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4 **IN THE CIRCUIT COURT FOR THE STATE OF OREGON**
5 **IN THE COUNTY OF MULTNOMAH**

6 KYLE ADAMS; JAMES ADAMS-LEAL;
7 JOEL ALBRECHT; DANIEL ALCAZAR;
8 MOHAMMED ALI; JACOB ANTHONY;
9 TYLER BACON; GIOVANNI BARR;
10 TADARIO BATTLE; JOHN BENGE;
11 ROBERT BERNO; HERMAN CARTER;
12 CHRISTIAN CAREY; DEREK COLE;
13 TODD CULVER; DANIEL CUMMINGS;
14 LESLIE DEGARMO; XAVIER DELEON-
15 CARBAJAL; JUSTIN DENNEY; HILMI
16 ELADEM; DAVID ENDSLEY; RICKY EXE;
17 CRAIG FARQUHARSON; DANIEL
18 FELTON; MICKEY FIEZ; JOSEPH
19 FLETCHER; BASIM FLORO; DANIEL
20 FOWLER; QUINTON FRANKLIN; SCOTT
21 FRAZIER; TERRY FULLER; DANIEL
22 GARCIA; BILLY GARMAN; VAUGHN
23 GATCHELL; URIAH GIBSON; TIMOTHY
24 HENKEL; TERRY HICKMAN; NORMAN
HOAG; NICHOLAS HOGAN JEFFREY
HOSKINS; DERRICK JAY; RYAN
JOHNSON; DONALD JONES; RANDALL
JORDAN; MICHAEL KELLEY; ALAN
KENTTA; LAURENCE KING;
CHRISTOPHER KITTLER; KORI
KNISLEY; STANLEY LEONARD;
CHRISTOPHER LORENZEN; MYLO
LUPOLI; DAVID MANLEY; MATTHEW
MASON; BRANDON MCLANE; PETER
MILLARD; MARVIN MITCHELL;
RANDAL MOTT; KYLE NONNEMAN;
JOSEPH OHRMUND; RYAN PEARSON;
SEAN PEN; DANIEL PERRY; ANTHONY
PERSON; JOSHUA POSTEMA; RONALD
POWERS; CALEB PRATT; LONNY
PRINCE; TOREN PRUDEN; SHAWN
RICHEY; ROCKY ROBISON; FRANCISCO
RODRIGUEZ; MAXVILLE SINCAIR; ROY

Case No. 21CV01086

FIRST AMENDED COMPLAINT

(Negligence; § 1983)

*NOT SUBJECT TO MANDATORY
ARBITRATION; CLAIMS IN EXCESS OF
\$10,000*

Prayer: \$9,950,000

Fee \$884 per ORS 21.160(1)(d)

1 SHINALL; GARY SLOAN; ADAM SMITH;
2 BRETT SMITH; NATHANIEL SMITH;
3 MATTHEW STOCKWELL; RYAN
4 THOMAS; EDWARD TOWNSEND;
5 TREVOR TROLLOPE; RYAN VANHORN;
6 RICHARD WEAVER; ROBERT WALKER;
7 MICHAEL WHEELER; JACOB WHITT;
8 BRANDON WILLIS; CHARLES
9 WITHROW; WAYNE WOODRUFF;
10 RICHARD WRIGHT; AND TYLER
11 YOUNG,

12 Plaintiffs,

13 vs.

14 OREGON DEPARTMENT OF
15 CORRECTIONS, an agency of the State of
16 Oregon; PAULA MYERS; NICHOLE
17 BROWN; COLETTE PETERS; SUE
18 WASHBURN; BRAD CAIN; TIM CAUSEY;
19 JOSH HIGHBERGER; BRANDON KELLY;
20 MIKE GOWER; MARK NOOTH; ROB
21 PERSSON; TYLER BLEWETT; KEN
22 JESKE; LIZA EMORY; and DAVID PEDRO,

23 Defendants.

24 INTRODUCTION

1. Plaintiffs are inmates in the custody of the Defendant Oregon Department of Corrections (ODOC). Plaintiffs bring claims arising from ODOC staff's failure to protect inmates from contracting the novel coronavirus COVID-19. Each plaintiff contracted COVID-19 due to the deliberate indifference to their safety by (1) knowingly housing infected inmates with inmates not infected with COVID-19, (2) forcing inmates to work with inmates that were infected with COVID-19, (3) sending prison staff that have been exposed to the virus to work and thus exposing the inmates with whom they come into contact, or (4) otherwise exposing them to

1 persons infected with the disease. Plaintiffs seek economic and non-economic damages, and their
2 attorney fees and costs.

3 **PARTIES**

4 2.

5 Defendant ODOC is an agency of the State of Oregon.

6 3.

7 Defendant Colette Peters was at all relevant times director of ODOC, and is sued in her
8 individual capacity. At all relevant times, Defendant Peters acted under color of law.

9 4.

10 Defendant Mark Nooth was at all relevant times the Eastside Assistant Operations
11 Director of the ODOC and is directly responsible for the operations of six ODOC prisons,
12 including four at issue in this lawsuit: Eastern Oregon Correctional Institution (EOCI), Two
13 Rivers Correctional Institution (TRCI), Snake River Correctional Institution (SRCI), and Deer
14 Ridge Correctional Institution (DRCI). At all relevant times, Defendant Nooth acted under color
15 of law.

16 5.

17 Defendant Rob Persson was at all relevant times the Westside Institutions Administrator
18 for the Oregon Department of Corrections and was directly responsible for the operations of
19 eight ODOC prisons including four at issue in this lawsuit: Coffee Creek Correctional Facility
20 (CCCF); Columbia River Correctional Institution (CRCI), Oregon State Correctional Institution
21 (OSCI), and Oregon State Penitentiary (OSP). At all times relevant, Rob Persson was acting
22 under color of law and is sued in his official capacity

23 6.

24 Defendant Mike Gower was at all relevant times the Operations Director of the ODOC

1 and is directly responsible for the operations of ODOC's prisons. At all relevant times,
2 Defendant Gower acted under color of law.

3 7.

4 Defendant Paula Myers was at all relevant times superintendent of CCCF, and is sued in
5 her individual capacity. At all relevant times, Defendant Myers acted under color of law.

6 8.

7 Defendant Nichole Brown was at all relevant times superintendent of CRCI, and is sued
8 in her individual capacity. At all relevant times, Defendant Brown acted under color of law.

9 9.

10 Defendant Sue Washburn was at all relevant times superintendent of EOCI, and is sued in
11 her individual capacity. At all relevant times, Defendant Washburn acted under color of law.

12 10.

13 Defendant Brad Cain was at all relevant times superintendent of SRCI, and is sued in his
14 individual capacity. At all relevant times, Defendant Cain acted under color of law.

15 11.

16 Defendant Tim Causey was at all relevant times superintendent of DRCI, and is sued in
17 his individual capacity. At all relevant times, Defendant Causey acted under color of law.

18 12.

19 Defendant Josh Highberger was at all relevant times superintendent of OSCI, and is sued
20 in his individual capacity. At all relevant times, Defendant Highberger acted under color of law.

21 13.

22 Defendant Brandon Kelly was at all relevant times superintendent of OSP, and is sued in
23 his individual capacity. At all relevant times, Defendant Kelly acted under color of law.

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14.

Defendant Tyler Blewett was at all relevant times superintendent of TRCI, and is sued in his individual capacity. At all relevant times, Defendant Blewett acted under color of law.

15.

Defendant Ken Jeske was at all relevant times Administrator for Oregon Correctional Enterprises (OCE) and is directly responsible for the operations of OCE’s facilities within Oregon, and is sued in his individual capacity. OCE has operations in nine ODOC facilities throughout the State, including EOICI, TRCI, SRCI, DRCI, CCCF, OSCI, and OSP. OCE operates a garment factory and a call center at EOICI. At all relevant times, Defendant Jeske acted under color of law.

16.

Liza Emory is the food service manager for EOICI. At all relevant times, Defendant Emory acted under color of law.

17.

David Pedro is assistant superintendent for EOICI. At all relevant times, Defendant Pedro acted under color of law.

18.

Plaintiff Kyle Adams was at all times relevant an inmate in the custody of ODOC and housed at CRCI.

19.

Plaintiff James Adams-Leal was at all times relevant an inmate in the custody of ODOC and housed at EOICI.

20.

Plaintiff Joel Albrecht was at all times relevant an inmate in the custody of ODOC and

1 housed at EOICI.

2 21.

3 Plaintiff Daniel Alcazar was at all times relevant an inmate in the custody of ODOC and
4 housed at OSCI.

5 22.

6 Plaintiff Mohammed Ali was at all times relevant an inmate in the custody of ODOC and
7 housed at CRCI.

8 23.

9 Plaintiff Jacob Anthony was at all times relevant an inmate in the custody of ODOC and
10 housed at EOICI.

11 24.

12 Plaintiff Tyler Bacon was at all times relevant an inmate in the custody of ODOC and
13 housed at OSCI.

14 25.

15 Plaintiff Giovanni Barr was at all times relevant an inmate in the custody of ODOC and
16 housed at OSCI.

17 26.

18 Plaintiff Tadario Battle was at all times relevant an inmate in the custody of ODOC and
19 housed at EOICI.

20 27.

21 Plaintiff John Benge was at all times relevant an inmate in the custody of ODOC and
22 housed at EOICI.

23 28.

24 Plaintiff Robert Berno was at all times relevant an inmate in the custody of ODOC and

1 housed at EOCI.

2 29.

3 Plaintiff Herman Carter was at all times relevant an inmate in the custody of ODOC and
4 housed at EOCI.

5 30.

6 Plaintiff Christian Carey was at all times relevant an inmate in the custody of ODOC and
7 housed at TRCI.

8 31.

9 Plaintiff Derek Cole was at all times relevant an inmate in the custody of ODOC and
10 housed at EOCI.

11 32.

12 Plaintiff Todd Culver was at all times relevant an inmate in the custody of ODOC and
13 housed at EOCI.

14 33.

15 Plaintiff Daniel Cummings was at all times relevant an inmate in the custody of ODOC
16 and housed at OSCI.

17 34.

18 Plaintiff Leslie Degarmo was at all times relevant an inmate in the custody of ODOC and
19 housed at OSCI.

20 35.

21 Plaintiff Xavier Deleon-Carbajal was at all times relevant an inmate in the custody of
22 ODOC and housed at EOCI.

23 36.

24 Plaintiff Justin Denney was at all times relevant an inmate in the custody of ODOC and

1 housed at EOICI.

2 37.

3 Plaintiff Hilmi Eladem was at all times relevant an inmate in the custody of ODOC and
4 housed at OSCI.

5 38.

6 Plaintiff David Endsley was at all times relevant an inmate in the custody of ODOC and
7 housed at EOICI.

8 39.

9 Plaintiff Ricky Exe was at all times relevant an inmate in the custody of ODOC and
10 housed at OSCI.

11 40.

12 Plaintiff Craig Farquharson was at all times relevant an inmate in the custody of ODOC
13 and housed at CRCI.

14 41.

15 Plaintiff Daniel Felton was at all times relevant an inmate in the custody of ODOC and
16 housed at EOICI.

17 42.

18 Plaintiff Mickey Fiez was at all times relevant an inmate in the custody of ODOC and
19 housed at OSCI.

20 43.

21 Plaintiff Joseph Fletcher was at all times relevant an inmate in the custody of ODOC and
22 housed at EOICI.

23 44.

24 Plaintiff Basim Floro was at all times relevant an inmate in the custody of ODOC and

1 housed at CRCI.

2 45.

3 Plaintiff Daniel Fowler was at all times relevant an inmate in the custody of ODOC and
4 housed at EOICI.

5 46.

6 Plaintiff Quinton Franklin was at all times relevant an inmate in the custody of ODOC
7 and housed at EOICI.

8 47.

9 Plaintiff Scott Frazier was at all times relevant an inmate in the custody of ODOC and
10 housed at TRCI.

11 48.

12 Plaintiff Terry Fuller was at all times relevant an inmate in the custody of ODOC and
13 housed at TRCI.

14 49.

15 Plaintiff Daniel Garcia was at all times relevant an inmate in the custody of ODOC and
16 housed at OSCI.

17 50.

18 Plaintiff Billy Garman was at all times relevant an inmate in the custody of ODOC and
19 housed at EOICI.

20 51.

21 Plaintiff Vaughn Gatchell was at all times relevant an inmate in the custody of ODOC
22 and housed at EOICI.

23 52.

24 Plaintiff Uriah Gibson was at all times relevant an inmate in the custody of ODOC and

1 housed at EOICI.

2 53.

3 Plaintiff Timothy Henkel was at all times relevant an inmate in the custody of ODOC and
4 housed at EOICI.

5 54.

6 Plaintiff Terry Hickman was at all times relevant an inmate in the custody of ODOC and
7 housed at EOICI.

8 55.

9 Plaintiff Norman Hoag was at all times relevant an inmate in the custody of ODOC and
10 housed at OSCI.

11 56.

12 Plaintiff Norman Hoag was at all times relevant an inmate in the custody of ODOC and
13 housed at OSCI.

14 57.

15 Plaintiff Nicholas Hogan was at all times relevant an inmate in the custody of ODOC and
16 housed at DRCI and CRCI.

17 58.

18 Plaintiff Jeffrey Hoskins was at all times relevant an inmate in the custody of ODOC and
19 housed at OSCI.

20 59.

21 Plaintiff Derrick Jay was at all times relevant an inmate in the custody of ODOC and
22 housed at OSCI.

23 60.

24 Plaintiff Ryan Johnson was at all times relevant an inmate in the custody of ODOC and

1 housed at EOCI.

2 61.

3 Plaintiff Donald Jones was at all times relevant an inmate in the custody of ODOC and
4 housed at OSCI.

5 62.

6 Plaintiff Randall Jordan was at all times relevant an inmate in the custody of ODOC and
7 housed at OSCI.

8 63.

9 Plaintiff Michael Kelley was at all times relevant an inmate in the custody of ODOC and
10 housed at EOCI.

11 64.

12 Plaintiff Alan Kentta was at all times relevant an inmate in the custody of ODOC and
13 housed at EOCI.

14 65.

15 Plaintiff Laurence King was at all times relevant an inmate in the custody of ODOC and
16 housed at EOCI.

17 66.

18 Plaintiff Christopher Kittler was at all times relevant an inmate in the custody of ODOC
19 and housed at OSCI.

20 67.

21 Plaintiff Kori Knisley was at all times relevant an inmate in the custody of ODOC and
22 housed at TRCI.

23 68.

24 Plaintiff Stanley Leonard was at all times relevant an inmate in the custody of ODOC and

1 housed at CRCI.

2 69.

3 Plaintiff Christopher Laurenzen was at all times relevant an inmate in the custody of
4 ODOC and housed at EOICI.

5 70.

6 Plaintiff Mylo Lupoli was at all times relevant an inmate in the custody of ODOC and
7 housed at EOICI.

8 71.

9 Plaintiff David Manley was at all times relevant an inmate in the custody of ODOC and
10 housed at OSCI.

11 72.

12 Plaintiff Matthew Mason was at all times relevant an inmate in the custody of ODOC and
13 housed at EOICI.

14 73.

15 Brandon McLane was at all times relevant an inmate in the custody of ODOC and housed
16 at EOICI.

17 74.

18 Plaintiff Peter Millard was at all times relevant an inmate in the custody of ODOC and
19 housed at OSCI.

20 75.

21 Plaintiff Marvin Mitchell was at all times relevant an inmate in the custody of ODOC and
22 housed at OSCI.

23 76.

24 Plaintiff Randal Mott was at all times relevant an inmate in the custody of ODOC and

1 housed at OSCI.

2 77.

3 Plaintiff Kyle Nonneman was at all times relevant an inmate in the custody of ODOC and
4 housed at OSCI.

5 78.

6 Plaintiff Joseph Ohrmund was at all times relevant an inmate in the custody of ODOC
7 and housed at OSCI.

8 79.

9 Plaintiff Ryan Pearson was at all times relevant an inmate in the custody of ODOC and
10 housed at EOICI.

11 80.

12 Plaintiff Sean Pen was at all times relevant an inmate in the custody of ODOC and
13 housed at EOICI.

14 81.

15 Plaintiff Daniel Perry was at all times relevant an inmate in the custody of ODOC and
16 housed at EOICI.

17 82.

18 Plaintiff Anthony Person was at all times relevant an inmate in the custody of ODOC and
19 housed at EOICI.

20 83.

21 Plaintiff Joshua Postema was at all times relevant an inmate in the custody of ODOC and
22 housed at EOICI.

23 84.

24 Plaintiff Ronald Powers was at all times relevant an inmate in the custody of ODOC and

1 housed at EOICI.

2 85.

3 Plaintiff Caleb Pratt was at all times relevant an inmate in the custody of ODOC and
4 housed at EOICI.

5 86.

6 Plaintiff Lonny Prince was at all times relevant an inmate in the custody of ODOC and
7 housed at EOICI.

8 87.

9 Plaintiff Toren Pruden was at all times relevant an inmate in the custody of ODOC and
10 housed at CCCF.

11 88.

12 Plaintiff Shawn Richey was at all times relevant an inmate in the custody of ODOC and
13 housed at EOICI.

14 89.

15 Plaintiff Francisco Rodriguez was at all times relevant an inmate in the custody of ODOC
16 and housed at EOICI.

17 90.

18 Plaintiff Rocky Robison was at all times relevant an inmate in the custody of ODOC and
19 housed at EOICI.

20 91.

21 Plaintiff Maxville Sinclair was at all times relevant an inmate in the custody of ODOC
22 and housed at EOICI.

23 92.

24 Plaintiff Roy Shinall was at all times relevant an inmate in the custody of ODOC and

1 housed at EOCI.

2 93.

3 Plaintiff Gary Sloan was at all times relevant an inmate in the custody of ODOC and
4 housed at OSCI.

5 94.

6 Plaintiff Adam Smith was at all times relevant an inmate in the custody of ODOC and
7 housed at OSCI.

8 95.

9 Plaintiff Brett Smith was at all times relevant an inmate in the custody of ODOC and
10 housed at OSCI.

11 96.

12 Plaintiff Nathaniel Smith was at all times relevant an inmate in the custody of ODOC and
13 housed at TRCI.

14 97.

15 Plaintiff Matthew Stockwell was at all times relevant an inmate in the custody of ODOC
16 and housed at EOCI.

17 98.

18 Plaintiff Ryan Thomas was at all times relevant an inmate in the custody of ODOC and
19 housed at OSCI.

20 99.

21 Plaintiff Edward Townsend was at all times relevant an inmate in the custody of ODOC
22 and housed at EOCI.

23 100.

24 Plaintiff Trevor Trollope was at all times relevant an inmate in the custody of ODOC and

1 housed at EOCl.

2 101.

3 Plaintiff Ryan Vanhorn was at all times relevant an inmate in the custody of ODOC and
4 housed at EOCl.

5 102.

6 Plaintiff Richard Weaver, Jr. was at all times relevant an inmate in the custody of ODOC
7 and housed at OSCI.

8 103.

9 Plaintiff Robert Walker was at all times relevant an inmate in the custody of ODOC and
10 housed at OSCI.

11 104.

12 Plaintiff Michael Wheeler was at all times relevant an inmate in the custody of ODOC
13 and housed at EOCl.

14 105.

15 Plaintiff Jacob Whitt was at all times relevant an inmate in the custody of ODOC and
16 housed at CRCl.

17 106.

18 Plaintiff Brandon Willis was at all times relevant an inmate in the custody of ODOC and
19 housed at OSCI.

20 107.

21 Plaintiff Charles Withrow was at all times relevant an inmate in the custody of ODOC
22 and housed at CRCl.

23 108.

24 Plaintiff Wayne Woodruff was at all times relevant an inmate in the custody of ODOC

1 and housed at EOCl.

2 109.

3 Plaintiff Richard Wright was at all times relevant an inmate in the custody of ODOC and
4 housed at OSCI.

5 110.

6 Plaintiff Tyler Young was at all times relevant an inmate in the custody of ODOC and
7 housed at OSCI.

8 **GENERAL FACTUAL ALLEGATIONS**

9 111.

10 COVID-19 is able to be spread from person to person through respiratory droplets,
11 contact with contaminated objects or surfaces, and by being in close personal contact with
12 anyone infected with the virus. At the time plaintiffs were infected, there was no available
13 vaccine for the COVID-19 disease, and no specific medications to prevent or treat it. The only
14 known measures for reducing the spread of the illness were maintaining at least six feet of
15 distance between people, frequent hygiene including hand washing, cleaning and disinfecting
16 touched surfaces (such as phones, handles, trays, tables, etc.), and covering one's mouth and
17 nose with a mask. Since the beginning of the pandemic, COVID-19 has spread particularly
18 effectively in environments such as nursing homes, jails, and prisons. This was known long
19 before any of the plaintiffs contracted COVID-19.

20 112.

21 Plaintiffs are incarcerated in prisons that do not follow, or enforce, this State's required
22 precautions to prevent the spread of the disease COVID-19, as set forth under Governor Kate
23 Brown's Executive Order 20-12, the Center for Disease Control (CDC) and Oregon Health
24 Authority (OHA), currently in effect to protect all Oregonians except prisoners. By failing to

1 follow established guidelines, defendants placed plaintiffs in imminent danger of acute illness,
2 even death, by depriving them of essential medical care or protection from COVID-19.

3 113.

4 By any measure, ODOC's response to the COVID-19 pandemic has been woefully
5 inadequate. To date, 3,392 Oregon inmates have contracted COVID-19; to put this in context,
6 ODOC houses 12,989 inmates. In other words, 26.1% of inmates in ODOC custody have
7 contracted COVID-19. By contrast, Oregonians overall contracted COVID at a rate of 3.3% (8
8 times lower). The reason for this is not a mystery. Contrary to the federal and state guidance
9 regarding COVID-19, ODOC prisons at which plaintiffs reside do not keep prisoners adequately
10 separated from each other or potentially infected prison staff, supply adequate soap or sanitizer,
11 or provide adequate access to sinks, masks, or other Personal Protective Equipment ("PPE") to
12 prevent contraction of COVID-19. These prisons do not adequately quarantine prisoners from
13 staff or prisoners in transport to or from the prison. The prisons do not adequately screen staff for
14 coronavirus contacts or symptoms. The prisons lack adequate health care services and capacity to
15 preserve the lives of plaintiffs and other prisoners suffering from acute, life-threatening COVID-
16 19 infections, where infection of prisoners and prison staff is erupting. Prison conditions – like
17 communal-use toilets without lids, shared items in the dining hall, shared telephones and tablets,
18 inadequate handwashing sinks and individual use soaps, lack of hand sanitizer, cleaning supplies,
19 unenforced mandates on the use of PPE, etc. – present unsafe living conditions where COVID-19
20 has spread. Defendants' failure to require, or enforce, social distancing, PPE, increased testing,
21 or other precautions in prisons and jails known to slow the spread of COVID-19 placed plaintiffs
22 at imminent risk of contracting COVID-19.

23 114.

24 ODOC does not enforce staff use of PPE by its staff. ODOC corrections staff routinely do

1 not wear masks and express statements disapproving of wearing masks. Numerous plaintiffs
2 observed corrections officers referring to COVID-19 as a hoax, an election scare, a “plandemic”
3 or otherwise indicating allegiance with unhinged conspiracy theories and lies about the COVID-
4 19 virus. Not wearing masks placed plaintiffs at immediate risk of harm by spread of COVID-19.
5 Indeed, only prison staff could have spread COVID-19 to plaintiffs. Further, plaintiffs observed
6 little if any social distancing measures employed at their prisons, required to prevent spread of an
7 infectious disease like COVID-19. Prison staff routinely search cells and inmates without
8 changing gloves or washing hands, and often without wearing masks.

9 115.

10 Because staff at the prisons run by ODOC docked pay from inmates that were sick with
11 COVID-19 and because inmates that tested positive were either placed in the hole or sent to
12 other institutions, inmates were discouraged from reporting symptoms or agreeing to receive
13 tests. This pointlessly resulted in further spread of COVID-19 through the institutions.

14 116.

15 As a direct and proximate result of ODOC’s failure to undertake appropriate safety
16 measures, as well as ODOC’s affirmative actions that placed plaintiffs at risk of infection,
17 plaintiffs contracted COVID-19.

18 117.

19 At EOCI, corrections staff were not wearing masks, did not properly sanitize or take
20 other precautions to prevent the spread of COVID-19. EOCI staff did not wear masks routinely
21 prior to the outbreak of cases there in October 2020. Staff routinely did not wash hands or
22 change gloves between searches of units and inmates. No meaningful efforts were being made to
23 sanitize common areas or commonly used objects. The telephones and tablets were not sanitized
24 after use by inmates. Inmates from quarantine units worked in the kitchen, garment factory, and

1 the call center run by OCE. COVID-19 positive inmates were known to be working in the
2 garment side of the OCE building. Nevertheless, the call center and garment employees worked
3 in the same building, use the same entrances, and were searched by the same staff persons.
4 Kitchen staff from quarantine units served food to inmates from other units and staff from other
5 units served food to inmates from quarantine units. Corrections staff at EOCI were allowed to go
6 to work sick.

7 118.

8 Corrections staff at EOCI routinely made comments downplaying the significance of
9 COVID-19 or espousing conspiracy theories about the virus. Many corrections staff called the
10 pandemic an “election scare” and a hoax. Staff told plaintiff Wayne Woodruff that “the quicker
11 everyone got it [meaning COVID-19] the better.” Corrections staff routinely ignored COVID-19
12 symptoms of inmates and did not alert medical.

13 119.

14 Staff did not impose any social distancing even where this was possible. Inmates were
15 being made to use the telephones a foot from one another and speaking without masks. Inmates
16 were packed inches from one another during meals. Inmates lined up for meals and at other times
17 with a foot or less.

18 120.

19 Similarly, OSCI staff routinely ignored social distancing and did not always wear masks.
20 OSCI staff forced inmates to go to meals, yard time, etc., in large numbers which made units
21 commingle with no ability to socially distance.

22 121.

23 Staff at CRCI never imposed social distancing and allowed inmates from other
24 institutions into the facility without any testing or quarantine. As a result, dozens of inmates,

1 including several plaintiffs, contracted COVID-19 that could have been easily prevented.

2 122.

3 On September 8, 2020, more than 300 inmates were evacuated from OSCI to OSP due to
4 wildfires. They were transported in vans to OSP. Inmates stood around until 10:45 p.m. when
5 they went to the cafeteria and interacted with numerous inmates from OSP—several fights broke
6 out between inmates from different institutions. Hours later at 2:00 a.m., the OSCI inmates were
7 moved to a gymnasium where approximately 300 inmates were made to sleep on the floor with
8 inches separating one another. No pillows were provided, only smelly damp blankets that the
9 inmates were left to literally fight over. For the approximately 300 people, there were three
10 toilets (“one shitter and two pissers” as the inmates were informed by staff). Because of the long
11 lines, inmates were directed by staff to urinate in a bucket in the corner of the room. The
12 gymnasium was filled with smoke and the inmates were provided food and water contaminated
13 with urine, spittle, blood, band aids and feces. Inmates were not provided soap, toothpaste, or
14 other hygiene products. The inmates were not allowed to wash their clothes or linens. Numerous
15 inmates from both OSP and OSCI were known to be infected with COVID-19 and yet large
16 numbers of people were held in small unventilated cramped quarters.

17 123.

18 Numerous inmates that tested positive for COVID-19 were transferred from EOCI to
19 SRCI. Many of these inmates have a history of mental illness that was exacerbated by their
20 treatment at SRCI. Inmates were confined to a cell for 23.5 hours per day and forced to wear the
21 same soiled clothes for weeks at a time. They were given half-rations of food, and the lights were
22 left on all night. They were not permitted to call loved ones and were deprived of their books,
23 tablets, and other personal belongings. Many lost significant weight and suffered significant
24 trauma and worsening of their mental health.

1 124.

2 Inmates that were negative for COVID-19 working at the TRCI OCE laundry were
3 required to work alongside inmates that were COVID-19 positive. Inmates from quarantine units
4 or who had tested positive worked in the laundry and nonquarantine inmates worked in the same
5 space with not sanitization or social distancing. This resulted in numerous inmates needlessly
6 contracting COVID-19.

7 125.

8 All of the plaintiffs contracted COVID-19 as a result of defendants' failure to impose
9 reasonable and mandatory measures to protect inmates from contracting COVID-19.

10 126.

11 Mr. Adams was on an alternative incarceration program unit. This unit is a dormitory
12 unit; he is so close to other inmate that he can roll over and touch the closes inmate's bunk.
13 CRCI transferred an inmate who was positive with COVID-19 onto the unit immediately
14 adjacent to Mr. Adams's unit. ODOC had tested the inmate prior to the transfer but transferred
15 him before obtaining the results. Inmates on Mr. Adams's unit interacted with this inmate
16 because he was not quarantined even though he had tested positive. Symptomatic inmates from
17 Mr. Adam's unit went to medical complaining of COVID-19 symptoms and were sent back to
18 his unit without being treated or quarantined. Inmates would await test results on the unit for up
19 to three days. CRCI corrections staff were not practicing social distancing or regularly wearing
20 masks. As a consequence, inmates on Mr. Adams's unit began contracting COVID-19. Mr. Floro
21 developed COVID-19 symptoms in December 2020.

22 127.

23 Mr. Adams suffered severe aches, fever, joint pain, shortness of breath, persistent cough,
24 headache, diarrhea, loss of appetite, and loss of smell and taste. Mr. Adams suffered severe

1 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
2 would die from COVID-19.

3 128.

4 Mr. Adams-Leal was assigned as a dining room worker. He was housed in a unit that had
5 no cases of COVID-19. One of his job duties involved cleaning the serving line and dining room.
6 Mr. Adams-Leal was required to perform these tasks while quarantine units were present for
7 meals. Mr. Adams-Leal informed the staff present that this exposed him to a higher risk of
8 contracting COVID-19, because he was not able to avoid contact with quarantined inmates.
9 Shortly after being exposed to the quarantined inmates during meals, he began to develop
10 symptoms. EOCI staff routinely flouted and continue mask requirements, social distancing
11 requirements and other precautions. On September 15, 2020, he tested positive for COVID-19.

12 129.

13 Mr. Adams-Leal suffered fatigue, fever, chills, headaches, and lost his senses of taste and
14 smell. Mr. Adams-Leal began to suffer fatigue and decreased lung function after he initially
15 recovered from COVID-19. Mr. Adams-Leal suffered severe emotional distress and trauma
16 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

17 130.

18 Mr. Albrecht was assigned as a dining room worker. He was housed in a unit that had no
19 cases of COVID-19. One of his job duties involved cleaning the serving line and dining room.
20 Mr. Albrecht was required to perform these tasks while quarantine units were present for meals.
21 Mr. Albrecht informed the staff present that this exposed him to a higher risk of contracting
22 COVID-19, because he was not able to avoid contact with quarantined inmates. Shortly after
23 being exposed to the quarantined inmates during meals, he began to develop symptoms. It took
24 four days of reporting symptoms to get sent to quarantine unit. On October 5, 2020, he tested

1 positive for COVID-19.

2 131.

3 Mr. Albrecht suffered severe symptoms as a result of contracting COVID-19. Mr.
4 Albrecht is often dizzy and light-headed. He lost his senses of taste and smell and had sore throat
5 and congestion. Mr. Albrecht was transferred to SRCI without his personal possessions, was
6 given no right to use the phone or outside recreation. Mr. Albrecht suffered severe emotional
7 distress and trauma caused by his illness, lack of appropriate treatment and fear that he would die
8 from COVID-19.

9 132.

10 On September 8, 2020, Mr. Alcazar was evacuated to OSP due to wildfires. He was
11 transported along with hundreds of other inmates in vans to OSP. On his return to OSCI an
12 inmate in his dormitory unit contracted COVID-19. Mr. Alcazar is immunocompromised and
13 requested to be removed from the dorm. Mr. Alcazar repeatedly requested to be tested.
14 Eventually, he was tested and his test returned positive. He remained on the unit around other
15 inmates while he awaited the test results. Approximately 19 inmates on his unit eventually
16 caught COVID-19.

17 133.

18 Mr. Alcazar suffered severe symptoms as a result. Mr. Alcazar suffered chest pains, loss
19 of sense of taste and smell, and had sore throat and congestion. Mr. Alcazar suffered from loss of
20 mental acuity, body aches, migraines, shortness of breath. Mr. Alcazar went through 4 inhalers in
21 6 weeks and still suffers from shortness of breath. Mr. Alcazar suffered severe emotional distress
22 and trauma caused by his illness, lack of appropriate treatment and fear that he would die from
23 COVID-19.

1 134.

2 On around December 1, 2020, a COVID-positive inmate was placed on Mr. Ali's unit.
3 That inmate developed COVID symptoms and he was left on the unit around COVID-19
4 negative inmates for days. Shortly after the inmate was placed on his unit, Mr. Ali developed flu-
5 like symptoms, shortness of breath and other COVID symptoms. Mr. Ali requested to be seen by
6 medical but was told, "No, you need to make an appointment" by the deputy on duty. When his
7 symptoms worsened, Mr. Ali was told it was stress and heartburn. On December 8, 2020, Mr. Ali
8 tested positive for COVID-19.

9 135.

10 Mr. Ali suffered body aches, respiratory problems, chills, headaches, stomach pain, and
11 diarrhea. Mr. Ali was placed on respiratory isolation in a cell alone for hours. Mr. Ali suffered
12 severe emotional distress and trauma caused by his illness, lack of appropriate treatment and fear
13 that he would die from COVID-19.

14 136.

15 In September 2020, Mr. Anthony was not yet infected with COVID-19. Then, another
16 inmate, Christopher Lorenzen, who had tested positive for COVID-19 was placed on his unit.
17 Shortly after placing Mr. Lorenzen on his unit, Mr. Anthony began to experience COVID-19
18 symptoms. On September 19, 2020, Mr. Anthony tested positive for COVID-19.

19 137.

20 Mr. Anthony suffered body aches, shortness of breath, loss of sense of smell and taste,
21 headaches, memory loss and cognitive problems. Mr. Anthony suffered severe emotional distress
22 and trauma caused by his illness, lack of appropriate treatment and fear that he would die alone
23 from COVID-19.

1 138.

2 Mr. Bacon was not tested at Shutter Creek Correctional Facility, but he experienced
3 COVID-19 and flu-like symptoms such as shortness of breath and loss of taste and smell. Mr.
4 Bacon was moved to OSCI where he worked in the kitchen. Kitchen staff included inmates that
5 worked on quarantine units working alongside inmates that were not on quarantine units. Several
6 kitchen staff and inmates developed symptoms and still went to work. Kitchen staff served food
7 to and handled the dishes of inmates from quarantine units. In November 2020, Mr. Bacon again
8 began to experience COVID-19 symptoms.

9 139.

10 On both occasions, Mr. Bacon suffered body aches, congestion, shortness of breath, loss
11 of sense of smell and taste, headaches, soreness, and nausea. Mr. Bacon suffered severe
12 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
13 would die from COVID-19.

14 140.

15 Mr. Barr arrived at OSCI in July 2020, and staff and many inmates were not wearing
16 masks. On September 8, 2020, Mr. Barr was evacuated to OSP due to wildfires. On his return to
17 OSCI, Mr. Barr worked in the kitchen. Kitchen staff included inmates that worked on quarantine
18 units working alongside inmates that were not on quarantine units. Multiple staff members tested
19 positive and were not being checked for symptoms on their entry to the facility. Several kitchen
20 staff and inmates developed symptoms and still went to work. A kitchen staff person contracted
21 COVID-19 and worked with inmates and staff. Mr. Barr was sent to CCCF for 21 days of
22 quarantine due to his illness.

23 141.

24 Mr. Barr suffered loss of taste and smell, night sweats, major headaches, and body aches.

1 Mr. Barr still suffers from body aches. Mr. Barr has asthma and suffered increased difficulty
2 breathing. Mr. Barr still suffers from shortness of breath that necessitates more frequent use of
3 his inhaler. Mr. Barr suffered severe emotional distress and trauma caused by his illness, lack of
4 appropriate treatment and fear that he would die from COVID-19.

5 142.

6 While at EOCI, staff were not enforcing social distancing with quarantined inmates
7 during mealtime when serving. Inmates on quarantine units worked serving food in the kitchens
8 to inmates from other units. Staff did not change gloves between searches or routinely wear
9 masks. In September 2020, Mr. Battle was not yet infected with COVID-19. Then, another
10 inmate, Mr. Lorenzen, who had tested positive for COVID-19 was placed on his unit. Shortly
11 after placing Mr. Lorenzen on his unit, Mr. Battle began to experience COVID-19 symptoms.
12 Mr. Battle tested positive for COVID-19 in October 10, 2020. While he was recovering from
13 COVID-19, ODOC moved Mr. Battle to CCCF for quarantine.

14 143.

15 Mr. Battle suffered sore throat, nausea, fatigue, headaches, and shortness of breath. He
16 lost his sense of smell and taste for a month. Mr. Battle continues to experience fatigue and
17 shortness of breath. Mr. Battle suffered severe emotional distress and trauma caused by his
18 illness, lack of appropriate treatment, and fear that he would die from COVID-19.

19 144.

20 EOCI staff were routinely refusing to wear masks and moving freely throughout the
21 institution, including coming into contact with quarantined and infected inmates. In September
22 2020, Mr. Bengé was not yet infected with COVID-19. Mr. Lorenzen, who had tested positive
23 for COVID-19 was placed on his unit. Shortly after placing Mr. Lorenzen on his unit, Mr. Battle
24 began to experience COVID-19 symptoms. Inmates on his unit were not properly quarantined

1 when they developed symptoms, and were left to mingle with healthy inmates. Bengé tested
2 positive for COVID-19 in October 12, 2020.

3 145.

4 Mr. Bengé suffered fatigue and shortness of breath. He lost his sense of smell and taste
5 which has still not recovered. Mr. Bengé continues to experience fatigue, shortness of breath, and
6 nose bleeds. Mr. Bengé suffered severe emotional distress and trauma caused by his illness, lack
7 of appropriate treatment, and fear that he would die from COVID-19.

8 Mr. Berno has pre-existing conditions of asthma, sleep apnea and obesity. Mr. Berno was
9 tested negative twice at CCCF and was kept there 55 days on intake status. Mr. Berno was
10 briefly held at DRCI and then transferred to EOCI where he was placed on a dormitory unit with
11 active COVID-19 cases. Mr. Berno developed symptoms and tested positive for COVID-19 in
12 October 2020.

13 146.

14 As a result of COVID-19, Mr. Berno suffered shortness of breath, fever, body aches, loss
15 of appetite, fatigue, disorientation, loss of taste and smell, sweating and shaking. He was taken to
16 infirmary for 2-3 days, then hospitalized at St. Anthony's Hospital in Pendleton for 5 days. Mr.
17 Berno experienced panic attacks and needed to be put on oxygen to breathe properly. Mr. Berno
18 suffered severe emotional distress and trauma caused by his illness, lack of appropriate treatment
19 and fear that he would die from COVID-19.

20 147.

21 Mr. Carter worked in the kitchens at EOCI. While at EOCI, staff were not enforcing
22 social distancing with quarantined inmates during mealtime when serving. Inmates on quarantine
23 units worked serving food in the kitchens to inmates from other units. Mr. Carter worked
24 alongside inmates who were sick with COVID symptoms but did not report this because they did

1 not want to go into isolation (the hole). Staff did not change gloves between searches or routinely
2 wear masks. Mr. Carter tested positive for COVID-19 on August 25, 2020. While he was
3 recovering from COVID-19, ODOC moved Mr. Carter to CCCF due to wildfires, then moved to
4 OSP where he was placed in a condemned DSU building (the building had asbestos, black mold,
5 rust in the water from old pipes, and lead paint). The water in the old DSU was undrinkable. The
6 air quality in the building exacerbated his COVID symptoms.

7 148.

8 Mr. Carter suffered headaches, shortness of breath, and chest pain and heartburn. He lost
9 his sense of smell and taste and has not recovered them. Mr. Carter suffered severe emotional
10 distress and trauma caused by his illness, lack of appropriate treatment and fear that he would die
11 from COVID-19.

12 149.

13 Mr. Carey worked in the kitchens at TRCI. While at TRCI, staff were not enforcing
14 social distancing with quarantined inmates during mealtimes when serving. Inmates working in
15 the kitchen were infected with COVID-19 and spread it to all of the inmates working from his
16 unit. Staff members were working on quarantine units and then working in nonquarantine units.
17 TRCI staff did not change gloves between searches or routinely wear masks. In January 2021,
18 Mr. Carey interacted with a staff person who had been recently interacting with known COVID
19 exposed inmates. Shortly after this encounter, Mr. Carey tested positive for COVID-19 on
20 January 12, 2021.

21 150.

22 Mr. Carey suffered headaches, body aches, shortness of breath, sweats, fever, chills,
23 abdominal pain, lose sense of smell and taste, mental confusion, loss of appetite, nausea, high
24 blood pressure, chest pain, and fatigue. Mr. Carey is at risk due to his asthma, edema, and high

1 blood pressure. He lost his sense of smell and taste and has not recovered them. Mr. Carey
2 suffered severe emotional distress and trauma caused by his illness, lack of appropriate treatment
3 and fear that he would die from COVID-19.

4 151.

5 Mr. Cole was transferred in February 2020 from DRCI to EOCI. When he arrived at
6 EOCI, corrections staff were not wearing masks, did not properly sanitize or take other
7 precautions to prevent the spread of COVID. Inmates from quarantine units worked in the
8 kitchen, garment factory, and the call center run by Oregon Corrections Enterprises. These
9 inmates were working alongside inmates from other units. Kitchen staff from quarantine units
10 served food to inmates from other units and staff from other units served food to inmates from
11 quarantine units. Inmates were packed inches from one another during meals. As a result of
12 EOCI staff's failure to abide by mandated precautions as well as affirmative actions taken to
13 commingle sick and well inmates, Mr. Cole tested positive for COVID-19 on October 3, 2020.

14 152.

15 At first, Mr. Cole was only slightly ill; he was placed on a quarantine unit for 6 days.
16 Then he was transferred to SRCI. The first night he was there his oxygen dropped to dangerous
17 levels and he was placed on supplemental oxygen. Mr. Cole became extremely ill and suffered
18 fatigue, loss of appetite and severe headaches for days. Mr. Cole has a history of mental illness
19 that was exacerbated by the illness. Mr. Cole was confined to a cell for 23.5 hours per day. He
20 was forced to wear the same soiled clothes for 7 days and was given half-portion meals. Mr.
21 Cole lost 20 pounds at SRCI. Mr. Cole suffered severe emotional distress and trauma caused by
22 his illness, lack of appropriate treatment and fear that he would die from COVID-19.

23 153.

24 Mr. Culver, who is 55 years old, worked in the kitchen at EOCI. On November 6, 2020,

1 the corrections staff removed an inmate from the serving line who had tested positive for
2 COVID-19. Numerous staff in the kitchen at that time were not wearing masks over their noses
3 and mouths. Nothing was done to enforce the mask policy. On November 11, 2020, Mr. Culver
4 reported to the kitchen. Staff took his temperature and Mr. Culver reported flu-symptoms. Mr.
5 Culver was sent to medical where staff told him that if he were tested, he would be sent to
6 quarantine. Instead of testing him, the nurse had him go to his cell to rest and told him to check
7 to see how he was the following day. Mr. Culver reported to work the following day with worse
8 symptoms. Kitchen staff told him to go ahead and work his full 9 hours shift. On the following
9 day, Mr. Culver again reported to work with worse symptoms. Staff return him to his cell where
10 medical tested him. Medical quarantined Mr. Culver and his cellmate pending the results. On
11 November 15, 2020, Mr. Culver tested positive and was transported to CCCF.

12 154.

13 Mr. Culver suffered severe COVID-19 symptoms including, fever, chills, tightness in his
14 chest, headache, earache, nausea, stomach cramps, muscle aches, joint pain, congestion, sore
15 throat, sinus pressure, burning feeling in his lungs, itchy eyes, abdominal pain, numbness in
16 extremities, ringing in his ears, dizziness, fatigue, diarrhea, and shortness of breath. His ringing
17 in his ears is permanent due to the extended fever he suffered. Mr. Culver suffered severe
18 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
19 would die from COVID-19.

20 155.

21 At OSCI, inmates, including Mr. Cummings, were made to sit immediately adjacent to
22 other inmates during meals and work around numerous inmates and staff without any social
23 distancing. On September 8, 2020, Mr. Cummings was evacuated to OSP because of wildfires.
24 Back at OSCI, Mr. Cummings was placed on a unit that had infected inmates and was placed in a

1 cell that had just been vacated by an inmate infected with COVID-19. In November 2020, Mr.
2 Cummings began to experience COVID-19 symptoms; he tested positive on December 1, 2020.
3 MR. Cummings was not quarantined for 2-3 days after taking the COVID test. ODOC moved
4 Mr. Cummings to CCCF for treatment, but he was only given pain medication.

5 156.

6 Mr. Cummings has suffered congestion, loss of energy, difficulty breathing, ongoing
7 body aches and pains, severe headaches, and constant nausea. Mr. Cummings suffered severe
8 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
9 would die from COVID-19.

10 157.

11 In November 2020, Mr. Degarmo was moved into a cell with another inmate. On
12 November 11, 2020, both Mr. Degarmo and his cellmate were tested. On November 13, 2020,
13 his cellmate tested positive and Mr. Degarmo tested negative. Mr. Degarmo was left in the cell
14 with an infected inmate. Mr. Degarmo was retested on November 18, 2020, and tested positive.
15 Mr. Degarmo is 61 years old. He was moved to CCCF. Mr. Degarmo personally observed other
16 uninfected inmates being placed with COVID-19 infected inmates resulting in the former being
17 infected. Two inmates on his unit died.

18 158.

19 Mr. Degarmo suffered kidney pain, diarrhea, migraines, sore throat, runny nose, constant
20 fatigue and mental confusion. Mr. Degarmo's mental state has not fully recovered and may never
21 do so. Mr. Degarmo suffered severe emotional distress and trauma caused by his illness, lack of
22 appropriate treatment and fear that he would die from COVID-19.

23 159.

24 In September 2020, Mr. Deleon-Carbajal was hospitalized for diverticulitis. He was

1 discharged in September from the infirmary and sent to F2 mental health unit (MHU). MHU had
2 an active COVID outbreak at the time and there was no way for Mr. Deleon-Carbajal to avoid
3 breathing the same air or be in close proximity with other inmates on the unit. Mr. Deleon-
4 Carbajal developed COVID-19 symptoms and tested positive on October 3, 2020. Mr. Deleon-
5 Carbajal was transferred to SRCI on October 6, 2020, and placed in Intensive Management Unit
6 (IMU) (also called “the hole”). He was treated as though he were being disciplined; he was
7 denied any cell sanitation or personal hygiene, telephone access, grievance access, and showers.
8 He was given half rations of food, and the lights were left on all night. He lost 20 pounds in three
9 weeks.

10 160.

11 Mr. Deleon-Carbajal suffered loss of taste and smell, fatigue, chills, cough, and
12 congestion. Both his illness and his treatment at SRCI exacerbated Mr. Deleon-Carbajal’s serious
13 mental health issues. He suffered and continues to suffer anxiety, depression, panic attacks and
14 nightmares. Mr. Deleon-Carbajal suffered severe emotional distress and trauma caused by his
15 illness, lack of appropriate treatment and fear that he would die from COVID-19.

16 161.

17 On October 7, 2020, Mr. Denney was transferred from Jackson County Jail to EOCI.
18 After 14 days in segregation, Mr. Denney was placed on a quarantine unit with active COVID-19
19 cases. After being transferred to the quarantine unit, Mr. Denney began to experience COVID-19
20 symptoms. On October 24, 2020, Mr. Denney was tested and moved to a quarantine unit. Mr.
21 Denney tested positive on October 26, 2020.

22 162.

23 Mr. Denney suffered loss of taste and smell, headaches, cough, severe body aches, night
24 terrors, shivering and severe shortness of breath. Mr. Denney’s symptoms have not fully

1 subsided. Mr. Denney suffered severe emotional distress and trauma caused by his illness, lack
2 of appropriate treatment and fear that he would die from COVID-19.

3 163.

4 Mr. Eladem, who is 52 years old and diabetic, was housed in a dormitory unit with 20
5 other inmates. No social distancing was possible. Multiple officers at OSCI were coughing and
6 appeared sick but were permitted to continue to work and refused to wear masks. Multiple staff
7 members tested positive and were not being checked for symptoms on their entry to the facility.
8 Inmates, including Mr. Eladem, were served meals by inmates from quarantine units and inmates
9 that had tested positive for COVID-19. Mr. Eladem repeatedly requested to be transferred given
10 his age and comorbidities, but was ignored. On October 15, 2020, Mr. Eladem began to
11 experience COVID-19 symptoms, such as loss of taste and smell, and chills, and reported them
12 to staff. For the first three days, staff ignored Mr. Eladem and told him he had a cold. Eventually,
13 he was tested, and the test came back positive on October 23, 2020. Mr. Eladem was not
14 quarantined pending the outcome of his test and was left around 20 or so other inmates.

15 164.

16 Mr. Eladem suffered chest pain, back pain, fatigue, severe body aches, diarrhea and heart
17 burn. Mr. Eladem suffered severe emotional distress and trauma caused by his illness, lack of
18 appropriate treatment and fear that he would die from COVID-19.

19 165.

20 On August 17, 2020, Mr. Endsley reported a sinus infection. He was given a COVID-19
21 test and told to wait for the results on C-1. Mr. Endsley told staff not to put him on C1, as there
22 were active COVID cases on that unit. Given the lack of ventilation, and the proximity of
23 inmates, the open toilets, and lack of mask wearing, this presented a significant risk of infection.
24 That test came back negative, but he was left on C1. Mr. Endsley was retested on August 21,

1 2020, and the result came back positive. Mr. Endsley was moved to CCCF on August 21, 2020,
2 then moved to OSP on September 10, 2020. At OSP he was housed in the condemned DSU
3 building. The water in the old DSU unit was undrinkable. The air quality in the building
4 exacerbated his COVID symptoms. The only treatment he received was Gatorade and blood
5 pressure and oxygen checks.

6 166.

7 Mr. Endsley suffered headaches, worsened vision, lower back pain, coughing, trouble
8 with memory and recall, struggles with sleep and emotional state. Mr. Endsley's big toes turned
9 black and he lost the nails. Mr. Endsley suffered severe emotional distress and trauma caused by
10 his illness, lack of appropriate treatment and fear that he would die from COVID-19.

11 167.

12 Mr. Exe was housed in a small dormitory unit with 24 other inmates—all of whom
13 eventually caught COVID-19. From the outset, staff at OSCI fought the requirement to wear
14 masks and openly flouted the requirement. Inmates' bunks were 3 feet apart. On September 8,
15 2020, Mr. Exe was transported along with hundreds of other inmates in vans to OSP. Mr. Exe
16 was returned to OSCI, and placed again in a dormitory unit with other inmates that had been
17 transferred and exposed at OSP. Shortly thereafter, plaintiff began to experience COVID-19
18 symptoms. On October 3, 2020, he tested positive for COVID-19.

19 168.

20 Mr. Exe suffered fever, congestion, cough, fatigue, and loss of taste and smell; he still is
21 easily fatigued and has shortness of breath. Mr. Exe suffered severe emotional distress and
22 trauma caused by his illness, lack of appropriate treatment and fear that he would die from
23 COVID-19.

1 169.

2 On December 1, 2020, a transport of inmates from DRCI arrived at CRCI containing
3 multiple inmates that had tested positive for COVID-19. All the units in CRCI, including the one
4 in which Mr. Farquharson resided, were dormitories with 70-80 inmates each. The bunks are
5 three feet apart and it is impossible to socially distance given the size of the rooms. When the
6 inmates went to meals they were lined up with a foot or less separating them. Once the inmates
7 from DRCI arrived, COVID-19 began to rapidly spread through the institution. Many inmates
8 refused to receive tests because they would be sent to the hole and lose work and income. Mr.
9 Farquharson tested positive on December 9, 2020; he was left on his unit for another day with
10 other inmates. This was common practice at the institution—inmates that have received COVID-
11 19 tests either are returned to their cells awaiting the results or are left in their cells after they
12 have tested positive. This resulted in a predictable rapid spread of the virus through CRCI.

13 170.

14 Mr. Farquharson suffered shortness of breath, severe body aches, fever, lost sense of
15 smell and taste, and fatigue. Mr. Farquharson still is unable to smell or taste fully and continues
16 to experience shortness of breath. Mr. Farquharson suffered severe emotional distress and trauma
17 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

18 171.

19 Mr. Felton resides in a four-person cell. All four of the inmates in his cell contracted
20 COVID-19. The corrections officer on his unit tested positive and was returned to work on Mr.
21 Felton's unit. The officer told him that he came in sick and told medical. Medical told the officer
22 to keep working and that he could go home if he did not feel well. The Officer worked half the
23 day, interacting with inmates, without masks, and then went home. Officers on his unit were not
24 screened, did not observe social distancing requirements, and did not consistently wear PPE. Mr.

1 Felton tested positive on November 23, 2020, and was sent to quarantine unit.

2 172.

3 Mr. Felton suffered headaches, loss of smell and taste, fever, cough, shortness of breath,
4 and low oxygen. Plaintiff suffers from severe mental illness and his illness and treatment
5 exacerbated his mental health conditions. Mr. Felton suffered severe emotional distress and
6 trauma caused by his illness, lack of appropriate treatment and fear that he would die from
7 COVID-19.

8 173.

9 On September 8, 2020, Mr. Fiez was transported along with hundreds of other inmates in
10 vans to OSP. Mr. Fiez was returned to OSCI. Mr. Fiez works in the bakery and was constantly
11 exposed to staff and inmates without social distance or PPE. Bakery coordinator Mr. Wilson
12 talks daily about how the virus is not airborne, not serious and promotes not wearing masks.
13 Other staff routinely ignored mask policies and spoke in the presence of inmates with their
14 masks below their chins. In early November 2020, Mr. Fiez was housed in a cell with a recently
15 infected inmate still having COVID-19 symptoms. At around the same time, an inmate on Mr.
16 Fiez's dormitory unit became ill and his pleas for help were ignored. The inmate was finally
17 tested and was positive for COVID-19. The rest of the dorm in unit 4 was tested and positive.
18 That inmate, and another, have since died. Mr. Fiez tested positive on November 12, 2020.

19 174.

20 Mr. Fiez suffers from ongoing shortness of breath. Mr. Fiez suffered severe emotional
21 distress and trauma caused by his illness, lack of appropriate treatment and fear that he would die
22 from COVID-19.

23 175.

24 Mr. Fletcher, who is 55 years old, worked in the kitchen and was Mr. Lorenzen's

1 roommate. EOCI staff were not enforcing social distancing with quarantined inmates during
2 mealtime when serving. Inmates on quarantine units went to work serving food in the kitchens to
3 inmates from other units. Mr. Fletcher worked alongside inmates who were sick with COVID
4 symptoms but did not report this because they did not want to go into isolation (the hole).
5 Kitchen staff served food to and interacted with inmates from quarantine units. Staff did not
6 change gloves between searches or routinely wear masks. On September 13, 2020, Mr.
7 Lorenzen, who had tested positive for COVID-19, was sent back to Mr. Fletcher's cell. After Mr.
8 Lorenzen was left in his cell, Mr. Fletcher developed symptoms. Initially, Mr. Fletcher did not
9 agree to be tested because he was afraid of losing pay and being sent to the hole. Mr. Fletcher
10 was not allowed to go to work unless he tested so he agreed to be tested. In early October 2020,
11 he received the test. On October 13, he tested positive.

12 176.

13 Mr. Fletcher suffered shortness of breath, loss of taste and smell, headaches, sore throat,
14 body aches, fever, diarrhea, chills, and continuing pneumonia that turned to 2nd and then 3rd
15 stage COPD. Also, his toenails turned black and fell off. Mr. Fletcher suffered severe emotional
16 distress and trauma caused by his illness, lack of appropriate treatment and fear that he would die
17 from COVID-19.

18 177.

19 Inmates on Mr. Floro's unit developed symptoms and were ignored or not tested.
20 Symptomatic inmates from Mr. Floro's unit went to medical complaining of COVID-19
21 symptoms and were sent back to his unit without being treated or quarantined. CRCI corrections
22 staff were not practicing social distancing or regularly wearing masks. As a consequence,
23 inmates on Mr. Floro's unit began contracting COVID-19. Mr. Floro developed COVID-19
24 symptoms in December 2020.

1 178.

2 Mr. Floro suffered severe aches, fever, pain, shortness of breath, diarrhea, vomiting, and
3 loss of smell. He was the sickest he has ever been in his life. Both his illness and his treatment at
4 CRCI exacerbated Mr. Floro's serious mental health issues. He suffered and continues to suffer
5 anxiety, depression, panic attacks and nightmares. Mr. Floro suffered severe emotional distress
6 and trauma caused by his illness, lack of appropriate treatment and fear that he would die from
7 COVID-19.

8 179.

9 EOCI staff did not practice social distancing or wearing masks regularly. Mr. Fowler
10 worked alongside inmates that had tested positive and were going to work from their quarantine
11 units. Mr. Fowler lived in a dormitory unit with the bunk beds situated right next to each other.
12 Inmates were forced to shower 3 at a time in a 7-by-8-foot shower. In September 2020, the
13 inmate in the bunk next to his started developing symptoms of COVID-19 infection. Mr. Fowler
14 could not distance himself from him. On September 24, 2020, Mr. Fowler started to develop
15 symptoms of COVID-19. He tested positive on October 1, 2020. Mr. Fowler was transferred to
16 SRCI and placed in segregation. He was treated as though he were being disciplined; he was
17 denied any cell sanitation or personal hygiene, telephone access, grievance access, and showers.
18 He was given half rations of food, and the lights were left on all night. He lost 10 pounds in three
19 weeks. Mr. Fowler has a history of mental illness.

20 180.

21 Mr. Fowler suffered from diarrhea, severe headaches, shortness of breath, body aches,
22 and loss of taste and smell. Both his illness and his treatment at CRCI exacerbated Mr. Fowler's
23 mental illness. He suffered and continues to suffer anxiety, depression, panic attacks and
24 nightmares. Mr. Fowler suffered severe emotional distress and trauma caused by his illness, lack

1 of appropriate treatment and fear that he would die from COVID-19.

2 181.

3 Mr. Franklin worked in the kitchens at EOCI. While at EOCI, staff were not enforcing
4 social distancing with quarantined inmates during mealtime when serving. Inmates on quarantine
5 units worked serving food in the kitchens to inmates from other units. Mr. Franklin worked
6 alongside inmates who were sick with COVID-19 symptoms but did not report this because they
7 did not want to go into isolation (the hole). Staff did not change gloves between searches or
8 routinely wear masks. Mr. Franklin tested positive for COVID-19 on August 25, 2020. While he
9 was recovering from COVID-19, ODOC moved Mr. Franklin to CCCF due to wildfires, then
10 moved him to OSP where he was placed in a condemned DSU building (the building had
11 asbestos, black mold, rust in the water from old pipes, and lead paint). Mr. Franklin did not drink
12 water for days because the water in the old DSU was undrinkable. The air quality in the building
13 exacerbated his COVID-19 symptoms.

14 182.

15 Mr. Franklin suffered headaches, shortness of breath, and loss of his senses of smell and
16 taste. Mr. Franklin has ongoing shortness of breath and fatigue and developed loss of eyesight
17 after recovering from COVID-19. Mr. Franklin suffered significant stress from being put right
18 back in the kitchens under the same conditions after recovering from COVID-19. Mr. Franklin
19 suffered severe emotional distress and trauma caused by his illness, lack of appropriate treatment
20 and fear that he would die from COVID-19.

21 183.

22 Mr. Frazier worked worked at the OCE laundry at TRCI. Inmates that were on quarantine
23 units were working in the laundry and inmates from nonquarantine units, including Mr. Frazier,
24 would work in the same space without any santization or disinfection between shifts. Numerous

1 inmates that worked in the laundry contracted COVID-19. TRCI staff did not consistently wear
2 masks or other PPE while working. Staff came to work despite either having COVID-19
3 symptoms or being exposed to people that tested positive for COVID-19. Numerous inmates
4 demanded tests because they were experiencing symptoms. For three days staff permitted
5 employees at the laundry who were experiencing symptoms to go to work. On January 4, 2021,
6 Mr. Frazier tested positive for COVID-19.

7 184.

8 Mr. Frazier suffered headache, chills, sweats, abdominal pain, body aches, severe
9 headaches, cough, diarrhea, mental fog, shortness of breath, and a loss of taste and smell. Mr.
10 Frazier continues to experience cough, shortness of breath, secondary infection, fatigue, and
11 diminished sense of smell and affected taste. Mr. Frazier suffered severe emotional distress and
12 trauma caused by his illness, lack of appropriate treatment and fear that he would die from
13 COVID-19.

14 185.

15 Mr. Fuller worked worked at the OCE laundry at TRCI. Inmates that were on quarantine
16 units were working in the laundry and inmates from nonquarantine units, including Mr. Fuller,
17 would work in the same space without any sanitization or disinfection between shifts. Numerous
18 inmates that worked in the laundry contracted COVID-19. Numerous inmates demanded tests
19 because they were experiencing symptoms. For three days staff permitted Mr. Fuller and others
20 who were experiencing symptoms to go to work. On January 7, 2021, Mr. Fuller tested positive
21 for COVID-19.

22 186.

23 Mr. Fuller suffered chills, body aches, severe headaches, joint pain, shortness of breath,
24 and a loss of taste and smell. Mr. Fuller continues to experience headaches, shortness of breath,

1 fatigue, loss of appetite, and no smell and affected taste. Mr. Fuller suffered severe emotional
2 distress and trauma caused by his illness, lack of appropriate treatment and fear that he would die
3 from COVID-19.

4 187.

5 Mr. Garcia was a lead cook and worked with people who showed symptoms and refused
6 to get tested and were permitted to continue working. There were inmates who tested positive
7 and the people they were in direct contact with were not quarantined. On September 8, 2020, Mr.
8 Garcia was evacuated to OSP due to wildfires. Shortly after his return to OSCI, Mr. Garcia
9 began to experience COVID-19 symptoms. He tested positive on October 4, 2020, and was
10 moved to CCIC for 19 days with no medical treatment.

11 188.

12 Mr. Garcia suffered from a cough, shortness of breath, fatigue, muscle and body aches,
13 and loss of taste and smell. Mr. Garcia suffered severe emotional distress and trauma caused by
14 his illness, lack of appropriate treatment and fear that he would die from COVID-19.

15 189.

16 Mr. Garman worked in the call center which is operated by OCE. He worked in the OCE
17 building. COVID-19 positive inmates were working in the garment side of the OCE building.
18 The call center and garment employees worked in the same building, use the same entrances, and
19 were searched by the same staff persons. Mr. Garman complained to Officer Jackson that
20 quarantine workers were working in the garment side of the building. He responded that, “Your
21 option is to keep working or be fired.” Mr. Garman could not afford to not work. On September
22 28, 2020, started experiencing COVID-19 symptoms; he informed staff and they told him to rest.
23 For several days he remained in his cell and then was sent to C1 for quarantine. On October 17,
24 2020, he received a positive COVID-19 test.

1 190.

2 Mr. Garman suffered shortness of breath, headaches, fever, chills, body aches, and loss of
3 taste and smell. Mr. Garman suffered severe emotional distress and trauma caused by his illness,
4 lack of appropriate treatment and fear that he would die from COVID-19.

5 191.

6 Mr. Gatchell was placed on unit A4 in August 2020. He observed that inmates and guards
7 were not wearing masks and that there was no enforced social distancing. Inmates at EOCI on
8 quarantine units were being sent to work alongside inmates from other units. Inmates from
9 quarantine units served food in the cafeteria to inmates including Mr. Gatchell. No meaningful
10 efforts were being made to sanitize common areas or commonly used objects. Corrections staff
11 routinely made comments downplaying the significance of COVID-19 or espousing conspiracy
12 theories about the virus. Mr. Gatchell developed COVID-19 symptoms around October 15, 2020.
13 He tested positive on October 19, 2020.

14 192.

15 Mr. Gatchell suffered from days' long migraines, aches, loss of energy, fatigue,
16 constipation, stomach pain, nausea, loss of appetite, and loss of smell and taste. Mr. Gatchell's
17 smell and taste are permanently affected: everything smells either of smoke or mint and the only
18 taste he has is of sweetness. Mr. Gatchell suffered severe emotional distress and trauma caused
19 by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

20 193.

21 In October 2020, Mr. Gibson was placed on a quarantined unit when he was not sick and
22 had not been exposed. Shortly after having been placed on a quarantine unit, he started to
23 develop COVID-19 symptoms. Mr. Gibson has a history of collapsed lungs and was told he
24 could die if got sick. This caused Mr. Gibson severe stress.

1 194.

2 Mr. Gibson suffered loss of taste and smell and headaches. He still has headaches and a
3 residual loss of smell and taste. Mr. Gibson suffered severe emotional distress and trauma caused
4 by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

5 195.

6 As a result of EOCI's failure to take appropriate precautions, Mr. Henkel, who is 51 years
7 old, contracted COVID-19 and tested positive on October 5, 2020.

8 196.

9 Mr. Henkel suffered severe COVID-19 symptoms and was hospitalized. He experienced
10 severe shortness of breath and low oxygen (55%). He was placed on supplemental oxygen at St.
11 Anthony's Hospital for 6 days. He suffered from severe headaches, body aches and fatigue. He
12 has permanent loss of lung capacity and cannot walk for more than a few steps without being out
13 of breath. Mr. Henkel suffered severe emotional distress and trauma caused by his illness, lack of
14 appropriate treatment and fear that he would die from COVID-19.

15 197.

16 Mr. Hickman, who is 61 years old, worked alongside inmates with COVID-19 symptoms
17 from quarantine units. Inmates infected with COVID-19 were placed on Mr. Henkel's unit. In
18 September 2020, he began to experience COVID-19 symptoms. On September 27, 2020, he
19 tested positive for COVID-19.

20 198.

21 Mr. Hickman suffered from severe shortness of breath, loss of motor skills, cough,
22 headaches, and joint pain. Both his illness and his treatment at EOCI exacerbated Mr. Hickman's
23 serious mental health issues. He suffered and continues to suffer anxiety, depression, and panic
24 attacks. Mr. Hickman suffered severe emotional distress and trauma caused by his illness, lack of

1 appropriate treatment and fear that he would die from COVID-19.

2 199.

3 Mr. Hoag worked worked at the OCE laundry at TRCI. Inmates that were on quarantine
4 units were working in the laundry and inmates from nonquarantine units, including Mr. Hoag,
5 would work in the same space without any santization or delay between shifts. Numerous
6 inmates that worked in the laundry contracted COVID-19. Numerous inmates demanded tests
7 because they were experiencing symptoms. For three days staff permitted inmates who were
8 experiencing symptoms to go to work. On January 6, 2021, Mr. Hoag tested positive for
9 COVID-19.

10 200.

11 Mr. Hoag suffered fever, chills, body aches, severe headaches, joint pain, shortness of
12 breath, severe lack of oxygen, loss of taste and smell, vomiting, nausea, dizziness, mental
13 confusion, short-term memory loss, bloody noses, and fatigue. Mr. Hoag continues to experience
14 shortness of breath, fatigue, mental confusion, loss of memory, and no smell and affected taste.
15 Mr. Hoag continues to suffer nose bleeds. Mr. Hoag suffered severe emotional distress and
16 trauma caused by his illness, lack of appropriate treatment and fear that he would die from
17 COVID-19.

18 201.

19 On December 1, 2020, a transport of inmates from DRCI arrived at CRCI containing
20 multiple inmates that had tested positive for COVID-19. All the units in CRCI, including the one
21 in which Mr. Hogan resided, were dormitories with 70-80 inmates each. The bunks are three feet
22 apart and it is impossible to socially distance given the size of the rooms. When the inmates went
23 to meals they were lined up with a foot or less separating them. Once the inmates from DRCI
24 arrived, COVID-19 began to rapidly spread through the institution. Many inmates refused to

1 receive tests because they would be sent to the hole and lose work and income. Mr. Hogan tested
2 positive on December 9, 2020, and was transferred to CCCF. At times, Mr. Hogan was unable to
3 breathe and had to be given an steroid inhaler by a fellow inmate in order to breathe.

4 202.

5 Mr. Hogan suffered headaches, fever, nausea, confusion, cold sweats, migraines, tremors,
6 shortness of breath, severe body aches, fever, lost sense of smell and taste, and fatigue. Mr.
7 Hogan continues to experience shortness of breath and body aches. Mr. Hogan suffered severe
8 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
9 would die from COVID-19.

10 203.

11 Mr. Hoskins worked in the kitchen with people who showed COVID-19 symptoms and
12 refused to get tested and were permitted to continue working. On September 8, 2020, Mr.
13 Hoskins was evacuated to OSP due to wildfires. He returned to work in the kitchen in OSCI and
14 was exposed at work to inmates that tested positive. He was not notified that his coworkers had
15 tested positive or that he had been exposed. He was forced to keep working regardless of his
16 concerns—he would not be paid unless he went to work. Mr. Hoskins tested positive for
17 COVID-19 on November 12, 2020.

18 204.

19 Mr. Hoskins suffered from severe shortness of breath, loss of smell and taste, body aches,
20 and persistent headaches. He still has no sense of smell or taste and continues to experience
21 shortness of breath. Mr. Hoskins suffered severe emotional distress and trauma caused by his
22 illness, lack of appropriate treatment and fear that he would die from COVID-19.

23 205.

24 Mr. Jay lived in unit 11, a dormitory unit of OSCI, which is filled to capacity. In October

1 2020, several members of prison staff that had tested positive went to work with COVID-19
2 symptoms. On several occasions, inmates that tested positive or showed symptoms of COVID-19
3 were not quarantined and were instead left in their units causing the infection of the inmates with
4 whom they lived. On October 22, 2020, after showing symptoms, Mr. Jay was tested and
5 returned to his unit to await results. The following day his test came back positive and he was
6 sent to a quarantine unit.

7 206.

8 Mr. Jay suffered from body aches, loss of energy, fatigue, shortness of breath, diarrhea,
9 blurred vision, and loss of smell and taste. Mr. Jay suffered severe emotional distress and trauma
10 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

11 207.

12 Corrections staff refused to wear masks regularly and openly claimed that they were not
13 obligated to do so despite the Governor's order. Corrections staff did not impose any social
14 distancing and did not consistently separate inmates that were infected or exposed from the rest
15 of the population. Inmates from quarantine units and infected inmates encounter inmates in the
16 halls, in common areas such as the chow hall and the area where the telephones are located.
17 Corrections staff made no effort to sanitize commonly used or touched objects in the prison, such
18 as telephones, and tablets. The cellmates of inmates that have tested positive are not routinely
19 being tested or quarantined. Inmates on Mr. Johnson's unit tested positive for COVID-19 and
20 were permitted by staff to interact with other inmates on the unit. The inmates were not required
21 to socially distance, all but ensuring that other inmates on Mr. Johnson's unit, including Mr.
22 Johnson, would be infected with COVID-19. On October 16, 2020, Mr. Johnson tested positive
23 for COVID-19 after experiencing symptoms.

1 208.

2 Mr. Johnson suffered from fever, chills, severe aches, heart/chest pain, headaches,
3 difficulty breathing, fatigue, memory loss, loss of mental acuity, and dry cough. His breathing
4 and body aches continue. Mr. Johnson suffered severe emotional distress and trauma caused by
5 his illness, lack of appropriate treatment and fear that he would die from COVID-19.

6 209.

7 On September 8, 2020, Mr. Jones was transported along with hundreds of other inmates
8 in vans to OSP. Mr. Jones was returned to OSCI. An officer on his unit refused to wear a mask
9 despite having been out sick with COVID-19 and did not stay home for the appropriate amount
10 of time. Other staff routinely ignored mask policies and spoke in the presence of inmates with
11 their masks below their chins. Due to staff's lack of precautions, Mr. Jones tested positive on
12 October 31, 2020.

13 210.

14 Mr. Jones suffered from severe shortness of breath and lack of oxygen. Mr. Jones
15 suffered from cognitive impairment as a result and was hospitalized for a week in Wilsonville.
16 Mr. Jones has ongoing shortness of breath and reduced lung capacity. Mr. Jones suffered severe
17 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
18 would die from COVID-19.

19 211.

20 Mr. Jordan worked in the kitchen with people who showed COVID-19 symptoms and
21 refused to get tested and were permitted to continue working. Inmates who tested positive and
22 the people they were in direct contact with were not always quarantined. Mr. Jordan observed
23 that inmates and guards were not always wearing masks and that there was no enforced social
24 distancing. On September 8, 2020, Mr. Jordan was evacuated to OSP due to wildfires. He

1 returned to work in the kitchen in OSCI and was exposed at work to inmates that tested positive.
2 He was not notified that his coworkers had tested positive or that he had been exposed. He was
3 forced to keep working regardless of his concerns—he would not be paid unless he went to
4 work. Mr. Jordan tested positive for COVID-19 on November 11, 2020. Mr. Jordan had pre-
5 existing conditions that put him at increased risk of COVID-19 infection due to pneumonia.

6 212.

7 Mr. Jordan suffered from shortness of breath that is ongoing, chest pain and pain while
8 breathing, and inflamed eczema. Mr. Jordan suffered severe emotional distress and trauma
9 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

10 213.

11 Mr. Kelley is 53 years old. Corrections staff were aware that an inmate infected with
12 COVID-19 was on Mr. Kelley’s unit and did not quarantine that inmate. In August 2020,
13 corrections staff failed to wear masks after working on C-1 unit—the quarantine unit. Staff did
14 not observe social distancing, wear masks regularly, or sanitize the units. As noted above,
15 inmates were routinely in contact with inmates from quarantine units, such as during unit
16 transfers, yard times, and mealtimes. On August 19, 2020, Mr. Kelley tested positive for
17 COVID-19. Mr. Kelley was transported to CCCF and then during the fires on September 8,
18 2020, was again transferred to the condemned DSU unit at OSP, which contained asbestos and
19 black mold. The water in the condemned DSU was undrinkable. The air quality in the building
20 exacerbated his COVID-19 symptoms.

21 214.

22 Mr. Kelley suffered from dangerously high blood pressure, shortness of breath and
23 bronchial inflammation. Mr. Kelley suffered severe emotional distress and trauma caused by his
24 illness, lack of appropriate treatment and fear that he would die from COVID-19.

1 215.

2 Mr. Kentta is 59 years old. In July 2020, as a result of ODOC's failure to impose safety
3 restrictions, as alleged above, Mr. Kentta contracted and tested positive for COVID-19.

4 216.

5 Mr. Kentta suffered severe symptoms. He contracted double pneumonia. He suffered
6 severe shortness of breath and low oxygen. Due to low oxygen and his poor reaction to the virus,
7 he was intubated and placed on a ventilator for 16 days at Kadlec Medical Center in Tri-Cities,
8 Washington. He continues to suffer extreme pain in his muscles, joints, and lungs. The
9 medications and his condition caused anxiety, hallucinations, paranoia, which required anti-
10 anxiety and psychotropic medication to treat. His illness has caused permanent damage and pain
11 to muscles and joints. Mr. Kentta suffered severe emotional distress and trauma caused by his
12 illness, lack of appropriate treatment, and fear that he would die from COVID-19.

13 217.

14 C/Os M. Taylor and Dirksen failed to wear mask after working on C-1 unit. E3 July 7,
15 2020 first documented case. Dirksen wasn't wearing a mask would wear one. Officer Taylor
16 wouldn't wear a mask. People started to get sick and they would taset them and then put them
17 back on the unit while they awaited the test results. They didn't test him; they weren't going to
18 help and they would be punished for being sick.

19 218.

20 As a result of contracting COVID-19, Mr. King suffered from loss of taste and smell,
21 fever, headaches, and shortness of breath. Mr. King has ongoing shortness of breath. He is easily
22 winded from exercise and is fatigued by normal activities. Mr. King suffered severe emotional
23 distress and trauma caused by his illness, lack of appropriate treatment, and fear that he would
24 die from COVID-19.

1 219.

2 Mr. Kittler arrived at OSCI in July 2020, and staff and many inmates were not wearing
3 masks. On September 8, 2020, Mr. Kittler was evacuated to OSP due to wildfires. On his return
4 to OSCI, Mr. Kittler worked in the kitchen. Kitchen staff included inmates that worked on
5 quarantine units working alongside inmates that were not on quarantine units. Multiple staff
6 members tested positive and were not being checked for symptoms on their entry to the facility.
7 Several kitchen staff and inmates developed symptoms and still went to work. A kitchen staff
8 person contracted COVID-19 and worked with inmates and staff. Mr. Kittler was sent to CCCF
9 for quarantine due to his illness.

10 220.

11 Mr. Kittler suffered loss of taste and smell, headaches, and body aches. Mr. Kittler still
12 suffers from chest congestion and loss of smell and taste. His loss of smell and taste has resulted
13 in loss of appetite. Mr. Kittler suffered severe emotional distress and trauma caused by his
14 illness, lack of appropriate treatment and fear that he would die from COVID-19.

15 221.

16 Mr. Knisley worked worked at the OCE laundry at TRCI. Inmates that were on
17 quarantine units were working in the laundry and inmates from nonquarantine units, including
18 Mr. Knisley, would work in the same space without any sanitization or disinfection between
19 shifts. Numerous inmates that worked in the laundry contracted COVID-19. Numerous inmates
20 demanded tests because they were experiencing symptoms. For three days staff permitted Mr.
21 Knisley and others who were experiencing symptoms to go to work. On January 7, 2021, Mr.
22 Knisley tested positive for COVID-19.

23 222.

24 Mr. Knisley suffered fever, chills, body aches, severe headaches, joint pain, shortness of

1 breath, and a loss of taste and smell. Mr. Knisley continues to experience headaches, shortness of
2 breath, fatigue, mental confusion, loss of memory, and no smell and affected taste. On more than
3 one occasion, Mr. Knisley feared that he would die and knew other inmates that died of COVID-
4 19. Mr. Kinsley suffered severe emotional distress and trauma caused by his illness, lack of
5 appropriate treatment and fear that he would die from COVID-19.

6 223.

7 Mr. Leonard was housed OSCI. In September 8, 2020, he was evacuated to OSP due to
8 wildfires. When he returned from OSP, he was housed in segregation with other inmates that had
9 returned from CCCF and who were positive for COVID-19. Guards did not wear masks and no
10 social distancing was imposed. Due to staff's lack of precautions, Mr. Leonard received a test on
11 November 23, 2020 and tested positive on November 28, 2020.

12 224.

13 Mr. Leonard suffers from asthma, chronic bronchitis, and kidney disease. These
14 conditions place him at higher risk for severe COVID-19 symptoms. He experienced severe
15 chills, loss of smell and taste, fever, shortness of breath, severe body aches, nausea, headaches,
16 migraines, dizziness, and fatigue. Mr. Leonard continues to experience dizziness, fatigue,
17 shortness of breath, sores and rashes. Mr. Leonard also has experienced chest pain and
18 tachycardia. Mr. Leonard suffered severe emotional distress and trauma caused by his illness,
19 lack of appropriate treatment, and fear that he would die from COVID-19.

20 225.

21 Mr. Lorenzen contracted COVID as a result of defendants' failure to impose appropriate
22 measure to protect him. In September 2020, he developed symptoms of COVID-19. On
23 September 11, 2020, he was placed on the C1 unit. He was on the unit for two days before he got
24 his positive test back. He was told that they had made a mistake and that he was being sent back

1 to C1. He exposed numerous other inmates to COVID-19 during the two days he was on C1.

2 226.

3 Mr. Lorenzen suffered loss of smell and taste, fever, shortness of breath, chills, body
4 aches, headaches, and congestion. Mr. Lorenzen still does not have his sense of taste and smell,
5 and continues to have sharp pain in his chest. He continues to have shortness of breath and is
6 easily fatigued. Mr. Lorenzen suffered severe emotional distress and trauma caused by his
7 illness, lack of appropriate treatment, and fear that he would die from COVID-19.

8 227.

9 Mr. Manley was housed at OSCI. In September 8, 2020, he was evacuated to OSP due to
10 wildfires. When he returned from OSP, he was housed in segregation with other inmates that had
11 returned from CCCF and who were positive for COVID-19. Guards did not wear masks and no
12 social distancing was imposed. Due to staff's lack of precautions, Mr. Manley received a test on
13 November 17, 2020 and tested positive on November 24, 2020.

14 228.

15 Mr. Manley suffers from diabetes, obesity, hypertension, and autoimmune disorders.
16 These conditions place him at higher risk for severe COVID-19 symptoms or death. Mr. Manley
17 had 4 strokes/transient ischemic attack episodes which has caused brain damage, short term
18 memory loss, emotional lability, as well as loss of function in his arm, eye, leg and hand. He
19 suffered acute anxiety, and feelings of panic, terror, doom, anger, rage, despair, hopelessness and
20 confusion. He experienced severe joint pain, severe body aches, abdominal pain, blood in his
21 stool, diarrhea, incontinence, shortness of breath, nausea, and fatigue. Mr. Manley continues to
22 experience trouble seeing, walking, using his right hand, fatigue, shortness of breath, weakness
23 and loss of balance. Mr. Manley suffered severe emotional distress and trauma caused by his
24 illness, lack of appropriate treatment, and fear that he would die from COVID-19.

1 229.

2 Mr. Lupoli worked in the kitchen and was exposed to inmates both as coworkers and by
3 serving food to quarantine units. Mr. Lupoli worked in the kitchen with inmates from quarantine
4 units and serving food to inmates in quarantine units. Inmates that were infected were forced to
5 work and interact with uninfected inmates. Mr. Lupoli was at heightened risk because of his age
6 (61) and medical conditions. Mr. Lupoli contracted COVID-19 and tested positive on September
7 10, 2020.

8 230.

9 Mr. Lupoli has suffered severe and tragic complications due to COVID-19. He
10 experienced severe shortness of breath, gasping for breath, fatigue, stabbing pain under his heart,
11 chest pain, arrhythmia, weight loss (25 pounds in 20 days), arthritis in knees, back, fingers,
12 shoulders, elbows, and neck, pneumonia, headaches, memory loss, fear of death, aches, pains,
13 chills, fever, loss of taste and smell. Mr. Lupoli also suffered stroke as a result of his infection
14 which caused hemiparesis. Mr. Lupoli suffered severe emotional distress and trauma caused by
15 his illness, lack of appropriate treatment and fear that he would die from COVID-19.

16 231.

17 On September 28, 2020, Mr. Mason was sent from unit A-2, which was not on quarantine
18 at the time, to DSU. He did not have any symptoms of COVID-19 at that time. On October
19 7, 2020, he was transferred from DSU to unit B-4, which was then experiencing an outbreak of
20 COVID-19 cases and on quarantine. Mr. Mason reported concerns to a correctional officer and
21 was told that he would be disciplined and sent to DSU if he did not go. Not wanting to be
22 punished, Mr. Mason complied and went to unit B-4. On or about October 10, 2020, Mr. Mason
23 was sent to work in the dining hall, where he worked alongside inmates who were sick with
24 COVID-19 symptoms but did not report this because they did not want to go into isolation (the

1 hole). Kitchen staff served food to and interacted with inmates from quarantine units. Mr. Mason
2 was not given PPE and had to sanitize after chow. He once again raised concerns and was told
3 that if he did not go to work, he would get daily fail and would lose privileges. On October 14,
4 2020, Mr. Mason was sent to be tested for COVID-19. He continued to reside on the unit until
5 October 16, 2020, when he received a positive test and was sent to unit C-1. He was only given
6 one cup of juice three times a day and told he would be off of quarantine in 10 days. However,
7 on October 19, 2020, Mr. Mason was sent to CCCF in a transport where only the inmates were
8 wearing masks, EOCI staff were not wearing masks. Mr. Mason was only allowed to bring one
9 week's worth of hygiene products, and remained at CCCF for at least 15 days with no personal
10 property and sitting in a cell 21 hours a day.

11 232.

12 Mr. Mason suffered body aches, sweats, shortness of breath, extreme fatigue, loss of
13 sense of smell and taste, and continues to experience sinus problems. Mr. Mason suffered severe
14 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
15 would die from COVID-19.

16 233.

17 On September 8, 2020, Mr. Millard was transported to OSP. Mr. Millard did not have any
18 symptoms of COVID-19 until he was housed on unit 4, and inmates known to be infected with
19 COVID-19 began to be placed on his unit. Mr. Millard contracted COVID-19 on November 14,
20 2020, and was sent to CCCF. After ten days of no self-reported symptoms, Mr. Millard was
21 returned to OSCI without being tested or quarantined.

22 234.

23 Mr. Millard suffered acute headaches, body aches, chills, coughing, sore throat, loss of
24 taste and smell, fatigue, brain fog, lightheadedness, and continues to experience headaches,

1 coughing, and loss of taste and smell. Mr. Millard suffered severe emotional distress and trauma
2 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

3 235.

4 In 2020, Mr. McLane worked in the kitchen and contracted COVID-19 due to working
5 around infected inmates. Mr. McLane did not immediately report his symptoms because he did
6 not want to lose his housing and job. He was told that if he did not work, he would be fired and if
7 he was fired, he would lose his preferential housing assignment.

8 236.

9 Mr. McLane suffered dry cough, fever, body aches, loss of taste and smell, and shortness
10 of breath. Mr. McLane suffered severe emotional distress and trauma caused by his illness, lack
11 of appropriate treatment and fear that he would die from COVID-19.

12 237.

13 On September 8, 2020, Mr. Mitchell was transported to OSP. Mr. Mitchell did not have
14 symptoms of COVID-19 until after this transfer, and he tested positive on October 14, 2020.

15 238.

16 Mr. Mitchell suffered vomiting, dizziness, fever, sweats, headaches, body aches, loss of
17 taste and smell, fatigue, and dizziness. Mr. Mitchell did not receive any help or treatment from
18 OSP medical staff. Mr. Mitchell suffered severe emotional distress and trauma caused by his
19 illness, lack of appropriate treatment and fear that he would die from COVID-19.

20 239.

21 Mr. Mott, who is 55 years old, was housed in unit 4 at OSCI when the COVID-19
22 pandemic began. Mr. Mott began wearing a mask on March 20, 2020, due to his increased risk of
23 infection associated with radiation and chemotherapy he was receiving at Salem Hospital to treat
24 throat cancer. Unit 4 was the unit used to quarantine inmates with COVID-19. At most yard

1 periods and in the dayroom, Mr. Mott was often the only person, or one of the very few
2 individuals, wearing a mask. There were also no precautions taken when Mr. Mott was moved to
3 OSP due to wildfires. Mr. Mott was diagnosed with COVID-19 on November 26, 2020, and
4 transferred to CCCF, where the only treatment he received was a daily temperature and oxygen
5 check, and Tylenol for body aches.

6 240.

7 Mr. Mott suffered dizziness, fever, nausea, sweats, headaches, body aches, loss of taste
8 and smell, and fatigue. He continues to experience diminished senses of taste and smell. Mr.
9 Mott did not receive any help or treatment from OSP medical staff. Mr. Mott suffered severe
10 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
11 would die from COVID-19.

12 241.

13 Mr. Nonneman was moved to OSP due to the Oregon Wildfires. The exposure to smoke
14 worsened Mr. Nonneman's chronic asthma and impaired lung capacity from scoliosis conditions.
15 Mr. Nonneman did not have any COVID-19 symptoms until he was moved to OSP and housed
16 with an inmate who was COVID-19 positive. Mr. Nonneman then tested positive for COVID-19
17 on October 20, 2020, and was transported to CCCF where he was housed in an open ventilation
18 cell. When he returned to OSCI, he was not treated for a chest infection and instead given
19 Prednisone, which caused psychotic behavior and weakened the immune system.

20 242.

21 Mr. Nonneman suffered shortness of breath, fatigue, and fears lung damage due to
22 exposure to ash, smoke and bear mace. Mr. Nonneman suffered severe emotional distress and
23 trauma caused by his illness, lack of appropriate treatment and fear that he would die from
24 COVID-19.

1 243.

2 Mr. Ohrmund transferred from SRCI to OSCI on October 20, 2020, to attend Corban
3 University. Mr. Ohrmund did not have any COVID-19 symptoms until he was on the IMU at
4 SRCI. He routinely observed officers pass cordless phones and tablets from cell to cell without
5 sanitizing the devices between use by the inmates. The officer conducting intake at OSCI refused
6 to wear a mask upon the intake process and delivery of his property to unit 1. Mr. Ohrmund
7 tested positive for COVID-19 on October 20, 2020, at OSCI.

8 244.

9 Mr. Ohrmund suffered fever, nausea, sweats, headaches, body aches, fatigue, sleep
10 complications, and loss of taste and smell. Mr. Ohrmund suffered severe emotional distress and
11 trauma caused by his illness, lack of appropriate treatment and fear that he would die from
12 COVID-19.

13 245.

14 Mr. Pearson works in the kitchen at EOCI. EOCI staff were not enforcing social
15 distancing with quarantined inmates during mealtime when serving. Inmates on quarantine units
16 went to work serving food in the kitchens to inmates from other units. Mr. Pearson worked
17 alongside inmates who were sick with COVID-19 symptoms but did not report this because they
18 did not want to go into isolation (the hole). Kitchen staff served food to and interacted with
19 inmates from quarantine units. Mr. Pearson tested positive For COVID-19 on October 10, 2020.
20 EOCI staff did not treat Mr. Pearson's symptoms other than given Ensures twice a day, and daily
21 temperature, blood pressure, and oxygen checks.

22 246.

23 Mr. Pearson suffered fever, nausea, sweats, headaches, body aches, fatigue, and loss of
24 taste and smell. Mr. Pearson suffered severe emotional distress and trauma caused by his illness,

1 lack of appropriate treatment and fear that he would die from COVID-19.

2 247.

3 On July 5, 2020, corrections staff worked on the COVID-19 quarantine unit and then
4 came and worked on Mr. Pen's unit without wearing a mask or other PPE. On July 7, 2020, two
5 of the inmates on the quarantine unit tested positive for COVID-19—those inmates worked in
6 the garment factory and the garment factory shut down for two days. Inmates that worked with
7 and had been exposed to the inmates that had just tested positive were required to return to the
8 garment factory. Some of those inmates lived on Mr. Pen's unit. The officer in question
9 continued to work both on the quarantine unit and Mr. Pen's unit without wearing a mask. Mr.
10 Pen's unit passed quarantine units on the way to meals without any social distancing.
11 Predictably, Mr. Pen and many other members of his unit caught COVID-19 and tested positive
12 on August 27, 2020.

13 248.

14 Mr. Pen suffered shortness of breath, loss of taste and smell, cough, fever, body aches
15 and fatigue. Mr. Pen suffered severe emotional distress and trauma caused by his illness, lack of
16 appropriate treatment and fear that he would die from COVID-19.

17 249.

18 Mr. Perry tested negative for COVID-19 while he was in the DSU for 128 days. When he
19 was released, he was placed on unit A-3, which was housing individuals infected with COVID-
20 19. Two people on the unit were removed to quarantine because of positive tests the day he
21 arrived. Mr. Perry was again sent to DSU for a 14-day quarantine lockdown, and then again sent
22 back to unit A-3. Several days after returning to A-3, Mr. Perry started feeling sick and tested
23 positive for COVID-19. The institution did very little to treat his symptoms, other than giving
24 Gatorade, and daily blood pressure and temperature checks. He was sent to SRCI and lost

1 privileges including video visits with his family.

2 250.

3 Mr. Perry suffered fever, nausea, vomiting, headaches, body aches, fatigue, and difficulty
4 breathing. Mr. Perry suffered severe emotional distress and trauma caused by his illness, lack of
5 appropriate treatment and fear that he would die from COVID-19.

6 251.

7 As a result of ODOC's failure to impose safety restrictions, as alleged above, Mr. Person
8 tested positive for COVID-19 in October 2020. He was transported to SRCI and eventually taken
9 to a hospital on a stretcher.

10 252.

11 Mr. Person suffered severe emotional distress and trauma caused by his illness, lack of
12 appropriate treatment and fear that he would die from COVID-19.

13 253.

14 Mr. Postema worked in the kitchen. Mr. Postema worked alongside inmates who were
15 sick with COVID-19 symptoms but did not report this because they did not want to go into
16 isolation (the hole). Kitchen staff served food to and interacted with inmates from quarantine
17 units. After Mr. Postema was diagnosed with COVID-19, he was transported to CCCF, where he
18 was kept in a cell for 20-23 hours a day with no personal property; he was not able to bring any
19 personal property because he was transported by ambulance. His cell had no running water for
20 four days, and he had to kick and bang on the door to get a staff member's attention to be given
21 one 8-ounce cup of water per day. Mr. Postema's symptoms started on October 1, 2020.

22 254.

23 Mr. Postema suffered from fever and a loss of taste and smell. He had a hard time
24 breathing and had to climb 4 flights of stairs 3-4 times per day. Mr. Postema suffered severe

1 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
2 would die from COVID-19.

3 255.

4 Mr. Powers worked in the kitchen. Mr. Powers worked alongside inmates who were sick
5 with COVID-19 symptoms but did not report this because they did not want to go into isolation
6 (the hole). Kitchen staff served food to and interacted with inmates from quarantine units. As a
7 result of exposing him to infected inmates, Mr. Powers contracted COVID-19 and tested positive
8 on October 9, 2020.

9 256.

10 Mr. Powers suffered from fever and a loss of taste and smell. He had a hard time
11 breathing and had to climb 4 flights of stairs 3-4 times per day. He suffered headaches, body
12 aches and fatigue. He still has difficulty breathing and headaches. Mr. Powers suffered severe
13 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
14 would die from COVID-19.

15 257.

16 Mr. Pratt worked in the kitchen. EOCI staff were not enforcing social distancing with
17 quarantined inmates during mealtime when serving. Inmates on quarantine units went to work
18 serving food in the kitchens to inmates from other units. Mr. Pratt worked alongside inmates who
19 were sick with COVID-19 symptoms but did not report this because they did not want to go into
20 isolation (the hole). Kitchen staff served food to and interacted with inmates from quarantine
21 units. Mr. Pratt was diagnosed with COVID-19 on October 21, 2020. He was sent to CCCF and
22 staff refused to allow him to see a lung specialist when his lungs were hurt and his breathing was
23 impaired.

1 258.

2 Mr. Pratt suffered from fever and a loss of taste and smell. Mr. Pratt suffered severe
3 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
4 would die from COVID-19.

5 259.

6 Mr. Prince worked in the kitchen. EOCI staff were not enforcing social distancing with
7 quarantined inmates during mealtime when serving. Inmates on quarantine units went to work
8 serving food in the kitchens to inmates from other units. Mr. Prince worked alongside inmates
9 who were sick with COVID-19 symptoms but did not report this because they did not want to go
10 into isolation (the hole). Kitchen staff served food to and interacted with inmates from quarantine
11 units. Mr. Prince was diagnosed with COVID-19 on October 1, 2020. He was sent to SRCI and
12 while he was there, his best friend died of COVID-19 complications.

13 260.

14 Mr. Prince suffered from severe headaches, body aches and cramps, fever, shortness of
15 breath, and a loss of taste and smell. Mr. Prince suffered severe emotional distress and trauma
16 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

17 261.

18 Mr. Pruden was at CCCF he was exposed to COVID-19. He did not have any COVID-19
19 symptoms before ODOC staff went from unit to unit to pass out food. Medical staff came from
20 the O-Unit, where inmates with COVID-19 were housed, to help staff on other units pass out
21 food with no sanitary measures. Inmates touched medical equipment used to take vital signs and
22 then staff passed the equipment to the next inmate with no sterilization. He also observed that
23 during sheet exchange, dirty sheets were accepted by a person through a slot, and this same
24 person then then immediately touched the clean sheets handed out. Staff commented that they

1 did not want to do anything that would make any extra work for them.

2 262.

3 Mr. Pruden suffered from severe headaches, body aches and cramps, fever, shortness of
4 breath, and a loss of taste and smell. Mr. Pruden suffered severe emotional distress and trauma
5 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

6 263.

7 Mr. Richey worked in the EOCI kitchen. At EOCI, corrections staff were not wearing
8 masks, did not properly sanitize or take other precautions to prevent the spread of COVID-19.
9 Inmates from quarantine units worked in the kitchen, garment factory, and the call center run by
10 OCE. These inmates were working alongside inmates from other units. Kitchen staff from
11 quarantine units served food to inmates from other units and staff from other units served food to
12 inmates from quarantine units. Inmates were packed inches from one another during meals. Mr.
13 Richey contracted COVID-19 in July or August 2020.

14 264.

15 Mr. Richey suffered from severe headaches, body aches and cramps, fever, fatigue,
16 shortness of breath, and a loss of taste and smell. Mr. Richey suffered severe emotional distress
17 and trauma caused by his illness, lack of appropriate treatment and fear that he would die from
18 COVID-19.

19 265.

20 On August 13, 2020, Mr. Rodriguez and his unit were free of COVID-19. On that day,
21 staff placed an inmate that was experiencing COVID-19 symptoms on his small unit while he
22 awaited the results of his COVID-19 test. His test came back positive and they removed him
23 from the unit later that day. On August 16, 2020, Mr. Rodriguez began to experience COVID-19
24 symptoms. The following day he received a COVID-19 test. He was left on his unit pending the

1 results, thus exposing the other inmates on his unit. On August 21, 2020, his test came back
2 positive and was sent to the hole in EOCI. On August 25, 2020, he was transferred to CCCF.
3 When he left he had a bad fever and could barely walk. Staff transporting him turned the heat up
4 and let the inmates endure extreme heat while they were suffering from fevers for hours. The
5 inmates were banging on the walls of the transport van but were ignored. The inmates were
6 dehydrated and were not fed during the trip. On September 10, 2020, the cell he was in started to
7 fill with smoke. He and other inmates were transported to OSP where they were housed in the
8 condemned DSU building (the building had asbestos, black mold, rust in the water from old
9 pipes, and lead paint). The water in the old DSU was undrinkable. The air quality in the building
10 exacerbated his COVID symptoms. H was left with no clean clothes or showers for five days.

11 266.

12 Mr. Rodriguez suffered from of congestion, coughing, fatigue, sore throat and fever. Mr.
13 Rodriguez suffered severe emotional distress and trauma caused by his illness, lack of
14 appropriate treatment and fear that he would die from COVID-19.

15 267.

16 Mr. Robison worked in the OCE call center at EOCI. Mr. Robison has underlying health
17 conditions that place him at risk for COVID-19, including, obesity, compromised immune
18 system, history of lung infection. OCE staff allowed inmates from quarantine units to work
19 alongside other inmates at the call center building. Staff allowed quarantine inmates to work in
20 the kitchen and elsewhere alongside nonquarantine inmates. Multiple inmates that were sick
21 were taken to quarantine units for 7-10 days (fewer than is required by CDC guidelines) and then
22 returned to Mr. Robison's unit without being retested. Inmates from quarantine units served food
23 to other inmates. Staff did not have a mask mandate either for inmates or staff. On August 5,
24 2020, Mr. Robison tested positive.

1 268.

2 Mr. Robison suffered severe COVID-19 symptoms including, shortness of breath, fever,
3 chills, headache, nausea, muscle aches, dizziness, congestion, fatigue, diarrhea, and loss of taste
4 and smell. He now uses two inhalers as a result of his condition and has not fully recovered his
5 lung function. Mr. Robison suffered severe emotional distress and trauma caused by his illness,
6 lack of appropriate treatment and fear that he would die from COVID-19.

7 269.

8 Mr. Sinclair, who is 58 years old, was housed in unit 4 at OSCI when the COVID-19
9 pandemic began. Unit 4 was the unit used to quarantine inmates with COVID-19. Mr. Sinclair
10 was exposed to inmates with COVID-19 in the unit. Mr. Sinclair was transported to OSP in
11 September 2020, due to wildfires; no precautions taken when he was moved to OSP. Inmates
12 were transported in vans and were housed with inmates from quarantine units and with inmates
13 that were positive for COVID-19. Mr. Sinclair was diagnosed with COVID-19 on November 20,
14 2020, and transferred to CCCF. Mr. Sinclair was transported back to OSCI while still
15 symptomatic and without receiving a test.

16 270.

17 Mr. Sinclair suffered fever, headaches, body aches, nausea, vertigo, joint pain, and
18 fatigue. He continues to experience headaches and body aches. Mr. Sinclair suffered severe
19 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
20 would die from COVID-19.

21 271.

22 Mr. Shinall worked in the kitchens at EOCI. While at EOCI, staff were not enforcing
23 social distancing with quarantined inmates during mealtime when serving. Inmates on quarantine
24 units worked serving food in the kitchens to inmates from other units. Mr. Shinall worked

1 alongside inmates who were sick with COVID symptoms but did not report this because they did
2 not want to go into isolation (the hole). Staff did not change gloves between searches or routinely
3 wear masks. Mr. Shinall tested positive for COVID-19 in October 2020. While he was
4 recovering from COVID-19, ODOC moved Mr. Shinall to CCCF for quarantine.

5 272.

6 Mr. Shinall suffered body aches, high fever, chills, migraines, headaches, and shortness
7 of breath. He lost his sense of smell. Mr. Shinall continues to experience loss of hearing in his
8 right ear, blurred vision, and shortness of breath. Mr. Shinall suffered severe emotional distress
9 and trauma caused by his illness, lack of appropriate treatment, and fear that he would die from
10 COVID-19.

11 273.

12 On September 8, 2020, Mr. Sloan was transported along with hundreds of other inmates
13 in vans to OSP. On his return, Mr. Sloan was housed in unit 4 with inmates confirmed to be
14 positive for COVID-19. Mr. Sloan tested positive for COVID-19.

15 274.

16 Mr. Sloan suffered severe headaches, body aches and cramps, fever, shortness of breath,
17 and a loss of taste and smell. Mr. Sloan suffered severe emotional distress and trauma caused by
18 his illness, lack of appropriate treatment and fear that he would die from COVID-19.

19 275.

20 At OSCI, Mr. A. Smith was made to sit immediately adjacent to other inmates during
21 meals and work around numerous inmates and staff without any social distancing. On September
22 8, 2020, Mr. A. Smith was evacuated to OSP because of wildfires. Back at OSCI, Mr. A. Smith
23 was placed on a unit that had infected inmates and was placed in a cell that was immediately
24 between two inmates that were COVID-19 positive. The cells shared the same air supply. Shortly

1 thereafter on around November 18, 2020, Mr. A. Smith began to experience COVID-19
2 symptoms; he was tested on November 25, 2020, and the test came back positive on November
3 29, 2020. ODOC moved Mr. A. Smith to CCCF for treatment, but he was only given pain
4 medication.

5 276.

6 Mr. A. Smith has suffered congestion, loss of energy, difficulty breathing, ongoing body
7 aches and pains, severe headaches, loss of smell and taste, and dizziness. A close friend of Mr.
8 Smith's died one day before his release date. Mr. A. Adam Smith suffered from panic attacks as
9 a result of his experience. Mr. A. Adam Smith suffered severe emotional distress and trauma
10 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

11 277.

12 On his return to OSCI, plaintiff, Mr. B. Smith, worked in the dining hall wiping tables.
13 Multiple staff members tested positive and were not being checked for symptoms on their entry
14 to the facility. Several kitchen staff and inmates developed symptoms and still went to work. A
15 kitchen staff person contracted COVID-19 and worked with inmates and staff. Mr. B. Smith was
16 housed in unit 4, where inmates were sent when they tested positive for COVID-19. Mr. Smith
17 was also transported to OSP on September 8, 2020, due to the fires, and was housed for two
18 nights on the E-Block. Mr. B. Smith tested positive for Covid-19 on November 11, 2020.

19 278.

20 Mr. B. Smith suffered severe headaches, body aches and cramps, fever, shortness of
21 breath, and a loss of taste and smell. Brett Smith suffered severe emotional distress and trauma
22 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

23 279.

24 Mr. N. Smith worked at the OCE laundry at TRCI. Inmates that were on quarantine units

1 were working in the laundry and inmates from nonquarantine units, including Mr. N. Smith,
2 would work in the same space without any sanitization or separation. Inmates on Mr. N. Smith's
3 unit displayed symptoms of COVID-19 but only half of the inmates agreed to be tested. None of
4 these inmates were separated or quarantined. In August 2020, Mr. N. Smith initially tested
5 negative but was still made to live in a dormitory unit with inmates with COVID-19 symptoms.
6 He was also required to work alongside inmates from quarantine units. In September 2020, Mr.
7 N. Smith tested positive for Covid-19.

8 280.

9 Mr. N. Smith suffered chills, cough, fever, headaches, body aches, shortness of breath,
10 and a loss of taste and smell. Mr. N. Smith was so sick he was sent to Good Shephard's Hospital
11 in Hermiston, Oregon. His oxygen was so low he needed supplemental oxygen for a week. Mr. N.
12 Smith has ongoing symptoms of fatigue, and coughing. Mr. N. Smith has ongoing symptom of
13 sore mouth which he did not experience before contracting COVID-19. Mr. N. Smith suffered
14 severe emotional distress and trauma caused by his illness, lack of appropriate treatment and fear
15 that he would die from COVID-19.

16 281.

17 Mr. Stockwell was transported to EOCI from OSP on October 2, 2020. He had tested
18 negative for COVID-19 at OSP, yet was placed in A-3 at EOCI, which was on active COVID-19
19 quarantine. There were units available that were not on quarantine that could have housed Mr.
20 Stockwell. After testing positive for COVID-19, Mr. Stockwell was placed in a DSU and treated
21 as if being disciplined. He was only given Gatorade and Ensure, along with temperature, oxygen
22 and blood pressure checks.

23 282.

24 Mr. Stockwell suffered severe headaches, body aches and cramps, fever, shortness of

1 breath, and a loss of taste and smell. Mr. Stockwell suffered severe emotional distress and trauma
2 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

3 283.

4 Mr. Thomas was housed at SRCI. Due to an outbreak at the facility, the inmates were on
5 single cell quarantine, meaning they were confined to their cells 24 hours a day and had no
6 interaction with other inmates. Nevertheless, medical staff would go from the cell to cell taking
7 temperatures, and handing inmates oxygen meters. But when they did, they did not sanitize the
8 devices between inmates. Similarly, corrections staff would pass telephones and tablets to
9 inmates without wiping them down or sanitizing them between inmates. Mr. Thomas contracted
10 COVID-19 and tested positive on October 20, 2020.

11 284.

12 Mr. Thomas lost his sense of smell and taste and experienced shortness of breath. Mr.
13 Thomas suffered severe emotional distress and trauma caused by his illness, lack of appropriate
14 treatment and fear that he would die from COVID-19.

15 285.

16 Mr. Townsend had a temperature of 98 and was put in a quarantine cell with another
17 inmate. Both inmates were tested; the other inmate tested positive; he tested negative. EOCI staff
18 left him in the cell for 18 hours and then released him to general population. He subsequently
19 tested positive for COVID-19 in October 2020. He was transferred to SRCI and placed in IMU.
20 He was treated as though he were being disciplined; he was denied any cell sanitation or personal
21 hygiene, telephone access, grievance access, and showers. He was given half rations of food, and
22 the lights were left on all night. This significantly affected his mental health. He suffered and
23 continues to experience depression and thoughts of death.

1 286.

2 Mr. Townsend suffered body aches, shortness of breath, cough, fever, nausea, headaches,
3 and loss of taste and smell. Mr. Townsend suffered severe emotional distress and trauma caused
4 by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

5 287.

6 Mr. Trollope was an inmate at EOCI, where corrections staff were not wearing masks,
7 did not properly sanitize or take other precautions to prevent the spread of COVID-19. Many
8 corrections staff called the COVID-19 pandemic an “election scare” and a hoax. Inmates from
9 quarantine units worked in the kitchen, garment factory, and the call center run by OCE.
10 COVID-19 positive inmates were working in the garment side of the OCE building. The call
11 center and garment employees worked in the same building, use the same entrances, and were
12 searched by the same staff persons. These inmates were working alongside inmates from other
13 units. Kitchen staff from quarantine units served food to inmates from other units and staff from
14 other units served food to inmates from quarantine units. Inmates were packed inches from one
15 another during meals. Corrections staff at EOCI were permitted to go to work sick. Inmates that
16 tested positive were sent back to the unit to collect their belongings or await being transferred to
17 quarantine. On October 7, 2020, Mr. Trollope tested positive for COVID-19. He was transferred
18 to SRCI and placed in IMU. He was treated as though he were being disciplined; he was denied
19 any cell sanitation or personal hygiene, telephone access, grievance access, and showers. He was
20 given half rations of food, and the lights were left on all night. He lost significant weight. This
21 significantly affected his mental health.

22 288.

23 Mr. Trollope experienced body aches, shortness of breath, cough, headaches, and loss of
24 taste and smell. He is still experiencing headaches, shortness of breath and loss of smell and

1 taste. He suffered and continues to suffer anxiety, depression, and thoughts of death. Mr. Trollope
2 suffered severe emotional distress and trauma caused by his illness, lack of appropriate treatment
3 and fear that he would die from COVID-19.

4 289.

5 As a result of defendants' failure to protect Mr. Vanhorn, in September 2020, Mr.
6 Vanhorn began to develop COVID-19 symptoms. On October 3, 2020, Mr. Vanhorn tested
7 positive for COVID-19.

8 290.

9 Mr. Vanhorn suffered from loss of taste and smell, shortness of breath, fever, nausea,
10 body pain, headaches, ongoing breathing difficulty. Both his illness and his treatment at EOCI
11 exacerbated Mr. Vanhorn's serious mental health issues. Mr. Vanhorn suffered and continues to
12 suffer anxiety, depression, thoughts of death, and nightmares. Mr. Vanhorn suffered severe
13 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
14 would die from COVID-19.

15 291.

16 Due to a fire evacuation, Mr. Weaver was moved from OSCI to OSP. At OSP, Mr.
17 Weaver was housed on a unit with inmates that were known to be infected with COVID-19. On
18 approximately September 28, 2020, Mr. Weaver was moved back to OSCI. He was placed on a
19 unit with many other inmates positive with COVID-19. On October 1, 2020, Mr. Weaver was
20 experiencing symptoms consistent with COVID-19 and received a COVID-19 test. On October
21 4, 2020, Mr. Weaver learned that he tested positive for COVID-19. He was then immediately
22 sent to CCCF for treatment.

23 292.

24 At CCCF, Mr. Weaver suffered severe COVID-19 symptoms, severe body aches,

1 migraines, laid on bed for 4 days, could not breathe, lost taste and smell, fever, and high blood
2 pressure. Mr. Weaver did not have access to an asthma inhaler which exacerbated his symptoms.
3 Mr. Weaver continues to experience shortness of breath, difficulty breathing, loss of taste,
4 weakness, and diarrhea. Mr. Weaver suffered severe emotional distress and trauma caused by his
5 illness, lack of appropriate treatment and fear that he would die from COVID-19.

6 293.

7 Mr. Walker works in the bakery. OSCI staff routinely ignored social distancing and did
8 not always wear masks. OSCI staff forced inmates to go to meals, yard time, etc., in large
9 numbers which made units commingle with no ability to socially distance. On September 8,
10 2020, Mr. Walker was transported along with hundreds of other inmates in vans to OSP. Mr.
11 Walker was returned to OSCI and resumed working in the kitchen and bakery. Multiple staff
12 members tested positive and were not being checked for symptoms on their entry to the facility.
13 Several kitchen staff and inmates developed symptoms and still went to work. A kitchen staff
14 person contracted COVID-19 and worked with inmates and staff. In November 2020, Mr.
15 Walker's cellmate reported to staff that he had a fever. They left them in a cell together. The
16 following day, Mr. Walker developed a fever and flulike symptoms. Three days later he was
17 tested; two days after that he tested positive and was sent to CCCF.

18 294.

19 Mr. Walker suffered loss of taste and smell, which has only partially returned, shortness
20 of breath, which is ongoing, fever, chills, and headaches. Mr. Walker suffered severe emotional
21 distress and trauma caused by his illness, lack of appropriate treatment and fear that he would die
22 from COVID-19.

23 295.

24 Mr. Wheeler, who is 62 years old, should have been moved out of the dormitory unit in

1 which he lived because of his medical history—Mr. Wheeler suffers from COPD and
2 sarcoidosis. From September 30 to October 13, 2020, 40 inmates came down with COVID-19.
3 Inmates in his dorm started developing symptoms and he was terrified of contracting COVID-19
4 and dying. Mr. Wheeler was left in the unit for days before he started developing symptoms
5 himself. He tested positive on October 13, 2020.

6 296.

7 Mr. Wheeler suffered very severe symptoms. Mr. Wheeler developed shortness of breath
8 and a high fever. After this, he was transferred to the ICU at St. Anthony’s hospital. He suffered
9 and continues to suffer fatigue, body aches, loss of mental acuity and memory, and weakness.
10 COVID-19 has caused permanent loss of function for him. Mr. Wheeler suffered severe
11 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
12 would die from COVID-19.

13 297.

14 On December 1, 2020, a transport of inmates from DRCI arrived at CRCI containing
15 multiple inmates that had tested positive for COVID-19. All the units in CRCI, including the one
16 in which Mr. Whitt resided, were dormitories with 70-80 inmates each. The bunks are three feet
17 apart and it is impossible to socially distance given the size of the rooms. When the inmates went
18 to meals they were lined up with a foot or less separating them. Once the inmates from DRCI
19 arrived, COVID-19 began to rapidly spread through the institution. Many inmates refused to
20 receive tests because they would be sent to the hole and lose work and income. Mr. Whitt tested
21 positive on December 9, 2020; he was left on his unit for another day with other inmates. This
22 was common practice at the institution—inmates that have received COVID-19 tests either are
23 returned to their cells awaiting the results or are left in their cells after they have tested positive.
24 This resulted in a predictable rapid spread of the virus through CRCI.

1 298.

2 Mr. Whitt suffered shortness of breath, cough, chest pain, fever, and fatigue. Mr. Whitt
3 continues to experience shortness of breath, chest pain, and fatigue. Mr. Whitt suffered severe
4 emotional distress and trauma caused by his illness, lack of appropriate treatment and fear that he
5 would die from COVID-19.

6 299.

7 Mr. Willis worked in the kitchen at OSCI. Kitchen staff included inmates that worked on
8 quarantine units working alongside inmates that were not on quarantine units. Several kitchen
9 staff and inmates developed symptoms and still went to work. Kitchen staff served food to and
10 handled the dishes of inmates from quarantine units. In November 2020, Mr. Willis again began
11 to experience COVID-19 symptoms. He was refused a test.

12 300.

13 Mr. Willis suffered body aches, joint pain, congestion, shortness of breath, loss of sense
14 of smell and taste, headaches, soreness, and nausea. Mr. Willis suffered severe emotional distress
15 and trauma caused by his illness, lack of appropriate treatment and fear that he would die from
16 COVID-19.

17 301.

18 On November 25, 2020, while still at DRCI, Mr. Withrow took a COVID-19 test so he
19 could be transported to CRCI. Three DRCI officers tested positive that day. On November 28-
20 29, 2020, the situation at DRCI escalated to "tier 3" with 40 inmates going into isolation. On
21 December 1, 2020, he was transported with AIC Nicholas Hogan to CRCI. Mr. Hogan had Covid
22 and was seated directly next to him. They were both put in the general population at CRCI. Mr.
23 Withrow had been in dorm 2, but the shower was broken so had to use an 80-person shower in
24 Dorm 3. After arriving at CRCI, where he was placed on a large dormitory unit, Mr. Withrow

1 developed COVID-19 symptoms. He tested positive on December 6 and on December 7, 2020,
2 he was transported to CCCF for further treatment.

3 302.

4 Mr. Withrow suffered severe headaches, sore throat, burning eyes, congestion and body
5 aches so bad he was prescribed tramadol. Mr. Withrow still has no sense of smell, has constant
6 tingling in his feet as if walking on glass or needles, and cannot stand for long periods of time.

7 Mr. Withrow suffered severe emotional distress and trauma caused by his illness, lack of
8 appropriate treatment and fear that he would die from COVID-19.

9 303.

10 As a result of the complete disregard for easily employed and mandatory precautions, Mr.
11 Woodruff contacted COVID-19 and tested positive on September 29, 2020. Mr. Woodruff was
12 transferred to SRCI on October 6, 2020, and placed in IMU. He was treated as though he were
13 being disciplined; he was denied any cell sanitation or personal hygiene, telephone access,
14 grievance access, and showers. He was given half rations of food, and the lights were left on all
15 night. He lost significant weight.

16 304.

17 Mr. Woodruff suffered loss of taste and smell, cramps, severe body aches, fear of death,
18 fatigue, chills, cough, and congestion. Both his illness and his treatment at SRCI exacerbated Mr.
19 Woodruff's serious mental health issues. Mr. Woodruff's brother died while he was at SRCI and
20 was not allowed to call his family. He suffered and continues to suffer anxiety, depression, and
21 panic attacks. Mr. Woodruff suffered severe emotional distress and trauma caused by his illness,
22 lack of appropriate treatment and fear that he would die from COVID-19.

23 305.

24 OSCI staff routinely ignored social distancing and did not always wear masks. OSCI staff

1 forced inmates to go to meals, yard time, etc., in large numbers which made units commingle
2 with no ability to socially distance. Mr. Wright's cellmate worked in the kitchen. On October 27,
3 2020, both Mr. Wright and his cell mate were moved to a segregation and tested. Mr. Wright's
4 cellmate tested positive and Mr. Wright tested negative. After some time, they took Mr. Wright's
5 cellmate away but left Mr. Wright in the cell. OSCI staff told Mr. Wright they were taking bets
6 on whether he would retest positive. On October 30, 2020, Mr. Wright tested positive for
7 COVID-19.

8 306.

9 Mr. Wright experienced loss of taste and smell, shortness of breath, severe headaches and
10 body aches, low energy and fatigue. suffered from panic attacks as a result of his experience. Mr.
11 Wright suffered severe emotional distress and trauma caused by his illness, lack of appropriate
12 treatment and fear that he would die from COVID-19.

13 307.

14 OSCI staff routinely ignored social distancing and did not always wear masks. OSCI staff
15 forced inmates to go to meals, yard time, etc., in large numbers which made units commingle
16 with no ability to socially distance. Mr. Young worked in the kitchen at OSCI. Multiple OSCI
17 staff members tested positive and were not being checked for symptoms on their entry to the
18 facility. Several kitchen staff and inmates developed symptoms and still went to work. A kitchen
19 staff member contracted COVID-19 and worked with inmates and staff. The kitchen coordinator
20 frequently removed his mask in the kitchen to speak with inmates and staff. He was infected with
21 COVID-19. OSCI did not provide sanitizing supplies to the kitchen employees until after 4
22 kitchen employees got sick. Mr. Young was placed in a cell that had just been occupied by a
23 COVID-19 positive inmate. The cell was not cleaned or sanitized, and he was denied cleaning
24 supplies until the following day. Shortly thereafter, on November 12, 2020, Mr. Young tested

1 positive for COVID-19.

2 308.

3 As a result of his COVID infection, Mr. Young lost his sense of taste and smell and
4 suffered severe body aches, shortness of breath and fatigue. Mr. Young suffered from panic
5 attacks as a result of his experience. Mr. Smith suffered severe emotional distress and trauma
6 caused by his illness, lack of appropriate treatment and fear that he would die from COVID-19.

7 **CLAIM I**

8 **(Negligence – against Defendant ODOC)**

9 309.

10 Plaintiff re-alleges and incorporates all prior paragraphs as though fully set forth herein.

11 310.

12 Defendant ODOC knew or should have known that its employees were not observing
13 social distancing, wearing masks or otherwise protecting against the spread of COVID-19 and
14 that this presented a significant risk of infecting inmates such as the plaintiffs. Defendant ODOC
15 knew or should have known that placing COVID-infected inmates in cells, units or dormitories
16 with uninfected inmates presented a significant risk of infecting inmates such as the plaintiffs.
17 Defendant ODOC knew or should have known that forcing COVID-infected inmates to work
18 alongside of or in the same space as uninfected inmates presented a significant risk of infecting
19 inmates such as the plaintiffs. Defendant ODOC knew or should have known that returning
20 symptomatic inmates awaiting test results to their units to await results presented a significant
21 risk of infecting inmates such as the plaintiffs. Defendant ODOC knew or should have known
22 that failing to protect Plaintiffs would result in their suffering physical harm and severe physical
23 and mental pain and suffering. Because of Defendant ODOC’s failure to protect them, plaintiffs
24 suffered physical harm and severe physical and mental pain and suffering.

1 311.

2 Defendant ODOC failed to use reasonable care in housing plaintiffs as alleged above.
3 Defendant ODOC's conduct was negligent.

4 312.

5 Defendant ODOC owes plaintiffs a higher standard of care because of the nature of
6 incarceration. As wards of the State, Defendant ODOC manages all aspects of plaintiffs' daily
7 lives and decides with whom they will interact, where they will work, live, sleep, bathe, use the
8 toilet, recreate, etc. Had plaintiffs been free persons, they would have been able to abide by
9 social distancing, mask wearing, personal hygiene, and other obvious methods of protecting
10 themselves from COVID-19. However, as incarcerated persons, defendant ODOC prevented
11 plaintiffs from being able to take these measures. Defendant ODOC voluntarily took the custody
12 of plaintiffs under circumstances such as to deprive them of normal opportunities for protection,
13 and created a non-delegable duty to ensure that plaintiffs were safe from COVID-19 while
14 incarcerated. Defendants failed to meet their obligation to protect inmates from known, obvious
15 and predictable threats to their health and safety.

16 313.

17 Defendant ODOC's conduct was unreasonable in light of the risk of harm to plaintiffs.
18 Defendant ODOC controlled all aspects of plaintiff's lives. Plaintiffs' contracting COVID-19
19 loss could have been easily been prevented by not taking pointlessly dangerous affirmative steps
20 that placed plaintiffs' lives at risk. Instead, defendant ODOC staff took affirmative steps to
21 endanger the plaintiffs, such as housing sick inmates with well inmates, forcing sick inmates to
22 work with well inmates, and failing to take the obvious, and indeed obligatory, precaution of
23 wearing PPE while interacting with inmates and one another. This was patently unreasonable.

1 314.

2 As a direct and proximate result of defendant ODOC's negligence, plaintiffs suffered
3 physical harm and severe physical and mental pain and suffering. Defendants' failure to protect
4 plaintiffs from COVID-19 infection resulted in permanent harm to plaintiffs.

5 315.

6 Defendant ODOC's conduct was a substantial factor in causing harm to Plaintiffs.

7 316.

8 Plaintiffs satisfied the Oregon Tort Claims Act notice requirement by timely filing the
9 instant lawsuit.

10 317.

11 As a result of Defendant ODOC's conduct, Plaintiffs suffered economic and non-
12 economic damages in an amount to be proved at trial.

13 318.

14 Plaintiffs are entitled to a prevailing party fee, their costs and their disbursements.

15 319.

16 Plaintiffs should be fully and fairly compensated for their non-economic damages in a
17 sum that is just as determined by a jury; here alleged to not exceed \$6,000,000. Plaintiff should
18 be fully and fairly compensated for these economic damages in a sum that is just as determined
19 by a jury; here alleged to not exceed \$3,950,000.

20 **CLAIM II**

21 **(42 U.S.C. § 1983 – against the individual defendants)**

22 320.

23 Plaintiffs re-allege all prior relevant paragraphs as if fully set forth herein.

1 321.

2 Defendants named above were deliberately indifferent to Plaintiff's safety by doing the
3 following:

- 4 a) Placing inmates that were symptomatic or who had tested positive with COVID in
5 confined spaces, such as cells, work spaces, and transportation vehicles, with
6 inmates that had not been infected with COVID-19;
- 7 b) Causing inmates that were housed in quarantine units (with COVID-19 positive
8 inmates) to work, eat, serve food, and otherwise interact in person with inmates
9 from nonquarantine units;
- 10 c) Allowing corrections staff with known COVID-19 symptoms to work in the
11 institutions;
- 12 d) Allowing corrections staff to interact with inmates without PPE such masks,
13 gloves, etc.
- 14 e) Failing to sanitize commonly touched surfaces such as telephones, tablets, and
15 door handles;
- 16 f) Failing to screen corrections staff for COVID-19 symptoms or fevers; and
17 g) Failing to socially distance inmates and staff.

18 322.

19 As a result of their deliberate indifference, defendants violated plaintiffs' right to be free
20 from cruel and unusual punishment under the Eighth Amendment of the United States
21 Constitution. Defendants' failure to protect plaintiffs from COVID-19 infection resulted in
22 permanent physical and emotional harm. Plaintiffs will require future treatment as a result of
23 defendants' indifference.

1 323.

2 As a result of the defendants' violations plaintiffs' Constitutional rights, plaintiffs
3 suffered physical harm and severe physical and mental pain and suffering. Accordingly,
4 plaintiffs are entitled to economic and non-economic damages against defendants in an amount
5 to be determined at trial for the violations of 42 U.S.C § 1983 and for plaintiff's attorney fees
6 and costs pursuant to 42 U.S.C. § 1988.

7 **PRAYER**

8 WHEREFORE, Plaintiffs demand a trial by jury and pray for judgment against
9 Defendants, jointly and severally, in the sum of \$9,950,000 for their economic and non-
10 economic damages, as well as their attorney fees, costs and disbursements.

11 DATED: February 2, 2021

12 **LAW OFFICES OF DANIEL SNYDER**

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