



**PENNSYLVANIA INSTITUTIONAL LAW PROJECT**

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September 18, 2020

Warden Greg Briggs  
Dauphin County Prison  
501 Mall Road  
Harrisburg, PA 17111

*via First Class mail*

Commissioner Michael H.W. Pries  
Commissioner Jeffrey T. Haste  
Commissioner George P. Hartwick, III  
Dauphin County Prison Board of Inspectors  
Dauphin County Commissioners Office  
25 S. Front Street  
Harrisburg, PA 17101

*via First Class mail and email to:  
chairman@dauphinc.org,  
vicechairman@dauphinc.org,  
secretary@dauphinc.org*

RE: COVID-19 at Dauphin County Prison

Dear Warden Briggs and Commissioners Pries, Haste, and Hartwick:

We are writing to convey our serious concerns regarding a number of conditions and practices inside Dauphin County Prison since the beginning of the Coronavirus pandemic in March 2020. We understand from recent news reports that following the recent in-custody deaths of Herbert Tilghman and Jimmy King, Jr., the Commissioners are launching an investigation into medical care at the prison. We ask that you incorporate and address the concerns raised in this letter into that investigation, or conduct a separate investigation into pandemic-related issues, for the health and safety of the people living and working inside the prison, as well as the surrounding community.

The Pennsylvania Institutional Law Project (PILP) is a legal aid organization dedicated to representing incarcerated and institutionalized people in civil rights and other civil matters through litigation in federal and other courts and through advocacy. We seek to ensure the health, safety, and humane treatment of incarcerated individuals, especially during this critical and unprecedented time.

COVID-19 is a highly contagious and potentially deadly disease that has spread rapidly throughout the state, the country and the world since first being detected in the United States in March 2020. As of September 17, 2020, there have been 147,923 total cases in Pennsylvania, which includes

3,644 cases in Dauphin County (3,551 confirmed cases and 93 probable cases).<sup>1</sup> As of September 16, 2020, 7,913 people have died from COVID-19 in Pennsylvania, including 170 people in Dauphin County.<sup>2</sup>

COVID-19, the disease caused by the novel Coronavirus, is spread between people who are in close contact with each other (within about six feet), primarily through respiratory droplets that are produced when an infected person coughs, sneezes or talks.<sup>3</sup> There is also evidence that people can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.<sup>4</sup> The effects of the disease can be long-term and deadly, as it attacks more systems of the body than only the respiratory system.<sup>5</sup>

All of this information has led governments and health officials to recommend – and in some cases mandate – preventive measures to protect the public's health and safety. For example, maintaining a physical distance of at least six feet from other people (“social distancing”) helps prevent transmission of the virus through respiratory droplets, which typically fall to the ground within about 3 feet of a person in a short period of time. Similarly, wearing a face mask prevents respiratory droplets from transmitting the virus to another person when a person speaks forcefully (or coughs, laughs, or sings). Cleaning and disinfecting the surfaces of frequently touched areas (e.g., walls, doors, door knobs) and commonly used items, such as telephones, computers, etc. also helps prevent transmission of the virus.

Over the past six months, the United States Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health have recommended these precautionary measures be taken by members of the public for the safety and health of everyone in the community. In a prison setting, given the close quarters and frequently touched and shared spaces and objects - these measures are even more important. Researchers have recently determined that COVID-19 spreads up to five times faster inside a prison than in the community.<sup>6</sup>

In light of this framework, we write to express our concern with how these risks and realities are being addressed inside Dauphin County Prison. We understand that this is a new and rapidly evolving situation and recognize that you have taken some steps to address the serious risks posed by COVID-19. For example, we understand that the prison has conducted mass testing of people regardless of whether they show symptoms. Such testing is widely believed to be a good starting point for managing and limiting the spread of the disease in a correctional setting. We also have learned that the prison is using a form of “cohorting” by releasing people from their cells only two cells at a time, to prevent the creation of large groups and that the prison plans to replace the prison's outdated HVAC system in the near future. We commend you for these actions. As outlined below, however, we have a number of concerns with other practices, some of which appear to undermine any benefits derived from

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1 See “COVID-19 Data for Pennsylvania, <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx>, last visited Sept. 17, 2020.

2 See *id.*

3 See <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>, last visited Sept. 17, 2020.

4 See <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Cleaning-and-Disinfection>, last visited Sept. 17, 2020.

5 See “Much More than Just the Flu,” *Philadelphia Inquirer*, Aug. 21, 2020, at <https://www.inquirer.com/health/coronavirus/inq/coronavirus-symptoms-affects-organs-human-body-20200821.html>.

6 See <http://jamanetwork.com/> Research Letter “Covid-19 Cases and Deaths in Federal and States Prisons,” *Journal of the American Medical Association*, Aug. 11, 2020, Vol. 324 Number 6, pp. 602-602, last visited Sept. 17, 2020.

mass testing and cohorting.

We have grouped our concerns into four categories: 1) quarantine and isolation procedures; 2) precautions for vulnerable populations; 3) face masks, cleaning, and hygiene; and, 4) environmental conditions and safety.

### **Issue 1: Quarantine and Isolation Procedures**

*Crowded conditions increase the risk of spread.*

The CDC advises that social distancing – maintaining at least six feet in between people at all times - is the best way to prevent transmission of the Coronavirus.<sup>7</sup> This tool is especially important given the fact that people who have been infected with COVID-19 can spread the infection even without displaying symptoms.<sup>8</sup> However, in a congregate setting such as prison, many people live and share a cramped space as well as materials and equipment, making social distancing impossible.

Reducing the number of people in custody is one clear way to reduce the risk of transmission. We understand that at the beginning of the pandemic, the District Attorney's Office worked preemptively with the Court system to reduce the prison population by seeking alternatives to pre-trial incarceration (e.g., electronic monitoring, house arrest, deferred reporting to serve a sentence) whenever possible. It is unclear whether these efforts are continuing, as the population of the prison appears to continue to increase. We encourage you to continue and build on the work you have done to limit the number of people reporting to the prison, and to increase the number of people released on bail or to home confinement.

*Lack of effective quarantine and isolation procedures for people suspected and/ or confirmed of having COVID-19 increase the risk of transmission.*

Effective quarantine and medical isolation systems and procedures are critical in a correctional facility, given the impossibility of social distancing. Such procedures are even more important in a jail, where new people from the surrounding community are being committed continuously. Numerous reports from incarcerated people lead us to believe that there are no meaningful quarantine or isolation procedures in effect at Dauphin County Prison.

The CDC defines “medical isolation” as “separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others and to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established clinical, time-based, and/ or testing criteria for release from isolation, in consultation with clinical providers and public health officials.”<sup>9</sup>

We understand that several housing units have been identified as “medical isolation” units. However, despite this label, the information we have received indicates that there is often no meaningful isolation of infected people to prevent the spread of the virus to other parts of the prison.

<sup>7</sup> See <http://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>, “Interim Guidance on Management of Coronavirus Disease 2019 (COVID 19) in Correctional and Detention Facilities,” updated July 22, 2020, hereinafter “Interim Guidance,” at \*5.

<sup>8</sup> See *id.*

<sup>9</sup> See Interim Guidance at \*5 “Medical Isolation,” last visited Sept. 17, 2020.

For example, incarcerated workers (also called “inmate workers,” “tier workers,” or “runners”) are permitted to come and go from the “isolation blocks,” thereby risking spreading the virus to other parts of the prison. Similarly, staff members have been permitted to travel freely to and from the “isolation” blocks and other parts of the prison – sometimes without wearing appropriate PPE (Personal Protective Equipment) to prevent the spread of the virus. This runs counter to CDC guidance which recommends that correctional facilities “make every possible effort to modify staff assignments to minimize movement across housing units and other areas of the facility. For example, ensure that the same staff are assigned to the same housing unit across shifts to prevent cross-contamination from units where infected individuals have been identified to units with no infections.”<sup>10</sup>

We are both perplexed and disturbed about some other conditions and practices on the “medical isolation blocks.” For example, we have heard reports that “A” block has had up to 20 people or more housed head-to-toe in the hallways, because there was no more room in the cells. This practice is contrary to CDC guidance which states that if individuals are being cohorted with confirmed COVID-19, “a well-ventilated room with solid walls and a solid door that closes fully” should be used to house them.<sup>11</sup> We have also heard alarming news that prisoners who have been housed in “isolation blocks” which used to be used for disciplinary segregation (a.k.a. “the hole”) have been treated by staff assigned to those blocks as if they were in disciplinary segregation. Apart from making no sense, this is blatantly contrary to CDC guidance, which emphasizes that people in medical isolation should not be held in punitive conditions and should have the same access to privileges as other incarcerated people who are not in medical isolation or disciplinary segregation.<sup>12</sup> This practice can lead to the spread of Coronavirus disease, as people who have symptoms and may need to be isolated will be reluctant to report their symptoms because they do not want to be placed in punitive conditions.

*The “medical isolation blocks” are not uniformly utilized.*

In addition to the problems described above, we have learned that people who have tested positive for COVID-19 are, in many cases, not being kept separate from other people and instead are being kept in the same cells or day rooms as people who have either tested negative or who have not been tested at all. As transmission of the Coronavirus is primarily done through respiratory droplets from infected people, cellmates are not required to wear masks while in their cells, and there is no way to achieve 6 feet of space in between the people sharing a cell, the likelihood of infection being transmitted between cellmates is obvious and significant. This practice runs completely contrary to CDC guidance that infected people must be kept isolated from others in order to reduce the risk of the virus spreading.

*No quarantine of the close contacts of a prisoner who is suspected of having or who actually tests positive for COVID-19.*

“Quarantine” involves separating people who are suspected of having COVID-19 but who have not been confirmed to have the disease, away from other people.<sup>13</sup> The purpose of imposing a quarantine is to determine whether a person develops symptoms or tests positive for COVID-19.<sup>14</sup> As

<sup>10</sup> See Interim Guidance, at \*10, last visited Sept. 10, 2020.

<sup>11</sup> See *id.* at \*19, last visited Sept. 17, 2020.

<sup>12</sup> See *id.* at \*18, last visited Sept. 17, 2020.

<sup>13</sup> See *id.* at \*5, last visited Sept. 17, 2020.

<sup>14</sup> See *id.*

the CDC explains: “Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.”<sup>15</sup> “Quarantine for COVID-19 should last for a period of 14 days after the exposure has ended. Ideally, each quarantined individual should be quarantined in a single cell with solid walls and a solid door that closes...”<sup>16</sup>

Quarantines are supposed to be done for the “close contacts” of people who are suspected of having COVID-19 or who have tested positive for the disease. A “close contact” is defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic clients, 2 days prior to positive specimen collection) until the time the patient is isolated.<sup>17</sup> Under this definition, cellmates and people living in congregate housing such as day rooms would clearly qualify as “close contacts.”

There does not appear to be any type of quarantine system in place for “close contacts” in the prison. Incarcerated people have reported a frequently occurring situation where one cellmate was tested for COVID-19 and awaiting test results, but the other cellmate was neither removed from the cell nor monitored for symptoms or tested. Even after test results confirmed that one cellmate had contracted COVID-19 and that person was sent to an “isolation” block, the other cellmate was not monitored for symptoms or separated to prevent others from possible infection. Instead, a new incarcerated person simply replaced the “positive” person who had just left the cell. The new incarcerated person was therefore exposed to the cellmate of the “positive” person and risked being infected by him.

Such a practice defies common sense and is explicitly disapproved by the CDC's guidance, which provides that “while cohorting those with confirmed COVID-19 is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals.”<sup>18</sup>

#### *Congregate housing of mixed populations in day rooms.*

We have learned that people are sometimes released from the “medical isolation” block without being re-tested to confirm that they are no longer carrying the virus. These people are then housed in day rooms on the housing units without regard to their possible contagiousness. The housing conditions in the day rooms, with up to 20 people living in extremely closely spaced bunk beds – approximately one foot apart - all sharing toilets, sinks, tables and chairs which are not regularly cleaned or disinfected, lends itself to transmission of the Coronavirus.<sup>19</sup> We are seriously concerned

15 See <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>, updated Sept. 10, 2020, last visited Sept. 17, 2020.

16 See Interim Guidance at \*5, last visited Sept. 17, 2020.

17 See <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>, last visited Sept. 17, 2020.

18 See Interim Guidance at \*4 “Cohorting,” and \*19 (“Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, or with close contacts of individuals with confirmed or suspected COVID-19.”), last visited Sept. 17, 2020.

19 We have also received reports of incarcerated people being forced to congregate on a larger scale during the institution-wide cell searches beginning in late August 2020. During these hours-long searches, which were apparently done in response to an ongoing problem of some incarcerated people smoking inside their cells, an entire block consisting of approximately 60 people was kept in the gymnasium, handcuffed behind their backs and sitting shoulder-to-shoulder. This greatly increased the risk of transmission and completely undermined the effort to keep people separated by only releasing

about these practices, as they pose obvious risks to the health and safety of the people entrusted to your care.

*Excessive in-cell confinement and lack of exercise.*

Physical exercise helps the immune system and is an important tool for protecting the body from infection. Throughout the pandemic, healthcare providers have emphasized the importance of staying active, getting fresh air, and exercising both for physical and mental health reasons.<sup>20</sup> We understand that, contrary to this guidance, people are being kept in their cells (or confined in groups in the day rooms) for 23 hours per day. During the one hour they are permitted to leave their cells, they are permitted to shower and contact their families using the block phones or shared computer tablets. Neither the gym nor any outdoor recreation area is available during this one-hour period, and there is no opportunity for exercise. We believe this lock down to be excessively harsh and unhealthy and ask that you increase out of cell time to permit people to use the gym or an outdoor recreation area in small numbers, remaining in their cohorts, in order to afford them the opportunity to exercise.

**Issue 2: Precautions for vulnerable populations**

The CDC has identified a number of medical conditions which may place a person at an increased risk of experiencing serious disease or death if they contract COVID-19. These conditions include asthma and other respiratory conditions, cancer, chronic kidney disease, COPD and other chronic lung diseases, diabetes, hemoglobin disorders, a weakened immune system, liver disease, pregnancy, and hypertension or high blood pressure.<sup>21</sup> Older adults, especially people who are 65 or older, are also considered to be at a greater risk of serious illness or death from COVID-19.<sup>22</sup> New studies also show that people with obesity have a higher risk of experiencing serious disease if they contract COVID-19.<sup>23</sup> We have received disturbing reports that incarcerated people who have some of these conditions are not protected from contracting COVID-19 and, in some instances, are not being provided adequate medical care for their conditions.

Denial of medical care for serious chronic conditions puts incarcerated people at more risk of experiencing serious illness or death from COVID-19 and also adversely impacts their health. The recent in-custody deaths of Mr. Tilghman and Mr. King in August highlight the problems with not providing adequate medical care to incarcerated people. We ask that you reassess the care being provided to this medically vulnerable group of people in order to protect them from contracting COVID-19. We also urge you to work with the state and federal court systems to identify such medically vulnerable people before they are incarcerated and seek out alternatives to pretrial incarceration for them. This would have the added benefit of reducing the total population in the prison, thereby lowering the risk of transmission of the disease to everyone – incarcerated people and

them from their cells, two cells at a time.

20 See, e.g., <https://blogs.webmd.com/webmd-doctors/20200331/exercise-is-the-immune-system-booster-you-need-right-now>, last visited Sept. 17, 2020; <https://www.cnn.com/2020/08/07/health/exercise-sleep-prevent-disease-wellness/index.html>, last visited Sept. 17, 2020.

21 See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>, updated Sept. 11, 2020, last visited Sept. 17, 2020.

22 See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>, updated Sept. 11, 2020, last visited Sept. 17, 2020.

23 See <https://www.inquirer.com/health/coronavirus/how-obesity-makes-covid-19-worse-20200828.html>, posted Aug. 28, 2020, last visited Sept. 17, 2020.

staff alike.

### **Issue 3: Face masks, cleaning, and hygiene**

Because COVID-19 is spread mostly between people who are within six feet of each other, the CDC urges the use of face masks in such environments.<sup>24</sup> We acknowledge that the prison has distributed cloth face masks to many incarcerated people. However, there are several issues with the face mask system that need to be corrected in order for the masks to be effective.

#### *Ineffective laundering and indiscriminate distribution of face masks.*

We have learned that the prison has distributed one cloth face mask to many incarcerated people and that these masks are collected twice a week to be laundered.<sup>25</sup> However, the laundering has uniformly been reported to be ineffective and the masks are returned not completely cleaned and, in some cases, still damp. To compound this problem, instead of being returned to each person individually, the uncleaned face masks are returned indiscriminately. Incarcerated people are therefore forced to wear face masks which likely still contain other people's germs, including the Coronavirus, thereby defeating the purpose of wearing a face mask in the first place.

On a positive note, we have heard that, overall, staff members are now wearing their masks more than they did during the beginning of the pandemic. However, they do not always wear them properly – covering both their noses and mouths – and that they sometimes pull the masks down to speak when in close quarters with others. Given that face masks can be one of the simplest and most effective tools for preventing the spread of COVID-19, we ask that you address and correct these issues.

#### *Insufficient cleaning of common areas and shared objects and limited access to cell-cleaning supplies.*

CDC guidance recommends that intensified cleaning and disinfecting procedures be implemented in prisons, such as cleaning and disinfecting surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/ surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, counter tops, toilets, toilet handles, recreation equipment, kiosks, telephones and computer equipment.)<sup>26</sup> The CDC recommends cleaning such surfaces several times per day. The CDC also recommends that institutions consider increasing the number of staff and/ or incarcerated people trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.<sup>27</sup>

Contrary to this guidance, we have received numerous reports that little to no cleaning is happening. Cleaning tasks are assigned to incarcerated workers but there appears to be little oversight to make sure that cleaning of common areas or shared objects, such as phones and computer tablets, is

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24 See <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>, updated Aug. 7, 2020, last visited Sept. 8, 2020.

25 We have also heard reports that some people have received only disposable masks, made from a material other than cloth, which are not able to be laundered and which are not replaced on a frequent basis.

26 See Interim Guidance at \*11.

27 See *id.*

done correctly and regularly. We have also heard that it is difficult for incarcerated people to obtain cleaning supplies for their cells and that they must often use much of their extremely limited out-of-cell time to seek out cleaning materials from staff.

CDC guidance also advises that bunks must be cleaned thoroughly if assigned to a new occupant.<sup>28</sup> Such cleaning is obviously even more important when an infection has been confirmed in one of the occupants. Contrary to this guidance, we have received disturbing reports that when an infected person was removed from a cell and taken to a medical isolation block, his bunk was not cleaned before a new person was forced to occupy that cell and bunk. We have also learned that in some instances, the CERT team has used force to make the new person accept the uncleaned bunk despite the risk of infection. This is unacceptable on many levels and a clear violation of the Constitution. *See Helling v. McKinney*, 509 U.S. 25, 33 (1993). We urge you to stop this practice immediately.

*Lack of adequate soap supplies for good hand hygiene.*

Hand hygiene is very important in a prison setting to help prevent the spread of the virus from surfaces. The CDC recommends that hand hygiene supplies be well-stocked in all areas of the facility.<sup>29</sup> We have learned that the prison provides one bar of soap per week to each incarcerated person, but that the bar is very small and does not last an entire week as it must be used not only for hand hygiene, but for showering and for washing items returned from the laundry service (including face masks) that are still dirty. Obtaining additional soap from staff members is very difficult and sometimes impossible and depends, in large part, on the whims of staff members on duty at the time. We ask that the amount of soap given to incarcerated people be increased and that soap be made freely available.

**Issue 4: Environmental conditions and safety**

We have received numerous reports of significant environmental concerns such as unsanitary conditions caused by toilets that do not flush effectively, mice and rats, and a lack of adequate ventilation. During “normal” times these unhealthy conditions are disturbing and in derogation of constitutional requirements for living conditions; during the COVID-19 pandemic, they are plainly dangerous to the health and safety of everyone inside – incarcerated people and staff alike.

Because social distancing is impossible in a congregate setting like prison, it is even more important to pay attention to environmental factors that play a role in disease transmission. Air circulation, in particular, is critical, because the Coronavirus is more likely to be transmitted indoors. Given that incarcerated people are in their cells 23 hours per day and incarcerated people who test positive are not being effectively isolated from incarcerated people who don't test positive or who have not been tested, the lack of adequate ventilation poses a serious risk of transmission. We understand that there are plans to replace the HVAC unit for the prison. We encourage you to expedite this project, as it will be an important tool in combating the spread of the virus.

We have received reports that the water coming out of the faucets in the cells is sometimes

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<sup>28</sup> *See id.* at \*13.

<sup>29</sup> *See id.* at \*17.



discolored by what may be rust from the pipes. We urge you to address this problem. In addition to posing health risks on its own, the poor quality of the water, combined with the inadequate supply of soap discussed above, discourages people from washing their hands as a means of controlling the spread of the virus.

We were surprised to learn that because incarcerated people are not provided with garbage receptacles or bags inside their cells, they must dispose of their garbage by throwing it into the hallways on the housing blocks. This garbage accumulates unless and until an incarcerated worker is directed to sweep it up. Unsurprisingly, we have heard that vermin such as rats, mice, and insects thrive in these conditions and roam freely throughout the housing units.

Finally, we have received reports that juveniles are not being housed in separate housing units than adults and that people in disciplinary segregation and protective custody are being housed with general population, which is contrary to most generally accepted housing and classification protocols. We are concerned about the impact these housing arrangements may have on people's safety and ask that you investigate this situation.

The Eighth and Fourteenth Amendments of the U.S. Constitution require that incarcerated people be protected from conditions of confinement that create a serious risk to their health or safety.<sup>30</sup> This includes protection from the risks of exposure to a deadly infectious disease like COVID-19.<sup>31</sup> Failing to take necessary measures to protect even asymptomatic individuals from the risks of exposure to COVID-19 is, thus, likely a violation of the Constitution.<sup>32</sup>

We urge you take our concerns seriously and to treat the present situation with the urgency that is warranted. Please respond by October 2, 2020, with an explanation of the steps you intend to take to respond to issues we have raised in this letter, as well as the other measures you are taking to address the COVID-19 situation in Dauphin County Prison. If we do not receive a response, we will consider taking further action.

If you have any questions or concerns, you may contact Jennifer Tobin at [jtobin0913@gmail.com](mailto:jtobin0913@gmail.com) (267) 258-8918 or Su Ming Yeh at [smyeh@pailp.org](mailto:smyeh@pailp.org) or (267) 457-4790. Thank you.

Sincerely,



Jennifer J. Tobin  
Consulting Attorney



Su Ming Yeh, Esq.  
Executive Director

<sup>30</sup> See, e.g., *Farmer v. Brennan*, 511 U.S. 825, 834 (1994).

<sup>31</sup> See *Helling*, 509 U.S. at 33 (deliberate indifference is shown if a prison official “ignore[s] a condition of confinement that is sure or very likely to cause serious illness and needless suffering the next week or month or year.”)

<sup>32</sup> See *id.* (stating that prison officials are prohibited from being “deliberately indifferent to the exposure of inmates to a serious, communicable disease” even where the complaining inmate shows no serious current symptoms” and that “[i]t would be odd to deny an injunction to inmates who plainly proved an unsafe, life-threatening condition in their prison on the ground that nothing yet had happened to them”).

cc: Hon. John F. Cherry, President Judge, via First Class mail to Dauphin County Court of Common Pleas, Dauphin County Courthouse, 101 Market Street, Harrisburg, PA 17101

Francis T. Chardo, Dauphin County District Attorney, via First Class mail to Dauphin County Courthouse, 101 Market Street, 2<sup>nd</sup> Floor, Harrisburg, PA 17101

Nicholas Chimienti, Jr., Dauphin County Sheriff, via First Class mail to Dauphin County Courthouse, 101 Market Street, 1<sup>st</sup> Floor, Room 104, Harrisburg, PA 17101

Timothy L. DeFoor, Dauphin County Controller, via First Class mail to Dauphin County Courthouse, 101 Market Street, 1<sup>st</sup> Floor, Room 106, Harrisburg, PA 17101

Frank J. Lavery, Jr., Esquire, Prison Board Solicitor, *via email to [flavery@laverylaw.com](mailto:flavery@laverylaw.com)*, and via First Class mail to 225 Market Street, Ste. 304, P.O. Box 1245, Harrisburg, PA 17108

Joseph A. Curcillo, III, Esquire, Chief Solicitor of Dauphin County, via First Class mail to Dauphin County Administration Building (fourth floor), 2 South 2nd Street, Harrisburg, PA 17101

Carla Rotheram, PrimeCare Medical, Inc. Health Services Administrator, via First Class mail to c/o Dauphin County Prison, 501 Mall Road, Harrisburg, PA 17101