHERN DISTRICT OF CALIFORNIA
UNITED STATES DISTRICT COURT COMPOSED OF THREE JUDGES
PURSUANT TO SECTION 2284, TITLE 28 UNITED STATES CODE

RALPH COLEMAN, et al.,
Plaintiffs,

v.

GAVIN NEWSOM, et al.,
Defendants.

Case No. 2:90-CV-00520-KJM-DB
THREE JUDGE COURT

MARCIANO PLATA, et al.,
Plaintiffs,

v.

GAVIN NEWSOM,
Defendants.

Case No. C01-1351 JST
THREE JUDGE COURT
**PLAINTIFFS' REPLY BRIEF IN
SUPPORT OF EMERGENCY MOTION**

1 **INTRODUCTION**

2 The parties do not dispute the relevant facts: (1) the COVID-19 pandemic poses a serious
3 risk of harm to plaintiffs; (2) the best way to prevent the spread of the virus is social distancing;
4 (3) conditions in the prisons currently do not allow for requisite social distancing; and (4) as a
5 result, people must be released or relocated to reduce population density. The only question, then,
6 is whether the modest steps proposed by the State are reasonable in light of the extreme risk faced
7 by the Plaintiff class. They are not.

8 The State recognizes that the pandemic is “dangerous,” “crippling,” and “unprecedented,”
9 and brings us to a “moment of extreme peril.” Defs.’ Opp. to Pls.’ Emergency Mot. (“Opp.”) at 6-
10 7, 11. The State concedes that Plaintiffs, like those “in nursing homes,” “are at a higher risk for
11 contracting the virus” due to “closer living quarters,” Declaration of Joseph Bick (“Bick Decl.”) ¶
12 6; *see* Opp. at 17, and that the virus poses a “risk of severe illness” and “elevated rates of
13 hospitalizations and death,” Bick Decl. ¶ 17 & ¶¶ 3, 11; *see also* Opp. at 15. CDCR already has
14 “shortages of masks, gloves, gowns, and faceshields, which endangers staff and patients.”
15 Declaration of Michael Golding (“Golding Decl.”) ¶ 6.

16 The State also agrees that “the spread of COVID-19 is best addressed through physical
17 distancing,” Opp. at 25; *see* Declaration of Ralph Diaz (“Diaz Decl.”) ¶ 1; Declaration of Connie
18 Gipson (“Gipson Decl.”) ¶ 4; Bick Decl. ¶ 7, and that release of people is necessary because “an
19 emergency endangering the lives of inmates . . . has occurred or is imminent,” Cal. Gov’t Code
20 § 8658; Diaz Decl. ¶¶ 1, 5.

21 The State’s proposed steps—temporarily pausing intake from county jails, expediting the
22 release of 3,496 people who were scheduled to be released in the next 60 days, and relocating at
23 most 534 people from three dorms—are important but not sufficient. Over 46,000 people in
24 CDCR custody live in dorms, and most are in dorms at over 100% of design capacity. Declaration
25 of Michael Bien ISO Pls.’ Emergency Mot. (“Bien Decl.”) ¶ 17 & Ex. 3 (3221/6529). The State
26 does not (because it cannot) suggest that a modest, one-time reduction in the overall population
27 and transfer of people from three dorms (where overcrowding will lower only to 179%, 161%, and
28

1 151%, respectively) will achieve necessary social distancing. The most the State will say is that
2 its approach will allow “greater physical distancing,” will “remov[e] inmates from crowded
3 conditions” where “convenient[],” and that staff and incarcerated people are “practicing physical
4 distancing strategies” and “adjusting dining schedules” “where possible.” Opp. at 20, 25-26. That
5 is not enough.

6 This is not the time for half-measures or incremental steps. In the seven days since
7 Plaintiffs filed this motion, the number of confirmed infections of staff more than tripled, the
8 number of confirmed infections of people in the Plaintiff class increased eightfold, and the number
9 of affected institutions more than doubled. Bien Decl. ¶ 47 & Ex. 33 at 149; Declaration of
10 Donald Specter ISO Pls.’ Reply Br. (“Specter Decl.”) ¶ 4 & Exs. C & D.

11 Because the State’s proposed plan falls far short of the relief required to prevent disaster,
12 this Court must intervene to ensure complete, effective action is taken without further delay.
13 Plaintiffs’ proposed remedies – the reduction of population density in crowded dorms to allow
14 social distancing and release or relocation of medically vulnerable patients – are narrowly tailored
15 to address the current crisis and, far from “micromanaging” the State’s efforts (Opp. at 12),
16 provide the State flexibility in what measures to implement so long as they achieve social
17 distancing. Such measures can be implemented safely and must be implemented expeditiously.

18 **I. Plaintiffs Are Entitled to Relief Under the PLRA.**

19 **A. Preventing and Responding to Infectious Disease Is a Core Component of a**
20 **Constitutionally Adequate Health Care System and of the *Plata* Case.**

21 Fundamentally misunderstanding the history of this case and the nature of the relief
22 Plaintiffs seek, the State argues that Plaintiffs must file a new lawsuit alleging deliberate
23 indifference to COVID-19 and requesting that a new three-judge panel be convened. Opp. at 15-
24 16, 33-39. The State argues that the matter falls outside the scope of the *Plata* and *Coleman* cases
25 because “the gravamen of Plaintiffs’ motion is the need for an adequate response to the COVID-
26 19 crisis, not the delivery of medical care.” *Id.* at 16 n.3.

27 Preventing the spread of a dangerous, contagious illness is plainly a requirement of an
28

1 adequate medical care system. See *Helling v. McKinney*, 509 U.S. 25, 33 (1993) (Eighth
2 Amendment requires a remedy for conditions that allow the spread of “infectious maladies such as
3 hepatitis and venereal disease” (citation omitted)). Indeed, the State’s failure to adequately control
4 infectious illness has long been a concern *in this case*. See *Brown v. Plata*, 563 U.S. 493, 508-09,
5 519-20 (2011) (noting that “[o]vercrowding had increased the incidence of infectious disease” in
6 CDCR, and crowded living quarters “where large numbers of prisoners may share just a few
7 toilets and showers [were] ‘breeding grounds for disease’”); *Coleman v. Schwarzenegger*, 922 F.
8 Supp. 2d 882, 931 (E.D. Cal., N.D. Cal. 2009) (“[C]rowding generates unsanitary conditions,
9 overwhelms the infrastructure of existing prisons, and increases the risk that infectious diseases
10 will spread.”); Findings of Fact and Conclusions of Law Regarding the Appointment of Receiver,
11 *Plata* Dkt. No. 371, Oct. 3, 2005, at 18, 21-22 (identifying deficiencies in CDCR’s ability to
12 address communicable diseases and noting that infectious disease outbreaks in the prisons have
13 “the potential to affect other prisoners, the staff and the local community”).

14 And Plaintiffs need not re-prove the long-standing constitutional violations each time they
15 seek relief for the State’s failure to provide constitutionally adequate health care. Opp. at 15-16.
16 This Court retains “broad” and “flexible” authority to modify its prior order “as warranted by the
17 exercise of its sound discretion.” *Plata*, 563 U.S. at 542-43 (citations omitted). Indeed, this Court
18 has a “continuing duty . . . to assess the efficacy and consequences of its order” and to modify the
19 order to “ensure that the rights and interests of the parties are given all due and necessary
20 protection.” *Id.* The Court is not required to make new findings of constitutional violations
21 before exercising this power. See *Parsons v. Ryan*, 912 F.3d 486, 501 (9th Cir. 2018) (“Nor do we
22 accept Defendants’ suggestion that the district court was required to make *new* findings of a
23 constitutional violation before entering the [additional remedial order].”); *Armstrong*, 768 F.3d at
24 986-87 (upholding modification of injunction because “[t]he ongoing, intractable nature of this
25 litigation affords the district court considerable discretion in fashioning relief”).¹

26 _____
27 ¹ For the same reasons, it is plainly erroneous to claim that in a case of this duration, complexity,
28 and scope the Court has not issued orders for less intrusive relief. Opp. at 28. The *Plata* Court

1 Here, Plaintiffs seek the precise relief contemplated by this Court over a decade ago when
2 it directed Plaintiffs to seek further relief “[s]hould the state prove unable to provide
3 constitutionally adequate medical and mental health care after the prison population is reduced to
4 137.5% design capacity.” 922 F. Supp. 2d at 970 (footnote omitted). It is well established that
5 “social distancing . . . directives are the community standard healthcare recommendations” for
6 COVID-19. *See* Stern Supp. Decl., ¶ 9 & Ex. A at 1. Due to ongoing overcrowding, the State
7 cannot implement this directive—a failure that places class members at unacceptable risk of
8 serious harm. *See* Stern Decl. at ¶ 8; Specter Decl. ¶ 2 & Ex. A at 26, 29-30, 77.

9 **1. Defendants Are Deliberately Indifferent to the Threat of Serious Harm**
10 **or Death from the COVID-19 Pandemic.**

11 While it is unnecessary to establish the constitutional violation anew, Defendants’ conduct
12 with respect to the COVID-19 pandemic clearly violates the Eighth Amendment. “A prison
13 official’s ‘deliberate indifference’ to a substantial risk of serious harm to an inmate violates the
14 Eighth Amendment.” *Farmer v. Brennan*, 511 U.S. 825, 828 (1994). Failure to prevent the
15 spread of a contagious illness constitutes deliberate indifference to a serious medical need, as the
16 State concedes. *Opp.* at 12; *see Helling*, 509 U.S. at 33 (officials may not be “deliberately
17 indifferent to the exposure of inmates to a serious, communicable disease.”); *Hutto v. Finney*, 437
18 U.S. 678, 682 (1978) (finding constitutional violation where incarcerated people were placed in
19 conditions where infectious diseases could spread easily).

20 The State agrees that “the spread of COVID-19 is best addressed through physical
21 distancing” and concedes that prison conditions, “including closer living quarters,” place Plaintiffs
22 at a higher risk for contracting COVID-19. *Opp.* at 17, 20. The State does not dispute that more
23 than 46,000 people in CDCR live in dorms where people sleep well under six feet apart. *See* Bien
24 Decl. ¶ 16 & Ex 3. And the State is well aware that those incarcerated in CDCR are at heightened
25 risk of falling severely ill due to COVID-19: according to a recent analysis done by the Receiver’s

26 _____
27 has issued dozens of orders aimed at the establishment of a constitutionally adequate health care
28 system. *See Plata*, 563 U.S. at 514-16. The State’s suggestion that the Court lacks jurisdiction
because of the absence of prior court orders specifically addressing COVID 19 strains credulity.

1 office, 45,110 people incarcerated in CDCR (37%) are at risk of “adverse COVID-19 outcomes”
2 due to age or pre-existing health conditions. *See* Specter Decl. ¶ 3 & Ex. B.

3 But the State’s proposed measures—expediting the release of 3,496 people and moving at
4 most 534 people from three dorms—fail to affect more than a sliver of the overall dorm
5 population. For example, one of the so-called “extraordinary” protective measures is the proposed
6 transfer of “[a]pproximately 480-530 inmates living in dorms . . . to other prisons with unoccupied
7 buildings of space available.” *Opp.* at 6. Specifically, the State asserts that it will move 100-150
8 people from Chuckawalla Valley State Prison to Ironwood State Prison, and 192 people each from
9 Substance Abuse Treatment Facility and California Rehabilitation Center to California State
10 Prison-Corcoran. *Opp.* at 18-19. These transfers amount to just 5.5% of the population in those
11 dorms.²

12 The State also proposes expediting the release of 3,496 people who were scheduled to be
13 released in the next 60 days. *Opp.* at 18; Diaz Decl. ¶ 7. But this will decrease the dorm
14 population, at most, by 7.6%. *See* Bien Decl. ¶ 16 & Ex. 3. Similarly, the effect of State’s
15 decision to close intake to the prisons will incur only over time and without the necessary
16 immediacy. Its impact also will be generally limited to the Reception Centers in the CDCR.

17 These modest decreases, while welcome, will not address overcrowding and will not
18 facilitate appropriate social distancing in the dorms.³ Put simply, ongoing overcrowding
19 constitutes “a condition of confinement that is sure or very likely to cause serious illness.”

20
21 ² The State’s proposal to move 150 people out of CVSP would reduce overcrowding in CVSP’s
22 dorms only from 170% to 161% of design capacity. *See* Bien Decl. ¶ 13 & Ex. 3 at 21.
23 Defendants’ proposal to move 192 people out of SATF’s dorms would impact just 7% of SATF’s
24 total dorm population and would reduce overcrowding in SATF’s dorms only from 162% to 151%
design capacity. *See id.* at 40-41. Finally, the proposal to move 192 people out of CRC’s total
dorm population of 4,012 people would reduce overcrowding in those dorms from 187% to 179%
design capacity. *See id.* at 19.

25 ³ The State further asserts that people housed in Joshua Hall at the California Institution for Men
26 are being instructed to stay six feet apart and are given extra soap and hand sanitizer.” *Opp.* at 22.
27 But the State fails to mention that, as of March 23, 2020, Joshua Hall housed 129 people despite
28 having a design capacity of 80 beds, for an overcrowding rate of 161%, with beds only 25-48
inches apart. *Tevah* Decl. ¶ 5; *Bien* Decl. ¶ 13, Ex. 3 at 11. The State never explains how social
distancing is feasible in such an environment. Notably, 11 staff and one incarcerated person at
CIM already have tested positive for COVID-19. *Specter* Decl. ¶¶ 4-5, Exs. C & D.

1 *Helling*, 509 U.S. at 33. Failure to address that grave risk amounts to deliberate indifference.

2 **B. Plaintiffs' Proposed Remedy is Narrowly Tailored and Extends No Further**
3 **than Necessary**

4 Plaintiffs' proposed remedy is simple. The State must immediately reduce its population
5 to permit social distancing in the prisons. In so doing, the State must address the vulnerabilities of
6 people who are most at risk of becoming severely ill or dying because of COVID-19. The State
7 argues that the remedy Plaintiffs seek is not sufficiently tailored and "overlook[s] less-intrusive
8 alternatives to a release order that can similarly achieve the goal of physical distancing." Opp. at
9 16. But the State fails to present any evidence that its "more tailored approach" would "achieve[]
10 much of the same end." *Id.* at 26. The State does not explain how social distancing could be
11 achieved by the minimal population releases and transfers it proposes.

12 Courts have rejected challenges to the scope of relief sought by Plaintiffs where, as here,
13 the State fails to present "realistic alternatives" to the remedy sought. *See Plata*, 563 U.S. at 533-
14 34 (explaining State's failure to propose "any realistic alternative" to population reduction "creates
15 a certain and unacceptable risk of continuing violations of the rights of sick and mentally ill
16 prisoners, with the result that many more will die or needlessly suffer," and that "[t]he
17 Constitution does not permit this wrong"); *Armstrong v. Brown*, 768 F.3d 975, 986-87 (9th Cir.
18 2014) (where State fails to present "any realistic alternative" that will cure violation, State cannot
19 complain that court order is overly intrusive under PLRA). The State's failure to present a
20 realistic alternative in the prisons underscores the need for relief.

21 **C. Public Safety Considerations Favor Targeted Releases to Curb the Rampant**
22 **Spread of COVID-19 in CDCR**

23 **1. The Adverse Effect on the Public Health System Will Be Far Worse**
24 **Without a Swift Population Reduction**

25 The State's primary public safety argument is that releasing medically at-risk patients from
26 prison will tax local health care systems because those people will seek emergency health care and
27 utilize other community resources. Opp. at 27-29. The State's estimation of this impact is
28 overblown, but even if it was not "[t]his risk pales in comparison to the risk that groups of

1 medically at-risk people living in crowded congregate housing will become seriously ill with the
2 virus.” Stern Supp. Decl. ¶¶ 3-7. Rapid transmission of COVID-19 in California’s congested
3 prisons is “inevitable” and when that happens, the level of care infected patients will require – all
4 of which will be provided by hospitals outside CDCR – will “far exceed the level of care
5 Defendants expect them to require if they are released” now, before they contract COVID-19. *Id.*
6 ¶ 4. Their critical needs will quickly and completely overwhelm the community hospitals tasked
7 with their care, which will then “lack the space, staff and equipment to serve the larger
8 community.” *Id.* ¶ 5. This dire prediction is not hypothetical, but in fact already has occurred in
9 an Illinois prison. *Id.* ¶ 6. Preventing the spread of COVID-19 within California’s prison walls by
10 releasing people, including those who are medically at-risk, will allow both those released and
11 those who remain incarcerated to socially distance and practice appropriate hygiene. *Id.* ¶ 10. As
12 former CDCR Secretary Kernan testified, these basic prevention practices are simply impossible
13 in the “tinderbox” that is California’s overcrowded prison system right now. Specter Decl. ¶ 2 &
14 Ex. A at 26, 29-30, 77.

15 The State relies heavily on statements from the *Plata* Receiver and a study conducted by
16 one of the consultants to the Receiver, Dr. Brie Williams, in support of their public health
17 argument. Opp. at 28-29. But the State’s analysis of Dr. Williams’s study is flawed; both the
18 Receiver and Dr. Williams favor decreasing population density to reduce the risk of COVID-19
19 spread in CDCR. *See* Stern Supp. Decl. ¶¶ 8-9 & Ex. A; Bien Decl. ¶ 56 & Ex. 40.

20 In short, the State gets the calculation of risk to public health exactly backwards. *See* Stern
21 Supp. Decl. ¶ 10. As the State agrees, people are more likely to be infected with COVID-19 in
22 prison than in the community. *See* Bick Decl. ¶ 6. The real risk here is that COVID-19 will
23 quickly run rampant in CDCR, causing many thousands of people to become critically ill, and
24 those people will then require intensive, resource-consuming health care in community hospitals
25 that already are on the verge of being overwhelmed. Only by reducing the prison population to the
26 point where effective preventative measures can actually be employed to slow transmission can
27 this catastrophic outcome be mitigated. Anything less will result in a public health nightmare.

28

1 **2. The State Has Both the Expertise and the Tools to Reduce the Prison**
2 **Population with Minimal Effect on Public Safety**

3 The State asserts that it cannot safely release people early from CDCR in order to curb
4 COVID-19’s spread because doing so would prevent appropriate prerelease planning and cause
5 increased crime. *See* Opp. at 29-33. Those claims fall short. On the prerelease planning point,
6 the State relies entirely on the testimony of Jeffrey Green, the acting Director of DAPO, who goes
7 to great lengths to recite the steps of DAPO’s nine-month prerelease planning process. Notably,
8 Mr. Green never claims that this standard, leisurely process cannot be expedited in the face of the
9 greatest public health emergency of this generation. Indeed, even using Mr. Green’s own
10 estimates, it is clear that the numerous prerelease planning steps currently spread over 270 days
11 can be accomplished in a matter of hours. Hoffman Supp. Decl. ¶¶ 6-15; *see* Green Decl. ¶¶ 4-40.

12 The State stresses the burden of accelerated releases on DAPO prerelease and supervisory
13 resources. Opp. at 32. But, as former CDCR Secretary Kernan testified, the State already releases
14 38,000 people per year, some of who have insufficient or indeed no parole plans whatsoever, even
15 if they have contagious diseases. Specter Decl. ¶ 2 & Ex. A at 37-38, 92. And DAPO has many
16 options available to it to use its resources more efficiently. Hoffman Supp. Decl. ¶¶ 16-22.
17 Finally, of course, the State’s claim that its prerelease planning process is “crucial to ensuring an
18 inmate’s best chances for success in the community upon release” is a hollow promise if the
19 people undergoing that process die in prison of COVID-19 awaiting release, which is likely absent
20 an order reducing CDCR’s population density. *See* Opp. at 32; *see also* Stern Decl. ¶¶ 7-8; Bick
21 Decl. ¶¶ 6, 11 (recognizing that COVID-19 poses elevated risk of death that is heightened in
22 prison setting); Specter Decl. ¶ 2 & Ex. A at 27 (Kernan testimony that risk of significant health
23 concerns, including death, is heightened in prison).

24 The State’s second argument, which predicts increased crime, echoes the dire forecasts that
25 greeted this Court’s 2009 population order. The State does not contest the fact that California was
26 able to dramatically reduce its prison and parole populations while maintaining historically low
27 crime rates using the exact same types of evidence-based tools and data Mr. Hoffman testifies are
28

1 available to safely implement the remedy here. *See* Hoffman Decl. ¶¶ 3-4, 8-11; *see also* Hoffman
2 Supp. Decl. ¶¶ 3-5. Indeed, the risk to public safety is even lower now than it was at the time of
3 this Court’s 2009 order. *See* Austin Decl. ¶¶ 11-25.

4 The State zeros in on one paragraph in Mr. Hoffman’s declaration concerning the State’s
5 risk assessment tool, the CSRA, asserting that Mr. Hoffman must misunderstand the tool even
6 though it was developed under his direction. *See* Opp. at 27-28; *see also* Hoffman Supp. Decl. ¶¶
7 2-5. But it is the State who misconstrues Mr. Hoffman’s testimony. Mr. Hoffman does not claim
8 that the State should simply release the roughly 50% of incarcerated people who score low risk on
9 CSRA, or that the CSRA is a perfect predictor of future crime. *See* Hoffman Supp. Decl. ¶ 3.
10 Both Mr. Hoffman and Mr. Green agree that risk assessment is a valuable component of pre-
11 release decision-making, including what levels of supervision the person will require upon release.
12 *Id.* ¶¶ 4-5; Green Decl. ¶¶ 4-8. The State’s investment in such tools must be leveraged now to
13 address this crisis, consistent with former CDCR Secretary Kernan’s testimony that expedited
14 releases are reasonable and indeed necessary given the extreme danger posed by COVID-19.
15 Specter Decl. ¶ 2 & Ex. A at 34-35, 38. And the evidence shows that can be safely done, as it has
16 before. *See* Austin Decl. ¶¶ 11-25.

17 The gravamen of the State’s argument is that releasing some people a few months early as
18 an emergency measure to stave off the spread of COVID-19 will increase crime. The State points
19 to no competent evidence that contradicts this Court’s well-supported finding that “moderate
20 reductions in prison sentences do not adversely affect either recidivism rates or the deterrence
21 value of imprisonment,” because “[t]here is no statistically significant relationship between an
22 individual’s length of stay in prison and his recidivism rate.” *Coleman*, 922 F. Supp. 2d at 976-97;
23 *see also* Austin Decl. ¶¶ 11-25. Nor would expediting releases cause new crime, because “the
24 likelihood that a person who is released a few months before his original release date will reoffend
25 is the same as if he were released on his original release date.” *Id.* at 977. That is sufficient to
26 satisfy the PLRA’s public safety inquiry, which “does not require the court to certify that its order
27 has no possible adverse impact on the public.” *Plata*, 563 U.S. at 534.

28

II. The Court Must Act to Enforce the Constitutional Rights of People in State Prisons

The State exhorts the Court to refrain from ordering relief to protect the 122,000 people in CDCR custody out of deference to prison authorities. Opp. at 10-14. While courts must give some deference to prison administrators, the Supreme Court has counseled in this very case that where a “government fails to fulfill its obligation [to provide adequate health care], the courts have a responsibility to remedy the resulting Eighth Amendment violation.” *Plata*, 563 U.S. at 511. Thus, while courts should be sensitive to principles of federalism, “[c]ourts nevertheless must not shirk from their obligation to enforce the constitutional rights of all persons, including prisoners,” and “may not allow constitutional violations to continue simply because a remedy would involve intrusion into the realm of prison administration.” *Id.*

If the State does not significantly reduce the crowding, COVID-19 will rapidly spread through the California prisons, placing the people who live and work inside them at substantial risk of injury and death, in addition to endangering the community at large. *See* Stern Decl. ¶¶ 8-9, 12-13; Stern Supp. Decl., ¶¶ 3-6, 9 & Ex. A. The State’s failure to take swift action to prevent this crisis therefore warrants judicial intervention.

CONCLUSION

Plaintiffs respectfully request this Court grant their emergency motion.

Respectfully submitted,

DATED: April 1, 2020

PRISON LAW OFFICE

By: /s/ Margot Mendelson

Margot Mendelson

Donald Specter

Alison Hardy

Sara Norman

Rita Lomio

Sophie Hart

Patrick Booth

Attorneys for *Plata* Plaintiffs

1 DATED: April 1, 2020

ROSEN BIEN GALVAN & GRUNFELD LLP

2 By: /s/ Michael W. Bien
3 Michael W. Bien
4 Ernest Galvan
5 Lisa Ells
6 Jessica Winter
7 Marc J. Shinn-Krantz
8 Cara E. Trapani
9 Attorneys for *Coleman* Plaintiffs
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28