

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

Maria CAMPBELL DAVIS and Abdel Wahab
ALAUSSOS, on behalf of themselves and all others
similarly situated,

Plaintiffs,

v.

U.S. CITIZENSHIP AND IMMIGRATION
SERVICES; Kenneth T. CUCCINELLI, Senior Official
Performing Duties of the Director, U.S. Citizenship and
Immigration Services, in his official capacity; Chad
WOLF, Secretary of the Department of Homeland
Security, in his official capacity; Kathleen BAUSMAN,
Field Office Director, U.S. Citizenship and
Immigration Services, Philadelphia Field Office, in her
official capacity; and William P. BARR, Attorney
General, in his official capacity.

Defendants.

Case No. 2:20-cv-02770

**[PROPOSED] ORDER GRANTING
CLASS CERTIFICATION**

AND NOW, this _____ day of _____, 2020, upon

consideration of Plaintiffs' Motion for Class Certification, **IT IS ORDERED** that the Motion is
GRANTED.

IT IS HEREBY ORDERED that the Proposed Class in the Complaint, Dkt. 1 ¶ 57, is entitled to class certification under Fed. R. Civ. P. 23(a) and (b)(2). Plaintiffs have demonstrated that members of the class are so numerous that joinder is impracticable; that there are questions of law and fact common to the class; that the claims of the Plaintiffs are typical of the claims of the class members; and that Plaintiffs and their counsel, as representatives of the class, will fairly and adequately protect its interests. Additionally, this Court finds that Defendants have acted on

grounds generally applicable to the class in its entirety, thereby making appropriate final injunctive and declaratory relief on a class-wide basis.

In light of the above, the Court orders:

A. The following class is certified for this case to proceed as a class action:

All individuals within the jurisdiction of the USCIS Philadelphia Field Office whose scheduled oath ceremony was cancelled or whose oath ceremony was not scheduled due to outbreak of the COVID-19 pandemic and have not been rescheduled for an oath ceremony to take place on or before September 28, 2020.

B. Plaintiffs Maria Campbell Davis and Abdel Wahab Alaussos are designated as representatives of the USCIS class, and their counsel are appointed as class counsel.

BY THE COURT:

District Court Judge

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PLAINTIFFS' MOTION FOR CLASS CERTIFICATION

Plaintiffs Maria Campbell Davis and Abdel Wahab Alaussos respectfully move the Court to issue an order certify the proposed class. For the reasons set forth in the attached Memorandum of Law and accompanying Exhibits, Plaintiffs requests that the Court grant the Motion and enter the foregoing Proposed Order.

Respectfully submitted,

s/Jonathan Feinberg
Jonathan H. Feinberg
Kairys, Rudovsky, Messing, Feinberg
& Lin LLP
The Cast Iron Building
718 Arch Street, Suite 501 South
Philadelphia, PA 19106
(215) 925-4400
jfeinberg@krlawphila.com

Trina Realmuto*
Mary Kenney*
National Immigration Litigation Alliance
10 Griggs Terrace
Brookline, MA 02446
(617) 819-4447
trina@immigrationlitigation.org
mary@immigrationlitigation.org

Matt Adams*
Aaron Korthuis*
Northwest Immigrant Rights Project
615 2nd Avenue, Suite 400
Seattle, WA 98104
(206) 957-8611
matt@nwirp.org
aaron@nwirp.org

Stacy Tolchin*
Law Offices of Stacy Tolchin
634 S. Spring St., Suite 500A
Los Angeles, CA 90014
(213) 622-7450
stacy@Tolchinimmigration.com

Attorneys for Plaintiffs

* Moving for *pro hac vice* admission

June 10, 2020

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**Plaintiffs' Memorandum of Law in Support of Their
Motion for Class Certification**

TABLE OF CONTENTS

I. INTRODUCTION..... 1

II. BACKGROUND 3

 a. The COVID-19 Pandemic and USCIS’s Response 3

 b. This Court and USCIS Have the Authority to Provide for Expedited Naturalization Ceremonies. 5

 c. Plaintiffs’ Cases. 8

III. ARGUMENT..... 9

 a. The Standard for Class Certification..... 10

 b. The Class Meets All of the Requirements of 23(a)..... 11

 i. The Class is so Numerous that Joinder is Impracticable. 11

 ii. Members of the Class Have Questions of Law and Fact in Common 13

 iii. The Claims of the Named Plaintiffs are Typical of Those of the Class 14

 iv. The Named Plaintiffs Will Fairly and Adequately Protect the Interests of the Class... 15

 c. Plaintiffs Meet the Requirement of Rule 23(b)(2)..... 17

IV. CONCLUSION 18

I. INTRODUCTION

Plaintiffs and proposed class members are lawful permanent residents whose applications for naturalization have been approved by Defendant U.S. Citizenship and Naturalization Services (USCIS) but have been unable to complete the last step of the naturalization process for months due to the COVID-19 pandemic. While the initial delay was both understandable and necessary, it has now left hundreds of individuals under the jurisdiction of USCIS's Philadelphia Field Office without the benefits and privileges of U.S. citizenship. Moreover, further delay is unnecessary; Congress has provided tools to address this precise situation, empowering both this Court and USCIS to provide for expedited naturalization. Through this motion Plaintiffs seek to certify a class of individuals eligible for immediate naturalization. As Plaintiffs explain below, expediting naturalization in these unprecedented circumstances will carry out the intent of Congress, will ensure that Plaintiffs and putative class members are naturalized in a timely manner, and will afford them the full panoply of benefits and privileges that accompanies U.S. citizenship.

Plaintiffs have demonstrated that they are entitled to become U.S. citizens, as they meet the statutory requirements and have successfully completed the naturalization interview process with USCIS. Following those interviews, USCIS issued notices to Plaintiffs advising that the next step for them was to be sworn in as U.S. citizens. However, their appointments to take the public oath ceremony—the last step needed to confer U.S. citizenship—were cancelled or not scheduled due the outbreak of COVID-19, the infectious disease caused by the novel coronavirus. COVID-19 has resulted in a global pandemic on a scale not seen for over a century. Recognizing that physical separation is the only way to prevent the spread of this deadly virus, in mid-March the federal government, including this Court and USCIS, took necessary measures to

restrict public interactions and cancelled public events. Soon thereafter, on April 1, 2020, the Commonwealth of Pennsylvania issued a stay at home order.

On June 4, 2020, USCIS began to hold public oath ceremonies. However, these ceremonies are significantly more limited than those that occurred prior to the COVID-19 pandemic. As a result, Plaintiffs and proposed class members inevitably will have to wait for months to take the oath, even while more individuals become eligible to naturalize. As a result, Plaintiffs and proposed class members are being denied, and will continue to be denied, the fundamental rights and benefits that citizenship affords. Indeed, the pandemic and slow pace of naturalization threatens to deprive many class members of the right to vote in the 2020 election in November.

Statutory tools exist to resolve this crisis. Specifically, Congress provided a mechanism to permit individuals who are on the brink of obtaining U.S. citizenship but face special circumstances to obtain an expedited administration of the oath of allegiance to complete the naturalization process. Under 8 U.S.C. § 1448(c), upon request, this Court is authorized to conduct an expedited oath ceremony or to order USCIS to conduct immediate administrative naturalizations. Plaintiffs' complaint constitutes such a request on behalf of Plaintiffs and proposed class members within the jurisdiction of the USCIS Philadelphia Field Office; specifically, Plaintiffs seek an order providing expedited oath ceremonies or compelling USCIS to "provide for immediate administrative naturalization." 8 U.S.C. § 1448(c).

As detailed below, Plaintiffs and proposed class members satisfy the requirements of Federal Rule of Civil Procedure 23. The class Plaintiffs seek to represent is comprised of at least hundreds of individuals. This case also presents core common facts and common questions of law, as each class member is similarly situated and awaiting a naturalization ceremony. As a

result, “final injunctive relief or corresponding declaratory relief is appropriate respecting the class as a whole.” Fed. R. Civ. P. 23(b)(2).

II. BACKGROUND

a. The COVID-19 Pandemic and USCIS’s Response

COVID-19 is a disease caused by the novel coronavirus that has swept across the world in recent months. Since the outbreak of COVID-19 in the United States, nearly 2 million people have been infected, and over 100,000 people have died. *See* Korthuis Decl. Ex. A, World Health Organization, Coronavirus Disease (COVID-19) Situation Report 140 (June 8, 2020). Currently, there is no cure for the disease. *See, e.g., id.* Ex. B, In the News: Coronavirus and “Alternative Treatments,” Nat’l Ctr. for Complementary and Integrative Health, Nat’l Insts. of Health (last visited June 8, 2020).¹ As a result, public health authorities have recommended that individuals practice “social distancing” and good hygiene—the only known tools to stop the lethal virus’s spread. *See, e.g., id.* Ex. C, Coronavirus Disease 2019 (COVID-19) Public Health Guidance for Community Related Exposure, Centers for Disease Control and Prevention (last updated June 5, 2020). These recommendations have resulted in unprecedented orders requiring individuals to stay at home across the nation, including in Pennsylvania and the City of Philadelphia. *See id.* Ex. D, Order of the Governor of the Commonwealth of Pennsylvania for Individuals to Stay at Home (Apr. 1, 2020); *id.* Ex. E, Order No. 2, Office of the Mayor of the City of Philadelphia, Dep’t of Public Health (Mar. 22, 2020).

Recognizing the gravity of this situation, on March 18, 2020, the Philadelphia Field Office of USCIS shut down its in-person operations. *See id.* Ex. F, USCIS Temporarily Closing Offices to the Public March 18 - April 1, USCIS (Mar. 17, 2020); *see also* Declaration of

¹ The web addresses for internet sources can be found in Plaintiffs’ declaration authenticating the exhibits included in support of this motion.

Camille Van Kote (Van Kote Decl.) ¶ 3; Declaration of Lori Alexander (Alexander Decl.) ¶ 3; Declaration of Rebeca Huftstader (Huftstader Decl.) ¶ 3. Prior to the shutdown, the Philadelphia Field Office typically conducted around four naturalization ceremonies every week. Van Kote Decl. ¶ 5; Alexander Decl. ¶ 6; Hufstader Decl. ¶ 5. Approximately 420 individuals became U.S. citizens every week. Van Kote Decl. ¶ 5; Alexander Decl. ¶ 6; Hufstader Decl. ¶ 5.

However, following USCIS's shutdown, hundreds of individuals with approved naturalization applications were unable to naturalize. In some cases, the Philadelphia Field Office sent notices to individuals who had been interviewed and approved for naturalization cancelling their oath ceremonies—the final required step to become a citizen. Van Kote Decl. ¶ 7; Alexander Decl. ¶ 7; Hufstader Decl. ¶ 6; Korthuis Decl. Ex. G, Notice of Cancelled Oath Ceremony for Plaintiff Maria Campbell Davis. In other cases, the Field Office simply did not schedule those individuals for an oath ceremony. *See* Korthuis Decl. Ex. H, Online Case Status Update for Plaintiff Abdel Wahab Alaussos. Thus, between March 18, 2020, and June 4, 2020, with only one known exception for six people, no naturalization ceremonies took place. *See* Korthuis Decl. Decl. Ex. I, Liz Evans Scolforo, *Six York County Residents Become U.S. Citizens After Swearing Oath of Allegiance*, York Dispatch, May 12, 2020. Moreover, in early June, the USCIS Philadelphia Field Office announced that it will begin to hold a limited number of naturalization interviews in late June. Van Kote Decl. ¶ 6; Alexander Decl. ¶ 9. As a result, hundreds of individuals within the jurisdiction of USCIS' Philadelphia Field Office now form part of a backlog of individuals requiring only a naturalization ceremony to become a U.S. citizen.

On June 4, 2020, following weeks of shutdown, USCIS partially reopened its offices, including in Philadelphia. Under its reopening plan, the Philadelphia Field Office plans to

provide small naturalization ceremonies for approximately five people at a time to those on the long list of individuals whose ceremonies were cancelled. Van Kote Decl. ¶ 6; Alexander Decl. ¶ 9. Larger naturalization ceremonies will not take place for the foreseeable future. For example, the naturalization ceremony scheduled for June 19, 2020, in Lancaster, Pennsylvania, where many people would have been in attendance, already has been cancelled. *See* Korthuis Decl. Ex. J, Notice: June 19, 2020 Naturalization Ceremony is Cancelled, Lancaster Cty. (last accessed June 8, 2020). And notably, the Commonwealth of Pennsylvania’s safety protocols prohibit gatherings of more than 25 individuals and encourage individuals to maintain six feet of distance from one another as well as avoid non-essential travel. *See id.* Ex. K, Process to Reopen Pennsylvania, Governor Tom Wolf (last updated June 9, 2020). The Philadelphia Field Office has not yet informed the public how many ceremonies will take place each week. Alexander Decl. ¶ 9; Van Kote Decl. ¶ 6. However, the limitations on groups sizes and the large backlog of people demonstrate that it may take many months to naturalize those whose ceremonies were cancelled. *See, e.g.*, Alexander Decl. ¶ 9.

b. This Court and USCIS Have the Authority to Provide for Expedited Naturalization Ceremonies.

To naturalize as a U.S. citizen, an applicant must satisfy certain eligibility criteria under the INA and its implementing regulations. *See generally* 8 U.S.C. §§ 1421-1458; 8 C.F.R. §§ 316.1-316.14. Specifically, applicants must prove that they are “at least 18 years of age,” 8 C.F.R. § 316.2(a)(1); have “resided continuously, after being lawfully admitted for permanent residence” in the United States “for at least five years”; and have been “physically present” in the United States for “at least half of that time.” 8 U.S.C. § 1427(a)(1). Those statutory requirements are modified for certain persons who married U.S. citizens, employees of certain nonprofit

organizations, and veterans. *See generally id.* §§ 1430, 1439-40; 8 C.F.R. §§ 319.1, 319.4, 328.2, 329.2.

Once an individual submits an application, USCIS must conduct a background investigation, *see* 8 U.S.C. § 1446(a); 8 C.F.R. § 335.1, which includes a full criminal background check by the Federal Bureau of Investigation, *see* 8 C.F.R. § 335.2(b). After completing the background investigation, USCIS must schedule a naturalization examination at which the applicant meets with a USCIS examiner for an interview. 8 U.S.C. § 1446(b); 8 C.F.R. §§ 316.14, 335.2. The applicant is tested with respect to English language proficiency and knowledge of U.S. history and government. 8 U.S.C. § 1423(a); 8 C.F.R. §§ 312.1-312.2. At this examination, the applicant signs the oath of allegiance before a USCIS officer. If the applicant has complied with all requirements for naturalization, USCIS “shall grant the application.” 8 C.F.R. § 335.3(a).

The final step is generally an oath of allegiance to the United States that the applicant must make in a “public ceremony”—the only requirement that prospective class members in this case have not satisfied. 8 U.S.C. § 1448(a); 8 C.F.R. §§ 310.3(a), 337.1(a). USCIS may waive this requirement for children and individuals with a “physical or developmental disability or mental impairment.” 8 U.S.C. § 1448(a). Similarly, pursuant to 8 U.S.C. § 1448(c), USCIS may provide for immediate administrative naturalization where an “expedited judicial oath administration ceremony is impracticable.”²

² Although 8 U.S.C. § 1421(a) provides that “[t]he sole authority to naturalize persons as citizens of the United States is conferred upon the [Secretary of Homeland Security],” the Department of Homeland Security (DHS) Secretary may delegate the authority to administer the oath to certain DHS officials (including USCIS officials) and immigration judges “as may be necessary for the efficient administration of the naturalization program.” 8 C.F.R. § 337.2(b). Congress also authorized the U.S. district courts and certain state courts to administer the oath of allegiance. 8 U.S.C. § 1421(b).

In this District, applicants may choose to take the oath of allegiance in an administrative ceremony before USCIS or, if available, in a judicial ceremony before this Court. 8 U.S.C. § 1421(b)(1)(A). An applicant for naturalization is deemed a U.S. citizen as of the date of the oath of allegiance. 8 C.F.R. § 337.9(a). Significantly, Congress has mandated that DHS “shall prescribe rules and procedures to ensure that the ceremonies conducted by [USCIS]. . . are public, conducted frequently and at regular intervals, and are in keeping with the dignity of the occasion.” 8 U.S.C. § 1448(d). To implement this mandate, DHS regulations provide that “[n]aturalization ceremonies will be conducted at regular intervals as frequently as necessary to ensure timely naturalization, but in all events at least once monthly where it is required to minimize unreasonable delays.” 8 C.F.R. § 337.2(a)

After USCIS approves a naturalization application, an individual can take the oath of allegiance at any time. Some individuals take the oath at the interview or on the same day. Alexander Decl. ¶ 5. USCIS provides others either a scheduling notice informing them of the date of their naturalization ceremony or a notification that they are in the queue and will be scheduled for a naturalization ceremony. *Id.*; Van Kote Decl. ¶ 4; Huftstader Dec. ¶ 4. If “derogatory information” arises subsequent to the interview—including disqualifying conduct that occurs after the interview but before the oath is taken—the applicant may be excluded from the public ceremony and thus be prevented from naturalizing until the matter is resolved. 8 C.F.R. §§ 335.5, 337.2(c).

In crafting the naturalization statutory scheme, Congress recognized that certain, unique circumstances may require expedited naturalization ceremonies. As a result, under 8 U.S.C. § 1448(c), USCIS or a district court may grant an individual an “expedited judicial oath administration ceremony or administrative naturalization . . . upon demonstrating sufficient

cause.” *See also* 8 C.F.R. § 337.3(a). In making this determination, USCIS or a district court “shall consider special circumstances.” 8 U.S.C. § 1448(c). Congress defined special circumstances as including, but not limited to, “serious illness of the applicant or a member of the applicant’s immediate family,” “advanced age,” or “exigent circumstances relating to travel or employment.” *Id.* § 1448(c); *see also* 8 C.F.R. § 337.3(a). Where a district court is unable to conduct such an expedited ceremony, Congress provided the court with the power to order DHS to “provide for immediate administrative naturalization.” 8 U.S.C. § 1448(c); *see also* 8 C.F.R. § 337.3(b).

To request an expedited administration of the oath of allegiance, individuals must submit a written request to either the court or USCIS with “sufficient information to substantiate the claim of special circumstances to permit either the court or USCIS to properly exercise the discretionary authority to grant the relief sought.” 8 C.F.R. § 337.3(c). An expedited administrative naturalization could entail conducting virtual oath ceremonies remotely, administering the oath telephonically, providing final approval based on the oath of allegiance taken at the naturalization interview, or scheduling individual oath ceremonies in accordance with state safety measures. The grave public health threat posed by COVID-19 constitutes special circumstances warranting use of this unique procedure.

c. Plaintiffs’ Cases.

Plaintiff Maria Campbell Davis (Ms. Campbell Davis) is a lawful permanent resident of the United States and a citizen of Jamaica. Ms. Campbell Davis submitted her application to naturalize in July 2019. Dkt. 1 ¶ 39. USCIS interviewed Ms. Campbell Davis regarding the application on January 14, 2020. Following the interview, she received a notice to appear for an oath ceremony on March 19, 2020. However, prior to the ceremony, on March 13, 2020, USCIS

issued a notice cancelling the interview and informing Ms. Campbell Davis that her ceremony would be rescheduled. *See* Korthuis Decl. Ex. G. To date, she has not received a notice providing a new date for the interview. Dkt. 1 ¶ 39.

Plaintiff Abdel Wahab Alaussos (Mr. Alaussos) is a lawful permanent resident of the United States and citizen of Syria who has been waiting for an oath ceremony since mid-March, 2020. Dkt. 1 ¶ 40. Mr. Alaussos interviewed to become a U.S. citizen in July 2019. *Id.* USCIS delayed adjudication of his application, approving the application in March 2020 only after Mr. Alaussos filed suit under 8 U.S.C. § 1447(b). *See Alaussos v. Chau*, No. 2:20-cv-00143 (E.D. Pa. filed Jan. 8, 2020). However, because USCIS cancelled all oath ceremonies beginning in mid-March, he has been unable to naturalize. Indeed, since mid-March, USCIS's online case status portal for Mr. Alaussos has stated that he will be mailed a notice regarding the scheduling of his oath ceremony. *See* Korthuis Decl. Ex. H; *see also* Dkt. 1 ¶ 40. To date, he has not received any such notice. *Id.* As a result, he continues to wait to become a U.S. citizen.

III. ARGUMENT

In light of the continuing limitation on group events and the Philadelphia Field Office's naturalization ceremony backlog, Plaintiffs seek classwide relief requesting an expedited judicial oath ceremony or immediate administrative naturalization, as Congress provided. Specifically, Plaintiffs seek to represent the following class:

All individuals within the jurisdiction of the USCIS Philadelphia Field Office whose scheduled oath ceremony was cancelled or whose oath ceremony was not scheduled due to outbreak of the COVID-19 pandemic and have not been rescheduled for an oath ceremony to take place on or before September 28, 2020.

As Plaintiffs explain below, the proposed class satisfies the requirements of Federal Rule of Civil Procedure 23(a) and (b)(2).

a. The Standard for Class Certification

To obtain class certification, Plaintiffs must establish by a preponderance of the evidence all four elements of Rule 23(a) and at least one provision of Rule 23(b). *Shelton v. Bledsoe*, 775 F.3d 554, 559 (3d Cir. 2015); *In re Hydrogen Peroxide Antitrust Litig.*, 552 F.3d 305, 306 (3d Cir. 2008); *Baby Neal for and by Kanter v. Casey*, 43 F.3d 48, 55 (3d Cir. 1994); *see also Wal-Mart Stores Inc. v. Dukes*, 664 U.S. 338, 348 (2011). Specifically, Plaintiffs must demonstrate that:

- (1) the class is so numerous that joinder of all members is impracticable;
- (2) there are questions of law or fact common to the class;
- (3) the claims or defenses of the representative parties are typical of the claims or defenses of the class; and
- (4) the representative parties will fairly and adequately protect the interests of the class.

Fed R. Civ. P. 23(a). Under Rule 23(b)(2), Plaintiffs must further show that “the party opposing the class has acted or refused to act on grounds that apply generally to the class, so that final injunctive relief or corresponding declaratory relief is appropriate respecting the class as a whole.” Fed. R. Civ. P. 23(b)(2). To make this showing, the class must demonstrate that “a single injunction or declaratory judgment would provide relief to each member of the class.” *Gates v. Rohm and Haas Co.*, 655 F.3d 255, 262 (3d Cir. 2011) (quoting *Wal-Mart Stores*, 564 U.S. at 360); *see also Shelton*, 775 F.3d at 561.

b. The Class Meets All of the Requirements of 23(a)

i. The Class is so Numerous that Joinder is Impracticable.

The proposed class meets the numerosity requirement of Rule 23(a)(1), which requires that the class be “so numerous that joinder of all class members would be impracticable.” Impracticability of joinder does not mean impossibility, only that joinder would be difficult. *Ardrey v. Fed. Kemper Ins. Co.*, 142 F.R.D. 105, 111 (E.D. Pa. 1992); *see also Cannon v. Cherry Hill Toyota, Inc.*, 184 F.R.D. 540, 543 (D.N.J. 1999) (“[Under Rule 23(a)(1)], [t]he plaintiff need not precisely enumerate the potential size of the proposed class, nor is the plaintiff required to demonstrate that joinder would be impossible.”); *see also* 7A Charles Alan Wright & Arthur R. Miller, *Federal Practice and Procedure* § 1762 (3d ed. 2020) (“‘[I]mpracticable’ does not mean ‘impossible.’ The representatives only need to show that it is extremely difficult or inconvenient to join all the members of a class.”). “No minimum number of plaintiffs is required to maintain a suit as a class action, but generally if the named plaintiff demonstrates that the potential number of plaintiffs exceeds 40, the first prong of Rule 23(a) has been met.” *Stewart v. Abraham*, 275 F.3d 220, 226-27 (3d Cir. 2001); *accord Williams v. City of Philadelphia*, 270 F.R.D. 208, 214-15 (E.D. Pa. 2010) (“[C]ourts in this circuit have generally found that a class of 40 or more plaintiffs satisfies the numerosity requirement.”); *Dittimus-Bey v. Taylor*, 244 F.R.D. 284, 290 (D.N.J. 2007) (same). Indeed, courts in this circuit have recognized that they “may certify a class even if it is composed of as few as 14 members.” *Grant v. Sullivan*, 131 F.R.D. 436, 446 (M.D. Pa. 1990). To establish numerosity, Plaintiffs are entitled to use circumstantial evidence to provide a good-faith estimate, and the Court may rely on common sense. *See Marcus v. BMW of N. Am., LLC*, 687 F.3d 583, 596 (3d Cir. 2012).

The numerosity prerequisite is easily satisfied here. Prior to the March 18, 2020, shutdown of the Philadelphia Field Office, according to data provided at a recent stakeholder meeting, USCIS provided oath ceremonies for approximately 420 people per week. Alexander Decl. ¶ 9; Van Kote Decl. ¶ 5; Hufstader Decl. ¶ 5; *see also* Korthuis Decl. Ex. K, USCIS, Number of Form N-400, Application for Naturalization, By Category of Naturalization, Case Status, and USCIS Field Office Location, October 1-December 31, 2019 (indicating that, during the first quarter of Fiscal Year 2020, the Philadelphia USCIS Field Office approved 4,801 naturalization applications). Some individuals who were approved at the naturalization interview were able to attend an oath ceremony that same day or week. Alexander Decl. ¶ 5. For many others, however, USCIS would send the individual a notice scheduling them for an oath ceremony for a later date, sometimes as far as two months out. *Id.*; *see also* Van Kote Decl. ¶ 4; Hufstader Decl. ¶ 4.

Given the volume of cases being approved in the weeks prior to the COVID-19 shutdown and the fact that ceremonies often were scheduled weeks or longer in advance, it is reasonable to estimate that a backlog of hundreds of individuals has developed.³ *See Marcus*, 687 F.3d at 596 (“Rule 23(a)(1) does not require a plaintiff to offer direct evidence of the exact number and identities of the class members. But in the absence of direct evidence, a plaintiff must show sufficient circumstantial evidence . . .”). As a result, at a minimum, the proposed class consists of hundreds of lawful permanent residents awaiting to become U.S. citizens.

Accordingly, the numerosity requirement of Rule 23(a)(1) is satisfied.

³ Moreover, agency data indicates that USCIS already had a backlog of over 14,000 naturalization applications as of the end of 2019. *See* Korthuis Decl. Ex. K. This number indicates that the Philadelphia Field Office already faced a large backlog of naturalization application prior to the outbreak of COVID-19. This backlog would only have grown during the shutdown, and underscores the need for expedited ceremony procedures to ensure that other USCIS resources may be dedicated to resolving the large number of pending applications.

ii. Members of the Class Have Questions of Law and Fact in Common

The proposed class meets the commonality requirement of Rule 23(a)(2), which “does not require that the representative plaintiff ha[s] endured precisely the same injuries that have been sustained by the class members, only that the harm complained of be *common* to the class.” *Hassine v. Jeffes*, 846 F.2d 169, 177 (3d Cir. 1988); *see also Logory v. Cty. of Susquehanna*, 277 F.R.D. 135, 141 (M.D. Pa. 2011). This means that whether class members’ claims are common depends on whether there is a “common contention . . . of such a nature that it is capable of classwide resolution—which means that determination of its truth or falsity will resolve an issue that is central to the validity of each one of the claims in one stroke.” *Wal-Mart Stores*, 564 U.S. at 350; *Logory*, 277 F.R.D. at 141 (noting commonality is not determined by the existence of classwide questions, “but instead the potential for a classwide resolution.” (internal quotation marks omitted)).

It is well established that even one common issue will satisfy Rule 23(a)(2). *Baby Neal*, 43 F.3d at 56; *see also Wal-Mart Stores*, 564 U.S. at 359 (noting a “single common question will do” (brackets and internal quotation marks omitted)). Indeed, “[b]ecause the requirement may be satisfied by a single common issue, it is easily met.” *Baby Neal*, 43 F.3d at 56; *see also Brooks Educators Mut. Life Ins. Co.*, 206 F.R.D. 96, 101 (E.D. Pa. 2002) (“The Third Circuit has held that the commonality requirement is not stringent, and that a *single* common issue of law or fact suffices.”).

Cases seeking injunctive relief, by their very nature, often present common questions satisfying Rule 23(a)(2) “because they do not also involve an individualized inquiry for the determination of damage awards.” *Dittimus-Bey*, 244 F.R.D. at 290 (quoting *Baby Neal*, 43 F.3d at 57); *see also P.V. ex. Rel Valentin v. Sch. Dist. of Philadelphia*, 289 F.R.D. 227, 234-35 (E.D.

Pa. 2013) (commonality satisfied where plaintiffs filed “systemic challenge” against Defendants’ policy). This principle “is especially true where plaintiffs request declaratory and injunctive relief against a defendant engaging in a common course of conduct toward them,” because under such circumstances, “there is therefore no need for *individualized* determinations of the propriety of injunctive relief.” *Baby Neal*, 43 F.3d at 57.

Like numerosity, Plaintiffs also easily establish commonality. Proposed class members are all subject to the same delays as they all continue to wait for their oath ceremonies to be scheduled due to the COVID-19 pandemic. They also face the similar injuries as one another: the possibility of not being eligible to vote in the 2020 national election, losing the right to petition for family members, or being barred from applying for critical public benefits during the pandemic. And critically, each class member’s situation can be resolved through the same remedy: expedited judicial oath ceremonies or immediate administrative naturalizations that will ensure they become U.S. citizens in the near future. Finally, this case presents common legal questions regarding the applicability of the expedited naturalization scheme at 8 U.S.C. § 1448(c) to the “special circumstances” that COVID-19 presents. Thus, Plaintiffs satisfy the Rule 23(a)(2) commonality requirement.

iii. The Claims of the Named Plaintiffs are Typical of Those of the Class

Additionally, Plaintiffs’ claims are typical of the class they seek to represent. Typicality asks “whether the named plaintiffs’ claims are typical, in common-sense terms, of the class, thus suggesting that the incentives of the plaintiff are aligned with those of the class.” *Beck v. Maximus, Inc.*, 457 F.3d 291, 295-96 (3d Cir. 2006) (citation omitted). “This element appraises the alignment between the named plaintiff’s particular case and the claims of the other potential class members.” *Logory*, 277 F.R.D. at 144. For class representatives’ claims to be typical, they

do not need to be identical to the claims of the class members. *Johnston v. HBO Film Mgmt., Inc.*, 265 F.3d 178, 184 (3d Cir. 2001). Factual differences will not render a claim atypical, so long as the claims of the named plaintiffs and proposed class members arise from the same practice or course of conduct by the defendants and the class members' claims are based on the same legal theory. *Clarke v. Lane*, 267 F.R.D. 180, 197 (3d Cir. 2010) (citing *Beck*, 457 F.3d at 295-96). As the Third Circuit has noted, "even relatively pronounced factual differences will generally not preclude a finding of typicality where there is a strong similarity of legal theories." *Baby Neal*, 43 F.3d at 58; *see also Clarke*, 267 F.R.D. at 197 (finding typicality met when all putative class members suffered "constitutional violations under a uniform system").

For reasons similar to those in the prior section, Plaintiffs satisfy the typicality requirement. Indeed, the Supreme Court has noted that the "commonality and typicality requirements of Rule 23(a) tend to merge." *Wal-Mart Stores*, 564 U.S. at 349 n.5. Here, Plaintiffs' claims are typical of that of the class, as like proposed class members, they face the "same exact course of conduct" as the rest of the class. *Logory*, 277 F.R.D. at 144. As noted above, all class members have had their naturalization ceremonies cancelled or not scheduled due to COVID-19. In each case, USCIS cancelled or did not schedule the oath ceremony for precisely the same reasons: the special circumstances that COVID-19 presents. And in each case, the expedited naturalization process can ensure that class members' statutory right to a timely oath ceremony is protected. Thus, this class meets the 23(a)(3) typicality requirement.

iv. The Named Plaintiffs Will Fairly and Adequately Protect the Interests of the Class.

This class meets also the final requirement of Rule 23(a), which is that the named plaintiffs must fairly and adequately protect the interests of the class. Fed. R. Civ. P. 23(a)(4). The adequacy inquiry has two components: (1) whether the attorneys retained by the named

plaintiffs are qualified, experienced, and generally able to conduct the litigation; and (2) whether the named plaintiffs have interests that are antagonistic or in conflict with those they seek to represent. *Baby Neal*, 43 F.3d at 55.

Plaintiffs' attorneys are "experienced and qualified to prosecute the claims on behalf of the entire class." *Id.* Plaintiffs' legal team includes two immigrants' rights organizations, the National Immigration Litigation Alliance and the Northwest Immigrant Rights Project, and the law office of Stacy Tolchin, whose attorneys have extensive experience litigating complex class actions involving the legality of government actions under the Immigration and Nationality Act. Plaintiffs are also locally represented by Jonathan Feinberg, of Kairys, Rudovsky, Messing, Feinberg & Lin LLP, a law firm which regularly represents individuals in civil rights cases and whose attorneys have experience in federal court class action litigation. Together, counsel will "vigorously pursu[e] the interests of the class," as demanded by Rule 23. *Dittimus-Bey*, 244 F.R.D. at 292.

Second, as explained in the typicality section, Plaintiffs' interests align with the interests of the proposed class as a whole. Plaintiffs do not have any interests antagonistic to those of any other member of the proposed class. Antagonism may exist between the named plaintiff and other class members when a unique defense could be asserted against a plaintiff that would distract from the class claims or defenses. *See Williams*, 270 F.R.D. at 216, 222 (finding that the named plaintiffs would "fairly and adequately protect the interests of the class" because, in part, there were no "unique defenses that would consume a disproportionate amount of time and attention"). No such circumstances are present here. On the contrary, the Plaintiffs' interests coincide with those of the proposed class, as they all seek a remedy that guarantees their timely ability to become U.S. citizens. Such relief would benefit the class members and would not

impair any future class member's claims; rather, it would ensure the protection of those rights. Accordingly, this class meets the 23(a)(4) adequacy requirement.

c. Plaintiffs Meet the Requirement of Rule 23(b)(2)

Finally, certification of a Rule 23(b)(2) class is appropriate for Plaintiffs' claims for declaratory and injunctive relief. *See* Fed. R. Civ. P. 23(b)(2). Certification under Rule 23(b)(2) is appropriate where "the party opposing the class has acted or refused to act on grounds generally applicable to the class, so that final injunctive relief or corresponding declaratory relief is appropriate respecting the class as a whole." *Id.* The Third Circuit has interpreted the requirement to mean that "the interests of class members are so like those of the individual representatives that injustice will not result from their being bound by such judgment in the subsequent application of principles of res judicata." *Hassine*, 846 F.2d at 179. Moreover, this subsection was crafted largely to permit cases pursuing injunctive relief on behalf of a group of individuals against a general course of conduct. *See Shelton*, 775 F.3d at 561; *Stewart*, 275 F.3d at 228; *Baby Neal*, 43 F.3d at 64. As a result, Rule 23(b)(2) classes are "especially appropriate vehicle[s] for civil right actions" given their potential for common resolution. *See Coley v. Clinton*, 635 F.2d 1364, 1378 (8th Cir. 1980). Indeed, as the Supreme Court has explained, the key to the (b)(2) class is "the indivisible nature of the injunctive or declaratory remedy warranted—the notion that the conduct is such that it can be enjoined or declared unlawful only as to all of the class members or as to none of them." *Wal-Mart Stores, Inc.*, 564 U.S. at 360 (citation omitted).

Here, Plaintiffs' claims again easily satisfy this requirement. This Court can address the class members' claims through a single order that provides for expedited naturalization ceremonies for all class members. As a result, "final injunctive relief or corresponding

declaratory relief is appropriate respecting the class as a whole” in this case, and Plaintiffs meet the requirements of Rule 23(b)(2).

IV. CONCLUSION

For the foregoing reasons, the Court should grant Plaintiffs’ Motion and certify the proposed class.

s/Jonathan Feinberg

Jonathan H. Feinberg
Kairys, Rudovsky, Messing, Feinberg
& Lin LLP
The Cast Iron Building
718 Arch Street, Suite 501 South
Philadelphia, PA 19106
(215) 925-4400
jfeinberg@krlawphila.com

Matt Adams*
Aaron Korthuis*
Northwest Immigrant Rights Project
615 2nd Avenue, Suite 400
Seattle, WA 98104
(206) 957-8611
matt@nwirp.org
aaron@nwirp.org

Trina Realmuto*
Mary Kenney*
National Immigration Litigation Alliance
10 Griggs Terrace
Brookline, MA 02446
(617) 819-4447
trina@immigrationlitigation.org
mary@immigrationlitigation.org

Stacy Tolchin*
Law Offices of Stacy Tolchin
634 S. Spring St., Suite 500A
Los Angeles, CA 90014
(213) 622-7450
stacy@Tolchinimmigration.com

Date: June 10, 2020

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

Maria CAMPBELL DAVIS and Abdel ALAUSSOS,
on behalf of themselves and all others similarly
situated,

Plaintiffs,

v.

U.S. CITIZENSHIP AND IMMIGRATION
SERVICES; Kenneth T. CUCCINELLI, Senior Official
Performing Duties of the Director, U.S. Citizenship and
Immigration Services, in his official capacity; Chad
WOLF, Secretary of the Department of Homeland
Security, in his official capacity; Kathleen BAUSMAN,
Field Office Director, U.S. Citizenship and
Immigration Services, Philadelphia Field Office, in her
official capacity; and William P. BARR, Attorney
General, in his official capacity.

Defendants.

**DECLARATION OF AARON
KORTHUIS**

I, Aaron Korthuis, declare as follows:

1. I submit this declaration support of Plaintiffs' motion for class certification. I am over the age of 18, have personal knowledge of the facts set forth herein, and if called as a witness, I could and would testify competently as set forth below.
2. I am attorney with the Northwest Immigrant Rights Project and counsel for Plaintiffs.
3. Attached as Exhibit A is a true and accurate copy of World Health Organization Coronavirus Disease (COVID-19) Situation Report 140, (June 8, 2020). A copy of the report can be located at the following web address: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200607-covid-19-sitrep-139.pdf?sfvrsn=79dc6d08_2.
4. Attached as Exhibit B is a true and accurate copy of an online article from the National

Center for Complementary and Integrative Health, which is part of the National Institutes of Health, entitled “In the News: Coronavirus and ‘Alternative Treatments,’” which I obtained on June 8, 2020. A copy of the article can be located at the following web address:

<https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments>.

5. Attached as Exhibit C is a true and accurate copy of the Centers for Disease Control and Prevention Coronavirus Disease 2019 (COVID-19) Public Health Guidance for Community Related Exposure as of June 5, 2020. A copy of the guidance can be located at the following web address: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>.

6. Attached as Exhibit D is a true and accurate copy of Pennsylvania Governor Tom Wolf’s April 1, 2020, order directing individuals to stay at home in light of the COVID-19 pandemic. A copy of the order can be located at the following web address: <https://www.governor.pa.gov/wp-content/uploads/2020/04/20200401-GOV-Statewide-Stay-at-Home-Order.pdf>.

7. Attached as Exhibit E is a true and accurate copy of Order No. 2 of the City of Philadelphia Office of the Mayor and Department of Public Health, issued on March 22, 2020, directing Philadelphia resident to stay at home. A copy of the order can be located at the following web address: <https://www.phila.gov/media/20200322134942/HEALTH-ORDER-2-NON-ESSENTIAL-BUSINESSES-AND-INDIVIDUAL-ACTIVITY-STAY-AT-HOME.pdf>.

8. Attached as Exhibit F is a true and accurate copy of a United States Citizenship and Immigration Services (USCIS) Notice from March 17, 2020, stating that USCIS will close all offices nationwide beginning on March 18, 2020. A copy of the order can be located at the following web address <https://www.uscis.gov/news/alerts/uscis-temporarily-closing-offices-public-march-18-april->

https://www.uscis.gov/sites/default/files/USCIS/Resources/Reports%20and%20Studies/Immigration%20Forms%20Data/Naturalization%20Data/N400_performancedata_fy2020_qtr1.pdf.

I declare under penalty of perjury under the laws of the State of Washington and the laws of the United States that the foregoing is true and correct.

Executed this 10th day of June, 2020, in Seattle, Washington.

A handwritten signature in black ink, appearing to read 'AK', written over a horizontal line.

Aaron Korthuis
Northwest Immigrant Rights Project
615 2nd Ave Ste 400
Seattle, WA 98104
(206) 816-3872
aaron@nwirp.org

EXHIBIT A



Coronavirus disease (COVID-19)

Situation Report – 140

Data as received by WHO from national authorities by 10:00 CEST, 08 June 2020

Highlights

A new technical note, [Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19](#), has been released that describes medical certification and classification of deaths related to COVID-19. The primary goal is to identify all deaths due to this disease in all countries.

[WHO welcomes crucial new funding for vaccines](#) which was pledged at the [Global Vaccine Summit](#). The new pledges will enable Gavi, the Vaccine Alliance, to protect the next generation and reduce disease inequality by reaching an additional 300 million children with vaccines by 2025. The Summit also highlighted how important a safe, effective and equitably accessible vaccine will be in controlling COVID-19.

In today's '[Subject in Focus](#)' below, we provide an update on partner coordination activities. This includes the work of the Global Health Cluster, the Global Outbreak Alert and Response Network, risk communications and community engagement, and the Emergency Medical Teams network.

Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally	6 931 000 cases (131 296)	400 857 deaths (3 469)
Africa	135 412 cases (4 088)	3 236 deaths (88)
Americas	3 311 387 cases (76 512)	181 804 deaths (2 410)
Eastern Mediterranean	641 429 cases (17 745)	14 602 deaths (276)
Europe	2 286 560 cases (18 258)	184 120 deaths (388)
South-East Asia	364 196 cases (13 654)	9 970 deaths (298)
Western Pacific	191 275 cases (1 039)	7 112 deaths (9)

Subject in Focus: Partner coordination update

Health Cluster partners continue to support implementation of the Global Humanitarian Response Plan for COVID-19 in 29 countries experiencing humanitarian crises, affecting 63 million people. Activities include increasing community awareness of COVID-19 signs and symptoms, related risk factors, the importance of seeking early treatment, and protection measures including isolation and quarantine; supporting community-based surveillance and points of entry screening; and establishing treatment centres and training health workers in COVID-19 case management protocols. To maintain other essential health services (including childhood immunization, maternal and newborn care, and supporting survivors of gender-based violence) partners are adapting existing service delivery models and collaborating with other health-promoting sectors to ensure safe access and mitigate the socio-economic impact of COVID-19. More information can be found on the [Global Health Cluster website](#).

WHO continues to facilitate direct and remote technical assistance to countries through GOARN regional and global networks. All Global Outbreak Alert and Response Network (GOARN) partners are involved in national responses to the pandemic. Partners have made 568 individual offers of international support, and to date, there have been 79 international deployments. Eighteen experts are currently deployed in the field or providing support remotely to countries and WHO. Twelve deployments are currently in process, including for assessment and response teams.

GOARN partners are providing support in epidemiology, surveillance, laboratory, infection prevention and control (IPC), case management, risk communications and community engagement, and in operational coordination. However, restrictions in international travel, and health and safety requirements, remain major constraints on international deployments to all countries.

UNICEF, the International Federation of Red Cross and Red Crescent Societies (IFRC), the United States Centers for Disease Control and Prevention, and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) continue to work closely with WHO, embedded in the global COVID-19 incident management team and supporting all pillars of the response. Weekly coordination with GOARN partners ensures updates on developments of the pandemic, and on current operations and priorities by WHO and partners. The GOARN [COVID-19 Knowledge Hub](#) facilitates sharing of resources by partners and other stakeholders.

IFRC, UNICEF, and WHO, with GOARN support, are strengthening coordination and collaboration among key stakeholders at the global and regional levels in risk communications and community engagement (RCCE). This includes:

- Ongoing weekly collaboration with partners and regional focal points to ensure alignment on response priorities and actions; with deep-dive sessions on topics of special interest to partners being held bi-weekly;
- A current focus on adapting global RCCE strategy to current outbreak scenarios and defining workplans for the months ahead;
- Thematic workgroups on priority topics, including migrants and refugees, operational social sciences, and RCCE in low resource settings. An additional focus is on establishing monitoring and evaluation indicators and a dashboard for easy access to data amongst partners.

WHO, Esri, the Pacific Disaster Center (PDC), the George Alleyne Chronic Disease Research Centre (GA-CDRC), the European Centre for Disease Prevention and Control (ECDC), and GIS

Corps are working together to increase GIS technical capacity of GOARN partners for the COVID-19 pandemic and other future outbreaks.

GOARN partners are collaborating on the development of a new online contact tracing training “Social determinants of health in culture in contact tracing”, jointly led by the Australian and Canadian Field Epidemiology Training Programmes. Partners are also developing short virtual GOARN Outbreak Response Leadership training on “sense-making” and “decision-making” for COVID-19 responders.

From 9 through 11 June, WHO will convene an online consultation to share practical technical and operational experience on contact tracing activities for COVID-19, including innovations in digital technology, training, and use of Go.Data and other tools. The aim is to identify practical opportunities for stakeholders and partners to build capacity through both traditional and innovative contact tracing approaches. WHO and partners are continuing to support the rollout and use of Go.Data to assist the urgent scale up of contact tracing capacity.

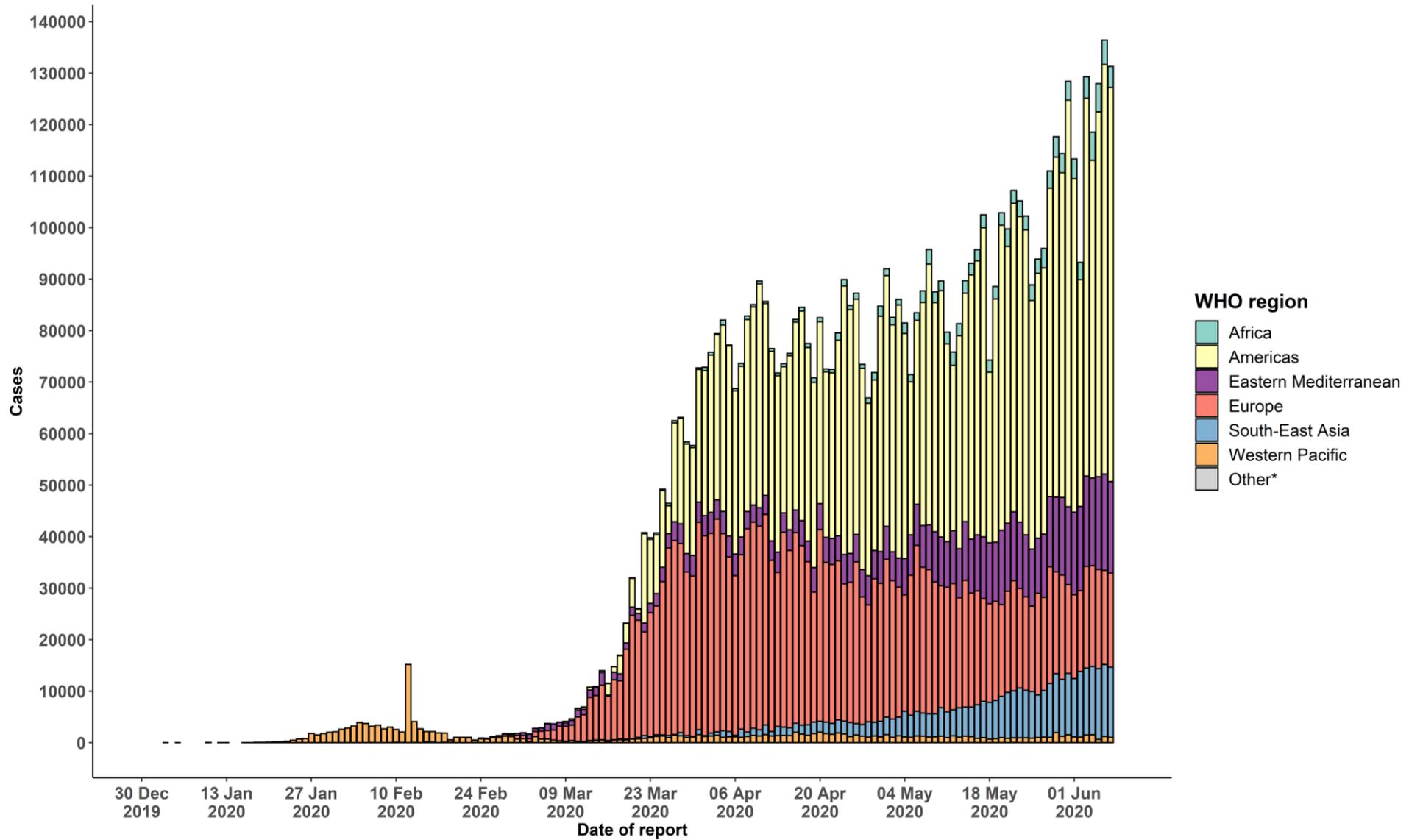
As of 7 June 2020, the Emergency Medical Teams (EMT) network has deployed 23 international EMTs to the most affected areas mainly in Europe and Africa. A further 43 national teams, in the process of international classification, have been mobilized to support national health system surge capacity. Over 500 national teams have used the EMT methodology to respond to the COVID-19 crisis.

On 29 May 2020, the EMT Strategic Advisory Group was convened, where the EMT Secretariat reported the management of more than 10 000 beds, and 400 trainings with over 11 000 front line responders trained across all six WHO Regions.

EMT senior experts have been deployed to oversee the management of operations in Accra, Ghana and Cox’s Bazar, Bangladesh as surge to support the respective WHO Country Offices, Ministries of Health and partners to improve the coordination and provision of appropriate care to COVID-19 patients.

Surveillance

Figure 1. Number of confirmed COVID-19 cases, by date of report and WHO region, 30 December through 08 June**



**See [Annex 1](#) for data, table and figure notes.

Table 1. Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths, by WHO region. Data as of 10 AM CEST, 08 June 2020**

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Africa						
South Africa	48 285	2 312	998	46	Community transmission	0
Nigeria	12 486	253	354	12	Community transmission	0
Algeria	10 154	104	707	9	Community transmission	0
Ghana	9 638	176	44	0	Community transmission	0
Cameroon	7 860	261	215	3	Community transmission	0
Senegal	4 328	79	49	2	Community transmission	0
Guinea	4 165	48	23	0	Community transmission	0
Democratic Republic of the Congo	4 015	138	84	3	Community transmission	0
Côte d'Ivoire	3 739	182	36	0	Community transmission	0
Gabon	3 101	0	21	0	Community transmission	2
Kenya	2 767	167	84	1	Community transmission	0
Ethiopia	2 020	86	27	7	Clusters of cases	0
Central African Republic	1 634	64	5	0	Clusters of cases	0
Mali	1 533	10	92	2	Community transmission	0
Guinea-Bissau	1 368	0	12	0	Community transmission	2
South Sudan	1 317	0	14	0	Clusters of cases	4
Zambia	1 154	0	7	0	Community transmission	1
Madagascar	1 052	26	9	1	Clusters of cases	0
Equatorial Guinea	1 043	0	12	0	Community transmission	15
Niger	973	3	65	0	Community transmission	0
Sierra Leone	969	23	48	0	Community transmission	0

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Mauritania	947	0	43	0	Clusters of cases	1
Burkina Faso	888	0	53	0	Community transmission	1
Chad	837	1	69	0	Community transmission	0
Uganda	745	23	0	0	Sporadic cases	0
Congo	683	30	22	2	Community transmission	0
Cabo Verde	554	12	5	0	Clusters of cases	0
United Republic of Tanzania	509	0	21	0	Community transmission	31
Togo	495	8	13	0	Community transmission	0
Rwanda	439	8	2	0	Sporadic cases	0
Malawi	438	29	4	0	Clusters of cases	0
Mozambique	424	15	2	0	Clusters of cases	0
Liberia	359	14	30	0	Community transmission	0
Mauritius	337	0	10	0	Clusters of cases	2
Eswatini	333	11	3	0	Clusters of cases	0
São Tomé and Príncipe	295	0	10	0	Clusters of cases	12
Zimbabwe	279	0	4	0	Sporadic cases	1
Benin	268	0	4	0	Community transmission	1
Comoros	97	0	2	0	Community transmission	1
Angola	91	5	4	0	Clusters of cases	0
Burundi	83	0	1	0	Clusters of cases	1
Eritrea	41	0	0	0	Sporadic cases	3
Botswana	40	0	1	0	Clusters of cases	5
Namibia	29	0	0	0	Sporadic cases	1

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ⁱ	Days since last reported case
Gambia	26	0	1	0	Sporadic cases	5
Seychelles	11	0	0	0	Clusters of cases	62
Lesotho	4	0	0	0	Sporadic cases	4
Territoriesⁱⁱ						
Mayotte	2 079	0	25	0	Clusters of cases	2
Réunion	480	0	1	0	Clusters of cases	2
Americas						
United States of America	1 915 712	28 918	109 746	708	Community transmission	0
Brazil	672 846	27 075	35 930	904	Community transmission	0
Peru	191 758	4 358	5 301	139	Community transmission	0
Chile	134 150	6405	1 637	96	Community transmission	0
Mexico	113 619	3 593	13 511	341	Community transmission	0
Canada	95 057	722	7 773	70	Community transmission	0
Ecuador	43 120	392	3 621	13	Community transmission	0
Colombia	38 027	1 392	1 205	60	Community transmission	0
Argentina	22 020	983	656	14	Community transmission	0
Dominican Republic	19 600	405	538	2	Community transmission	0
Panama	16 004	541	386	16	Community transmission	0
Bolivia (Plurinational State of)	13 358	630	454	27	Community transmission	0
Guatemala	6 792	307	230	14	Community transmission	0
Honduras	6 155	184	250	2	Community transmission	0
Haiti	3 072	148	50	0	Community transmission	0
El Salvador	3 015	81	55	2	Community transmission	0
Venezuela (Bolivarian Republic of)	2 316	171	22	2	Community transmission	0

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ⁱ	Days since last reported case
Cuba	2 191	18	83	0	Clusters of cases	0
Nicaragua	1 309	0	46	0	Community transmission	4
Costa Rica	1 263	0	10	0	Clusters of cases	1
Paraguay	1 135	45	11	0	Community transmission	0
Uruguay	845	11	23	0	Clusters of cases	0
Jamaica	596	1	10	0	Clusters of cases	0
Guyana	154	1	12	0	Clusters of cases	0
Trinidad and Tobago	117	0	8	0	Sporadic cases	7
Bahamas	103	0	11	0	Clusters of cases	1
Suriname	101	11	1	0	Sporadic cases	0
Barbados	92	0	7	0	Clusters of cases	14
Saint Vincent and the Grenadines	26	0	0	0	Sporadic cases	7
Antigua and Barbuda	25	0	3	0	Clusters of cases	35
Grenada	23	0	0	0	Clusters of cases	12
Belize	19	0	2	0	Sporadic cases	1
Saint Lucia	19	0	0	0	Sporadic cases	2
Dominica	16	0	0	0	Clusters of cases	58
Saint Kitts and Nevis	15	0	0	0	Sporadic cases	48
Territoriesⁱⁱ						
Puerto Rico	4 985	70	142	0	Community transmission	0
French Guiana	689	50	1	0	Clusters of cases	0
Martinique	202	0	14	0	Clusters of cases	1
Cayman Islands	164	0	1	0	Clusters of cases	1
Guadeloupe	164	0	14	0	Clusters of cases	2

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Bermuda	141	0	9	0	Clusters of cases	5
Aruba	101	0	3	0	No cases	33
Sint Maarten	77	0	15	0	Sporadic cases	2
United States Virgin Islands	71	0	6	0	Clusters of cases	3
Saint Martin	41	0	3	0	Sporadic cases	8
Curaçao	21	0	1	0	Sporadic cases	3
Falkland Islands (Malvinas)	13	0	0	0	Clusters of cases	43
Turks and Caicos Islands	12	0	1	0	Sporadic cases	41
Montserrat	11	0	1	0	Sporadic cases	55
British Virgin Islands	8	0	1	0	Sporadic cases	23
Bonaire, Sint Eustatius and Saba	7	0	0	0	No cases	13
Saint Barthélemy	6	0	0	0	Sporadic cases	69
Anguilla	3	0	0	0	Sporadic cases	65
Saint Pierre and Miquelon	1	0	0	0	Sporadic cases	61
Eastern Mediterranean						
Iran (Islamic Republic of)	171 789	2 364	8 281	72	Community transmission	0
Pakistan	103 671	4 728	2 067	65	Clusters of cases	0
Saudi Arabia	101 914	3 045	712	36	Clusters of cases	0
Qatar	68 790	1 595	54	3	Community transmission	0
United Arab Emirates	38 808	540	276	1	Pending	0
Egypt	34 079	1 467	1 237	39	Clusters of cases	0
Kuwait	31 848	717	264	10	Clusters of cases	0
Afghanistan	20 917	575	369	12	Clusters of cases	0
Oman	16 882	866	75	3	Clusters of cases	0

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ⁱ	Days since last reported case
Bahrain	14 763	380	26	2	Clusters of cases	0
Iraq	12 366	1 268	346	28	Clusters of cases	0
Morocco	8 224	73	208	0	Clusters of cases	0
Sudan	6 083	2	359	0	Community transmission	0
Djibouti	4 207	38	28	2	Clusters of cases	0
Somalia	2 334	45	83	1	Sporadic cases	0
Lebanon	1 331	11	30	1	Clusters of cases	0
Tunisia	1 087	0	49	0	Community transmission	4
Jordan	808	13	9	0	Clusters of cases	0
Yemen	488	2	113	1	Pending	0
Libya	256	0	5	0	Clusters of cases	1
Syrian Arab Republic	141	16	6	0	Community transmission	0
Territoriesⁱⁱ						
occupied Palestinian territory	643	0	5	0	Clusters of cases	3
Europe						
Russian Federation	476 658	8 985	5 971	112	Clusters of cases	0
The United Kingdom	286 198	1 326	40 542	77	Community transmission	0
Spain	241 550	240	27 136	1	Community transmission	0
Italy	234 998	197	33 899	53	Community transmission	0
Germany	184 193	214	8 674	6	Community transmission	0
Turkey	170 132	914	4 692	23	Community transmission	0
France	150 315	293	29 097	13	Community transmission	0
Belgium	59 226	154	9 595	15	Community transmission	0
Belarus	48 630	1762	269	10	Community transmission	0

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Netherlands	47 574	239	6 013	2	Community transmission	0
Sweden	44 730	843	4 659	3	Community transmission	0
Portugal	34 493	142	1 479	5	Community transmission	0
Switzerland	30 882	9	1 660	0	Community transmission	0
Ukraine	27 462	463	797	9	Community transmission	0
Poland	26 561	575	1 157	4	Community transmission	0
Ireland	25 201	18	1 679	9	Community transmission	0
Romania	20 479	189	1 326	8	Community transmission	0
Israel	17 783	77	294	2	Pending	0
Austria	16 868	46	672	0	Community transmission	0
Armenia	13 325	195	211	11	Community transmission	0
Kazakhstan	12 859	165	56	2	Clusters of cases	0
Denmark	11 948	24	589	2	Community transmission	0
Serbia	11 823	82	249	1	Pending	0
Republic of Moldova	9 700	189	346	11	Community transmission	0
Czechia	9 628	61	327	0	Clusters of cases	0
Norway	8 504	0	238	0	Clusters of cases	2
Azerbaijan	7 553	314	88	4	Clusters of cases	0
Finland	6 981	17	323	1	Pending	0
Tajikistan	4 529	76	48	0	Pending	0
Uzbekistan	4 352	171	17	0	Clusters of cases	0
Luxembourg	4 039	4	110	0	Clusters of cases	0
Hungary	3 970	0	542	0	Community transmission	2
North Macedonia	3 028	113	153	2	Clusters of cases	0

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ⁱ	Days since last reported case
Greece	2 952	0	180	0	Clusters of cases	1
Bulgaria	2 727	16	160	0	Clusters of cases	0
Bosnia and Herzegovina	2 673	28	159	1	Community transmission	0
Croatia	2 247	0	104	0	Sporadic cases	3
Kyrgyzstan	2 032	25	23	1	Clusters of cases	0
Estonia	1 939	8	69	0	Clusters of cases	0
Iceland	1 807	1	10	0	Community transmission	0
Lithuania	1 714	9	71	0	Community transmission	0
Slovakia	1 528	0	28	0	Clusters of cases	1
Slovenia	1 485	0	108	0	Clusters of cases	1
Albania	1 263	17	34	0	Clusters of cases	0
Latvia	1 088	2	25	0	Clusters of cases	0
Cyprus	964	4	18	0	Clusters of cases	0
Andorra	852	0	51	0	Community transmission	3
Georgia	810	1	13	0	Community transmission	0
San Marino	695	0	42	0	Community transmission	3
Malta	629	7	9	0	Sporadic cases	0
Montenegro	324	0	9	0	Clusters of cases	33
Monaco	99	0	1	0	Sporadic cases	1
Liechtenstein	83	0	1	0	Pending	43
Holy See	12	0	0	0	Sporadic cases	32
Territoriesⁱⁱ						
Kosovo ^[1]	1 191	40	30	0	Community transmission	0
Isle of Man	336	0	24	0	Pending	17

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ¹	Days since last reported case
Jersey	311	2	30	0	Community transmission	0
Guernsey	252	0	13	0	Community transmission	36
Faroe Islands	187	0	0	0	Pending	45
Gibraltar	175	1	0	0	Clusters of cases	0
Greenland	13	0	0	0	Pending	10
South-East Asia						
India	256 611	9 983	7 135	206	Clusters of cases	0
Bangladesh	65 769	2 743	888	42	Community transmission	0
Indonesia	31 186	672	1 851	50	Community transmission	0
Nepal	3 448	213	13	0	Sporadic cases	0
Thailand	3 119	7	58	0	Clusters of cases	0
Maldives	1 903	2	8	0	Clusters of cases	0
Sri Lanka	1 835	21	11	0	Clusters of cases	0
Myanmar	242	2	6	0	Clusters of cases	0
Bhutan	59	11	0	0	Sporadic cases	0
Timor-Leste	24	0	0	0	Clusters of cases	45
Western Pacific						
China	84 634	5	4 645	0	Clusters of cases	0
Singapore	37 910	383	25	0	Clusters of cases	0
Philippines	21 895	555	1 003	9	Community transmission	0
Japan	17 174	33	916	0	Clusters of cases	0
Republic of Korea	11 814	38	273	0	Clusters of cases	0
Malaysia	8 322	19	117	0	Clusters of cases	0

Reporting Country/ Territory/Area	Total confirmed cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification ⁱ	Days since last reported case
Australia	7 260	5	102	0	Clusters of cases	0
New Zealand	1 154	0	22	0	Clusters of cases	17
Viet Nam	329	0	0	0	Clusters of cases	2
Mongolia	193	0	0	0	Sporadic cases	1
Brunei Darussalam	141	0	2	0	Clusters of cases	31
Cambodia	126	0	0	0	Sporadic cases	1
Lao People's Democratic Republic	19	0	0	0	Sporadic cases	56
Fiji	18	0	0	0	Sporadic cases	48
Papua New Guinea	8	0	0	0	Sporadic cases	46
Territoriesⁱⁱ						
Guam	171	0	5	0	Clusters of cases	3
French Polynesia	60	0	0	0	Sporadic cases	33
Northern Mariana Islands (Commonwealth of the)	27	1	2	0	Pending	0
New Caledonia	20	0	0	0	Sporadic cases	3
Subtotal for all regions	6 930 259	131 296	400 844	3 469		
Other*	741	0	13	0	Not applicable	-
Grand total	6 931 000	131 296	400 857	3 469		

**See [Annex 1](#) for data, table and figure notes.

Technical guidance and other resources

- To view all technical guidance documents regarding COVID-19, please go to [this webpage](#).
- Updates from WHO regional offices
 - [WHO AFRO](#)
 - [WHO PAHO](#)
 - [WHO EMRO](#)
 - [WHO SEARO](#)
 - [WHO EURO](#)
 - [WHO WPRO](#)
- [Research and Development](#)
- [Online courses on COVID-19](#) and in [additional national languages](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
- [Weekly COVID-19 Operations Updates](#)

Recommendations and advice for the public

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN](#): tailored information for individuals, organizations and communities

Case definitions

WHO periodically updates the [Global Surveillance for human infection with coronavirus disease \(COVID-19\)](#) document which includes surveillance definitions.

Definition of COVID-19 death

COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma). There should be no period of complete recovery between the illness and death.

Further guidance for certification and classification (coding) of COVID-19 as cause of death is available [here and here](#).

Annex 1: Data, table and figure notes

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of true case and death counts, and variable delays to reflecting these data at global level.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Counts reflect laboratory-confirmed cases and deaths, based on [WHO case definitions](#), unless stated otherwise (see Country, territory, or area-specific updates and errata), and include both domestic and repatriated cases.

Other*: includes cases reported from international conveyances.

Due to the recent trend of countries conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, WHO will now display such data as negative numbers in the "new cases" / "new deaths" columns as appropriate. This will aid readers in identifying when such adjustments occur. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Additional table notes

ⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis, and may be revised as new

information becomes available. and. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases
- Sporadic cases: with one or more cases, imported or locally detected
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel lab surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area
- Pending: transmission classification has not been reported to WHO

ii "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

Country, territory, or area-specific updates and errata

- None

EXHIBIT B

U.S. Department of Health and Human Services
National Institutes of Health



In the News: Coronavirus and “Alternative” Treatments



Coronaviruses are a large family of viruses. Some cause illness in people, and others cause illness in certain types of animals. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the new strain of coronavirus that causes coronavirus disease 2019, or COVID-19. Sometimes coronaviruses that infect animals can evolve and make people sick and become a new human coronavirus. Three recent examples of this are SARS-CoV-2, SARS-CoV, and MERS-CoV.

The media has reported that some people are seeking “alternative” remedies to prevent or to treat COVID-19. Some of these purported remedies include herbal therapies, teas, essential oils, tinctures, and silver products such as colloidal silver. **There is no scientific evidence that any of these alternative remedies can prevent or cure COVID-19.** In fact, some of them may not be safe to consume.^{1,2} It’s important to understand that although many herbal or dietary supplements (and some prescription drugs) come from natural sources, “natural” does not always mean that it’s a safer or better option for your health. For tips on how to find accurate, reliable information about health, visit our [Know the Science](#) resources.

While scientists at NIH and elsewhere are evaluating candidate therapies and vaccines to treat and prevent the novel coronavirus, currently there are no treatments or vaccines for COVID-19 approved by the U.S. Food and Drug Administration. Researchers are studying new drugs, and drugs that are already approved for other health conditions, as possible treatments for COVID-19. The best way to prevent infection is to avoid exposure to the virus. The Centers for Disease Control and Prevention (CDC) also recommends [everyday preventive actions](#) to help prevent the spread of this and other respiratory viruses, including the following:

- Clean your hands often.
- Avoid close contact.
- Cover your mouth and nose with a cloth face cover when around others.
- Cover coughs and sneezes.
- Clean and disinfect frequently touched surfaces.

Follow the instructions of your state and local authorities and current guidance regarding social distancing and other measures to reduce the spread of coronavirus.

If you have a fever or cough, you might have COVID-19. Most people have mild illness and are able to recover at home. If you have traveled to [high risk countries or regions](#) or were in close contact with someone with COVID-19 or think you may have been exposed to COVID-19, contact your health care provider immediately.

- Keep track of your symptoms.

- **If you have an [emergency warning sign](#) (including trouble breathing),** get medical attention right away.

More Resources

For more information about what everyone can do to prevent the spread of COVID-19 in the United States, visit [the CDC's coronavirus webpage](#). For more information on NIH research on the new coronavirus, visit [NIH's coronavirus webpage](#). You can also [subscribe](#) to receive coronavirus updates from NIH.

¹U.S. Food and Drug Administration. Coronavirus Update: FDA and FTC Warn Seven Companies Selling Fraudulent Products That Claim To Treat or Prevent COVID-19. March 9, 2020.

²Coghlan ML, Maker G, Crighton E, et al. Combined DNA, toxicological and heavy metal analyses provides an auditing toolkit to improve pharmacovigilance of traditional Chinese medicine (TCM). Scientific Reports. 2015;5:17475.

EXHIBIT C



Coronavirus Disease 2019 (COVID-19)

Public Health Guidance for Community-Related Exposure

The following guidance is provided for definitions and management of contacts of people with COVID-19. Separate guidance is available for [international travelers](#). Healthcare personnel (HCP) should follow CDC's [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#) regarding work restrictions if they have potential exposure to people with COVID-19. However, such HCP should also follow this Guidance for Community-Related Exposure for what to do in the community. See also CDC's guidance for [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). Individuals should always follow guidance of the state and local authorities.

Public health recommendations have been updated to accommodate new scientific evidence, evolving epidemiology, and the need to simplify risk assessment. New recommendations are based on:

- Growing evidence of transmission risk from infected people without symptoms (asymptomatic) or before the onset of recognized symptoms (presymptomatic);
- Increased community transmission in many parts of the country;
- A need to communicate effectively to the general public;
- Continued focus on reducing transmission through social distancing and other [personal prevention strategies](#).

Summary of Changes:

On June 4, 2020

1. Added exposure to people with confirmed COVID-19 who have not had any symptoms to this Guidance.

Current guidance based on community exposure, for people exposed to people with known or suspected COVID-19 or possible COVID-19

Person	Exposure to	Recommended Precautions for the Public
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<ul style="list-style-type: none"> Individual who has had close contact (< 6 feet)** for ≥15 minutes*** 	<ul style="list-style-type: none"> Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness) Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation) 	<ul style="list-style-type: none"> Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times Self-monitor for symptoms <ul style="list-style-type: none"> Check temperature twice a day Watch for fever*, cough, or shortness of breath, or other symptoms of COVID-19 Avoid contact with people at higher risk for severe illness from COVID-19 Follow CDC guidance if symptoms develop
<p>All U.S. residents, other than those with a known risk exposure</p>	<ul style="list-style-type: none"> Possible unrecognized COVID-19 exposures in U.S. communities 	<ul style="list-style-type: none"> Practice social distancing and other personal prevention strategies Be alert for symptoms <ul style="list-style-type: none"> Watch for fever*, cough, or shortness of breath, or other symptoms of COVID-19 Check temperature if symptoms develop Follow CDC guidance if symptoms develop

*For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs]).

** Data to inform the definition of close contact are limited. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk).

***Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important.

Integration of these definitions and actions into communications and actions of public health authorities can be guided by CDC's "[Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#) 

EXHIBIT D



COMMONWEALTH OF PENNSYLVANIA

OFFICE OF THE GOVERNOR

ORDER OF
THE GOVERNOR OF THE COMMONWEALTH OF PENNSYLVANIA
FOR INDIVIDUALS TO STAY AT HOME

WHEREAS, the World Health Organization and the Centers for Disease Control and Prevention (“CDC”) have declared a novel coronavirus (“COVID-19”) a “public health emergency of international concern,” and the U.S. Department of Health and Human Services (“HHS”) Secretary has declared that COVID-19 creates a public health emergency; and

WHEREAS, as of March 6, 2020, I proclaimed the existence of a disaster emergency throughout the Commonwealth pursuant to 35 Pa. C.S. § 7301(c); and

WHEREAS, I am charged with the responsibility to address dangers facing the Commonwealth of Pennsylvania that result from disasters. 35 Pa. C.S. § 7301(a); and

WHEREAS, in addition to general powers, during a disaster emergency I am authorized specifically to control ingress and egress to and from a disaster area and the movement of persons within it and the occupancy of premises therein. 35 Pa. C.S. § 7301(f); and

WHEREAS, in executing the extraordinary powers outlined above, I am further authorized during a disaster emergency to issue, amend, and rescind executive orders, proclamations, and regulations and those directives shall have the force and effect of law. 35 Pa. C.S. § 7301(b); and

WHEREAS, in addition to my authority, my Secretary of Health has the authority to determine and employ the most efficient and practical means for the prevention and suppression of disease. 71 P.S. § 532(a), 71 P.S. 1403(a); and

WHEREAS, these means include isolation, quarantine, and any other control measure needed. 35 P.S. § 521.5; and

WHEREAS, I previously issued an Order limited to specified counties directing “Individuals to Stay at Home” on March 23, 2020, and amended March 24, March 25, March 27, March 28, March 30, and March 31, 2020; and

WHEREAS, as of April 1, 2020, the Commonwealth of Pennsylvania has 5,805 positive cases of COVID-19 in sixty counties and reports 74 deaths from the virus.

NOW THEREFORE, pursuant to the authority vested in me and my Administration by the laws of the Commonwealth of Pennsylvania, I do hereby ORDER and PROCLAIM as follows:

Section 1: Order to Stay at Home

All individuals residing in the Commonwealth are ordered to stay at home except as needed to access, support, or provide life-sustaining business, emergency, or government services. For employees of life-sustaining businesses that remain open, the following child care services may remain open: group and family child care providers in a residence; child care facilities operating under a waiver granted by the Department of Human Services Office of Child Development and Early Learning; and, part-day school age programs operating under an exemption from the March 19, 2020, business closure Orders.

A list of life-sustaining businesses that remain open is attached to and incorporated into this Order. In addition, businesses that are permitted to remain open include those granted exemptions prior to or following the issuance of this Order.

Individuals leaving their home or place of residence to access, support, or provide life-sustaining services for themselves, another person, or a pet must employ social distancing practices as defined by the Centers for Disease Control and Prevention. Individuals are permitted to engage in outdoor activities; however, gatherings of individuals outside of the home are generally prohibited except as may be required to access, support, or provide life-sustaining services as outlined above.

Enforcement of this Order will commence immediately for all counties covered under my prior Order directing "Individuals to Stay at Home" first issued March 23, 2020, as amended. Enforcement of this Order will commence at 8:00 PM Wednesday, April 1, 2020, for all other counties.

Section 2: Effective Date and Duration

This order is effective immediately and will remain in effect until April 30, 2020. This Order supersedes all previous Orders directing "Individuals to Stay at Home."



GIVEN under my hand and the Seal of the Governor, at the city of Harrisburg, on this first day of April two thousand twenty, the year of the commonwealth the two hundred and forty-fourth.

Tom Wolf
TOM WOLF
Governor

EXHIBIT E



CITY OF PHILADELPHIA
OFFICE OF THE MAYOR
DEPARTMENT OF PUBLIC HEALTH

**EMERGENCY ORDER TEMPORARILY PROHIBITING OPERATION OF
NON-ESSENTIAL BUSINESSES AND CONGREGATION OF PERSONS
TO PREVENT THE SPREAD OF 2019 NOVEL CORONAVIRUS (COVID -19)**

ORDER NO. 2

WHEREAS, on March 6, 2020, in response to the 2019 novel coronavirus disease, COVID-19, the Governor of Pennsylvania issued a Proclamation of Disaster Emergency; and

WHEREAS, on March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic, or global epidemic; and

WHEREAS, on March 11, 2020, the Mayor of Philadelphia issued a Declaration of Extraordinary Circumstance that allows City regulations related to addressing the pandemic to become effective immediately upon transmission to the Department of Records; and

WHEREAS, on March 12, 2020, the Board of Health added COVID-19 to the City's list of reportable and quarantinable diseases; and

WHEREAS, on March 12, 2020, the Commissioner of Health issued an Emergency Order that forbids gatherings of 1,000 or more persons to prevent the spread of COVID-19; and

WHEREAS, on March 13, 2020, the Mayor issued a Declaration of Emergency related to COVID-19 that, in conjunction with the Governor's proclamation, enhanced the City's ability to take action to address the pandemic's impact in Philadelphia;

WHEREAS, on March 16, 2020, the Governor of Pennsylvania announced that the Commonwealth of Pennsylvania is imposing mitigation efforts to curtail the spread of COVID-19 uniformly across the Commonwealth, calling upon nonessential businesses (excluding business such as grocery stores and medical facilities) to close beginning at midnight Tuesday March 17, 2020; and

WHEREAS, on March 17, 2020 the Mayor and the Commissioner of Health jointly issued an Emergency Order prohibiting operation of non-essential businesses to prevent the spread of COVID-19; and

WHEREAS, on March 19, 2020 the Governor of Pennsylvania announced that the Commonwealth of Pennsylvania ordered all non-life-sustaining businesses in Pennsylvania to close their physical

locations as of 8:00 p.m., March 19 to slow the spread of COVID-19 and that enforcement actions against businesses that do not close physical locations will begin at 12:01 a.m. Saturday, March 21; and

WHEREAS, the Governor of Pennsylvania updated the aforementioned order and list of life-sustaining and non-life sustaining businesses on March 20, 2020 and again on March 21, 2020; and

WHEREAS, COVID-19 is easily transmitted, especially in group settings, including by people with no symptoms or mild symptoms who may unknowingly spread the disease to others; and

WHEREAS, COVID-19 may remain viable for hours to days on surfaces made from a variety of materials located in businesses and other places, thus contaminating certain property and places; and

WHEREAS, COVID-19 can cause severe disease and death, particularly in older adult and other vulnerable populations; and

WHEREAS, pursuant to authority set forth in The Philadelphia Code, inherent authority set forth in The Philadelphia Home Rule Charter, and state law, the Mayor has broad authority to set forth limitations on public activities during a state of national health emergency; and

WHEREAS, Sections 6-205 and 6-206 of The Philadelphia Code provides that the Department may forbid congregation of persons and such other measures, including closure of businesses when necessary to prevent the further spread of a communicable and quarantinable disease; and

WHEREAS, scientific evidence shows that preventing unnecessary close contact of individuals is an effective way to mitigate the spread of communicable diseases like COVID-19; and

WHEREAS, the Mayor of the City of Philadelphia and the Health Commissioner have determined that, in order to limit the spread of COVID-19, it is immediately necessary to forbid the operation of businesses that do not provide essential services to the public and activities that endanger public health, in accordance with the terms and conditions set forth herein;

WHEREAS, the best way for Philadelphia residents to keep themselves, their families, and their communities safe during the COVID-19 outbreak is to stay at home as much as possible;

NOW, THEREFORE, James F. Kenney, Mayor of the City of Philadelphia, and Dr. Thomas A. Farley, Health Commissioner of the City of Philadelphia, pursuant to all authority granted under the Philadelphia Home Rule Charter, The Philadelphia Code, the Regulations of the Board of Health of the City of Philadelphia, and Pennsylvania laws and regulations, hereby **ORDER** as follows:

Section 1. Prohibition on Operation of Non-Essential Businesses/Activities in Philadelphia

- A. No person or entity shall operate a non-essential place of business. This prohibition does not apply to virtual or remote operations (*e.g.*, work from home).

- B. Essential Businesses may operate during the term of this Order and must observe the Social Distancing Rules of 4.
- C. Essential Businesses include all Life-Sustaining Businesses in the specific industry groups identified by the Governor of Pennsylvania, specifically those permitted in Natural Resources and Mining; Construction; Manufacturing; Trade, Transportation, & Utilities; Information; Financial Activities; Professional and Business Services; Education and Health Services; Leisure and Hospitality; and Other Services (Except Public Administration) (hereinafter, the “**Governor’s Order**”).
- D. In determining whether a business is a Life-Sustaining Business, the business should first refer to the Governor’s Order and the list of Life-Sustaining Businesses. That list has been updated by the Commonwealth to conform with guidance on Essential Critical Infrastructure issued by the Department of Homeland Security, Cybersecurity and Infrastructure Security Agency. The City’s Order should be interpreted to be consistent with the Governor’s Order.
- E. The City of Philadelphia shall provide Philadelphia-specific definitions and examples of Life-Sustaining Businesses, which are defined as Essential Businesses and Activities below, in appropriate coordination with the Commonwealth. The City’s Order may impose additional public health and safety restrictions above and beyond the Governor’s Order.
- F. **Essential Retail Businesses and Activities**, includes the following:
 - 1. “Grocery Stores,”¹ including supermarkets, farmers’ markets, convenience stores, and mini-markets; these stores should discourage non-shopping activity (leisure or idling) and manage store occupancy to allow for social distancing
 - 2. “Food Services,” or restaurants limited to providing delivery service or pre-ordering online or via phone (strictly prohibited are walk-in ordering, dine-in service, and mobile food vendors, such as food trucks)
 - 3. “Automotive Parts, Accessories, and Tire Stores,” including auto-repair shops but not any affiliated car dealerships
 - 4. “Gasoline Stations,” including their convenience stores
 - 5. “Building Material and Supplies Dealers,” including hardware stores, but not lawn and garden stores
 - 6. “Electronic Shopping and Mail-Order Houses,” means establishments primarily engaged in retailing all types of merchandise using non-store means, such as catalogs, toll free telephone numbers, or electronic media
 - 7. “Other General Merchandise Stores,” except department stores, includes:
 - i. Hardware stores supplying life-sustaining electrical, plumbing, heating, automotive parts, and other life-sustaining materials

¹ Terms appearing in quotations are identified as a Sector, Subsector, or Industry Group in the Governor’s Order.

- ii. Pharmacies, drug stores, and retailers of prescription or nonprescription drugs, medicines, and essential healthcare products
- 8. “Personal Household Goods Repair and Maintenance,” includes:
 - i. Emergency or urgent household repairs (HVAC, plumbing, electrical, utilities, life-sustaining household appliances, telecommunications equipment) and repair and maintenance necessary to maintaining the safety, sanitation, and essential operation of home residences
 - ii. Bicycle or motorcycle repair shops
 - iii. Stores primarily engaged in repairing cell phones
- 9. “Home Healthcare Services,” includes in-home or home-based care for seniors, adults, or children (not to be confused with child daycare facilities)
- 10. “Postal Service” and “Couriers and Messengers,” includes post offices, local messengers and local delivery, shipping and freight services, package delivery companies that deliver packages to residential buildings and offices, and companies that otherwise provide intercity, local, and/or international delivery of parcels and documents (including express delivery services)
- 11. “Dry-cleaning and Laundry Services,” includes laundromats
- 12. Consumer banks and credit unions using drive-through, ATM, and limited lobby services, which are permissible “Financial Activities”
- 13. Veterinary hospitals and services, and pet stores (which are “Other Miscellaneous Stores”)
- 14. “Rooming and Boarding Houses” includes hotels
- 15. “Clothing Stores” that only or primarily sell essential uniforms and apparel for medical/healthcare professionals and public safety workers (police officers and firefighters)
- 16. “Automotive Equipment Rental and Leasing,” includes establishments primarily engaged in renting or leasing passenger cars and trucks
- 17. “Services to Buildings and Dwellings,” includes establishments primarily engaged in exterminating and controlling birds, mosquitoes, rodents, termites, and other insects and pests

G. Essential Infrastructure and Industrial Businesses and Activities:

- 1. “Construction” for:
 - i. All medical, pharmaceutical, and healthcare facilities (including non-emergency construction)
 - ii. All emergency projects or other projects deemed essential by the City of Philadelphia, while appropriately balancing public safety, to ensure the

- continued delivery of critical infrastructure services and functions by the City (“City Essential Infrastructure Projects”)
- iii. Emergency repairs for “Residential Building Construction,” “Nonresidential Building Construction,” “Utility Subsystem Construction” (related buildings and structures for utilities, *i.e.*, water, sewer, petroleum, gas, power, and communication, and all structures that are integral parts of utility systems); “Highway, Street, and Bridge Construction,” “Other Heavy and Civil Engineering Construction,” “Foundation, Structure, and Building Exterior Contractors,” “Building Equipment Contractors,” “Building Finishing Contractors,” and “Other Specialty Trade Contractors”
2. “Transit and Ground Passenger Transportation,” which includes urban transit systems, taxi and limousine services, interurban and rural bus transportation, other transit and group passenger transportation (except Charter Bus Industry), and rideshare services (*see* Governor’s Order for other categories)
 3. “Air, Rail, Water, Truck Transportation,” and affiliated “Support Activities,” which includes delivery and distribution services, and Philadelphia ports and port-related functions (*see* Governor’s Order for other categories)
 4. “Waste Management and Remediation Services,” which includes trash collection and essential sanitation or cleaning of public right of ways (*e.g.*, sidewalks and streets) (*see* Governor’s Order for other categories)
 5. “Broadcasting,” which includes radio and television broadcasting, and cable and other subscription programming (*see* Governor’s Order for other categories)
 6. “Publishing industries,” which includes newspapers, periodicals, books, magazines, and directory publishers (*see* Governor’s Order for other categories)
 7. “Telecommunications” (except telecommunications resellers), which includes wireless telecommunications carriers (*see* Governor’s Order for other categories)
 8. “Manufacturing,” which includes all manufacturing of: food and beverages; medical supplies and equipment; HVAC equipment; plastics, rubber, cement/concrete, iron, steel, ferroalloy, and aluminum; semiconductor, electrical electromedical, navigational, control instrument components and products (*see* Governor’s Order for other categories)
 - i. “Pharmaceutical and Medicine Manufacturing” is defined to include all essential activities and support activities related to ensuring the availability of in-vivo diagnostic substances and pharmaceutical preparations intended for internal and external consumption in dose forms, such as ampoules, tablets, capsules, vials, ointments, powders, solutions, and suspensions, as well as biological products, such as vaccines, toxoids, blood fractions, and culture media of plant or animal origin
 - ii. The prohibition on “Apparel Manufacturing” in the Governor’s Order does not apply to the manufacturing or sale of essential uniforms and apparel for medical and healthcare professionals and public safety officers (*e.g.*, police officers and firefighters)

9. “Wholesale Trade,” which includes all wholesale trade of: food, groceries, and related products; pharmaceutical medical, healthcare, and wellness products; medical supplies and equipment; life-sustaining public health products; and all permissible Retail Trade products under the Governor’s Order (*see* Governor’s Order for other categories)
10. “Professional Businesses and Services,” which includes:
 - i. “Scientific Research and Development Services,” *e.g.*, all essential research and development and support activity relating to Pharmaceutical and Medicine Manufacturing and biotechnology activity (*see* Governor’s Order for other categories)
 - ii. *See* Section 3.C. regarding “Legal Services”

H. **Essential Healthcare and Social Services Businesses and Activities** include:

1. All medical or healthcare related services and support services, including “Hospitals”; “Nursing and Residential Care Facilities”; “Ambulatory Health Care Services” (offices of physicians, dentists, and other health practitioners); urgent care facilities; and mental and behavioral health providers
2. “Social Assistance” includes businesses that provide essential food, shelter, and critical social services for economically disadvantaged or otherwise needy individuals are not prohibited from providing essential food, shelter, and services; and residential facilities and shelters for seniors, adults, and children

I. **Essential Governmental Functions** includes all services needed to ensure the continuing operation of the government agencies and provide for the health, safety and welfare of the public, including City Essential Infrastructure Projects.

J. **Essential Educational Functions** include:

1. Elementary and secondary schools maintaining preparation and distribution of meals for children (with essential staff only)
2. Colleges and universities supporting residence halls where students must reside (with essential staff only)

Additional Essential Businesses may be determined by the Department of Public Health, consistent with the Governor’s Order, and shall be identified at phila.gov/COVID-19.

Section 2. Prohibition on Operation of Office-Based Businesses

A. No office-based or co-working space business or organization, other than an Essential Business, may operate the business generally with personnel located in such office.

B. Businesses required to suspend physical operations may only have essential on-site personnel to maintain critical functions, such as security, processing of essential operations (*e.g.*, payroll and benefits for employees; maintaining remote technology infrastructure; and facilitating “Facilities Support Services” permitted by the Governor’s Order, which are services such as

janitorial, maintenance, trash disposal, guard and security, mail routing, and reception). Businesses are also permitted to maintain essential on-site personnel to ensure compliance with federal, state and local regulatory requirements, and for the safety and security of essential government services. All businesses must follow social distancing and COVID-19 mitigation guidance provided by the U.S. Center for Disease Control, the Pennsylvania Department of Health, and the Philadelphia Department of Public Health. The business and activities described in this section are “**Essential Minimum Basic Operations.**”

Section 3. Other Non-Essential Businesses and Activities

A. Businesses that are not listed as Essential Businesses or Life-Sustaining by the Commonwealth are non-essential businesses. For the avoidance of doubt, non-essential retail businesses that cannot operate include, among other things, movie theaters, clothing-only stores, fitness clubs (yoga, barre, and spin facilities), personal care salons (hair salons, barbershops, and nail salons), arts and music venues, tour operators, social clubs, night clubs, bars, electronics and appliance stores, amusement facilities, food trucks, ice cream trucks, car dealerships, florists, office supply stores, stationery stores, book stores, furniture stores, gift stores, event halls, and shopping malls.

B. Child daycare facilities are non-essential businesses, unless they obtain a waiver to operate from the Commonwealth of Pennsylvania or the City of Philadelphia.

C. “Legal Services,” specifically the practice of law, is governed by the rules established by the Supreme Court of Pennsylvania and/or the Administrative Office of Pennsylvania Courts. Restricted access to law offices and facilities by legal professionals, staff, and clients is permitted to the degree necessary to allow attorneys to participate in court functions deemed essential by a president judge per the Supreme Court’s order of March 18, 2020 or orders of the courts of the United States, so long as social distancing and other mitigation measures are employed for the protection of lawyers, staff, and clients. Pursuant to the Governor’s Order, all other business must be conducted remotely; necessary retrieval of files or other materials should be accomplished expeditiously.

D. Operators of non-life sustaining, non-emergency construction in Philadelphia shall have until 5:00 p.m. on March 27, 2020, to make construction sites safe and secure. Contractors are directed to take proper measures to protect adjacent properties, remove or fasten items that are or could become loose, secure sites against trespass, and complete work necessary to protect and ensure the structural integrity of buildings under construction. Occupied residential properties must be left in safe and habitable condition.

E. No storefront businesses may open or operate their storefronts unless they are Essential Businesses.

Section 4. Social Distancing Rules

A. Any business operating under and during the term of this Order must adhere to Social Distancing Rules, which include making efforts to maintain at least six (6) feet of space between individuals; frequently washing hands with soap and running water for at least twenty (20) seconds

and/or using hand sanitizer, refraining from shaking hands; covering coughs or sneezes with a sleeve or elbow (not hands); and regularly cleaning frequently touched surfaces, such as desks, tables, countertops, computers, phones, and door handles.

B. Businesses permitted to perform emergency household maintenance and repair services under this Order must: require the customer to clean and sanitize the work area prior to arrival; sanitize the work area themselves before and after completing the work; ask that occupants keep a personal distance of 10-feet at a minimum during work; and allow in the residence only the number of workers necessary to complete the emergency maintenance or repair.

Section 5. Gatherings of Individuals

All public and private gatherings of any number of people occurring outside a single household or living unit are prohibited, except for the limited purposes permitted by this Emergency Order. This does not apply to activities related to Essential Businesses and Activities or Essential Personal Activities, which must observe the requirements under 4.A.

Section 6. Stay at Home Order

- A. All Philadelphia residents shall remain home or at their place of residence unless they are engaged in **Essential Personal Activities**, which include:
1. obtaining essential goods or services from Essential Businesses, such as obtaining pre-ordered takeout food or beverages from restaurants, acquiring groceries, obtaining medical prescriptions or supplies, or any other products from Essential Businesses for themselves, family, household members, and pets
 2. seeking any form of medical attention, including through Essential Healthcare and Social Services Businesses and Activities, or seeking assistance from law enforcement or emergency services for themselves, family, household members, and pets
 3. caring for family members, friends, or a pet in another household, including delivering essential goods or obtaining emergency services and attention
 4. reporting to or performing their essential jobs related to Essential Businesses and Activities, Essential Minimum Operations, Essential Government Functions, or any other working activities permitted in this Order
 5. walking, running, cycling, operating a wheelchair, or engaging in outdoor activities with immediate family members, caretakers, household members, or romantic partners while following Social Distancing Rules with other individuals, which includes staying six feet apart

6. leaving the home for an educational, religious, or political reason
 7. leaving because of a reasonable fear for health or safety
 8. leaving at the direction of law enforcement or other government agency
 9. engaging in any other activities or performing tasks essential to health and safety, or to the health and safety of themselves, family, household members, or pets
- B. Individuals experiencing homelessness are exempt from this directive, but are strongly urged to obtain shelter, and City agencies and other entities are strongly urged to make such shelter available as soon as possible and to the maximum extent practicable (and to use in their operation COVID-19 risk mitigation practices recommended by the U.S. Center for Disease Control, the Pennsylvania Department of Health, and the Philadelphia Department of Public Health). Individuals whose residences are unsafe or become unsafe, such as victims of domestic violence, are permitted and urged to leave their home and stay at a safe alternative location.

Section 7. Exemptions from the Governor's Order

A. In extenuating circumstances, special exemptions to the Governor's Order will be granted by the Commonwealth. Businesses seeking a waiver should comply with the Governor's Order and suspend in-person, physical operations until a waiver is approved and provided.

B. Businesses performing Essential Governmental Functions, including essential Construction for the City of Philadelphia need not obtain an exemption from the Commonwealth.

Section 8. Effective Date and Duration

This Order shall supersede the Emergency Order issued by the Health Commissioner dated March 12, 2020, which forbade mass gatherings, and the Emergency Order issued by the Mayor and Health Commissioner dated March 17, 2020, which prohibited operation of non-essential businesses. This Order shall become effective as of **Monday, March 23 at 8:00 AM**, and shall remain in effect indefinitely, until rescinded, superseded, or amended by further Order. Failure to comply with this Order shall result in orders to cease operations and the imposition of such other remedies and penalties as provided for by law.

Date: March 22, 2020

James F. Kenney, Mayor
City of Philadelphia

Thomas A. Farley, MD, MPH
Health Commissioner
City of Philadelphia

EXHIBIT F



U.S. Citizenship and Immigration Services

USCIS Temporarily Closing Offices to the Public March 18-April 1

Effective March 18, U.S. Citizenship and Immigration Services is suspending in-person services at its field offices, asylum offices and Application Support Centers (ASCs) to help slow the spread of Coronavirus 2019 (COVID-19). This suspension of services will be effective until at least April 1. In the meantime, USCIS will provide limited emergency services. Please call the [Contact Center](#) for assistance with emergency services.

USCIS field offices will send notices to applicants and petitioners with scheduled appointments and naturalization ceremonies impacted by this closure. USCIS asylum offices will send interview cancellation notices and automatically reschedule asylum interviews. When the interview is rescheduled, asylum applicants will receive a new interview notice with the new time, date and location of the interview. When USCIS again resumes normal operations, USCIS will automatically reschedule ASC appointments due to the office closure. You will receive a new appointment letter in the mail. Individuals who had InfoPass or other appointments must reschedule through the [USCIS Contact Center](#) once field offices are open to the public again. Please check to see if your [field office](#) has been reopened before reaching out to the USCIS Contact Center.

Education and precautions are the strongest tools against infection. Get the latest facts by visiting the Centers for Disease Control and Prevention's [COVID-19 website](#). Continue to practice good health habits, refrain from handshakes or hugs as greetings, and wash hands and clean surfaces appropriately.

USCIS will provide further updates as the situation develops and will continue to follow CDC guidance. Please also visit uscis.gov/coronavirus for updates.

Last Reviewed/Updated: 03/17/2020

EXHIBIT G

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number IOE0907203153	USCIS Online Account Number 015062124129	Case Type N400 - APPLICATION FOR NATURALIZATION
Received Date 07/25/2019	Priority Date MAR 23 2020	Applicant A200302231 MARIA MARINA CAMPBELL DAVIS
Notice Date 03/13/2020	Page 1 of 1	

MARIA MARINA CAMPBELL DAVIS
c/o MARY CLARK
HIAS PENNSYLVANIA
2100 ARCH STREET FLR 3
PHILADELPHIA PA 19103

This is to advise you that, due to unforeseen circumstances, we have had to cancel the previously scheduled Oath Ceremony on Thursday, March 19, 2020 at 08:15AM for the above applicant. We regret any inconvenience this may cause.

We will advise you of any further action taken on this case, including any rescheduled interview appointment information, under separate notice.

If you have any questions or comments regarding this notice or the status of your case, please contact the USCIS Contact Center toll free at 1-800-375-5283. If you are hearing impaired, please call the USCIS Contact Center TDD at 1-800-767-1833.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

PHILADELPHIA FIELD OFFICE
U. S. CITIZENSHIP & IMMIGRATION SVC
30 NORTH 41ST STREET
PHILADELPHIA PA 19104

USCIS Contact Center: www.uscis.gov/contactcenter

A Number



Receipt Number



If you are visiting a field office and need directions, including public transportation directions, please see www.uscis.gov/fieldoffices for more information.

Notice for People with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) for help in English or Spanish. Asylum and NACARA 203 applicants must call to make their request.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

EXHIBIT H



[Login \(/casestatus/displayLogon.do\)](/casestatus/displayLogon.do) or
[Sign up \(disclaimer.do\)](disclaimer.do)



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LAWS (<http://www.uscis.gov/laws>)

[USCIS Response to Coronavirus 2019 \(COVID-19\)](https://www.uscis.gov/about-us/uscis-response-coronavirus-disease-2019-covid-19)
(<https://www.uscis.gov/about-us/uscis-response-coronavirus-disease-2019-covid-19>)

X



Oath Ceremony Will Be Scheduled

We placed you in line for your oath ceremony and will send you a notice for Receipt Number IOE9100893250, with the date, time, and location of your oath ceremony. You should receive your notice within 30 days of its mailing date. Please follow the instructions in the notice. If you move, go to www.uscis.gov/addresschange (<https://egov.uscis.gov/coa/displayCOAForm.do>) to give us your new mailing address.

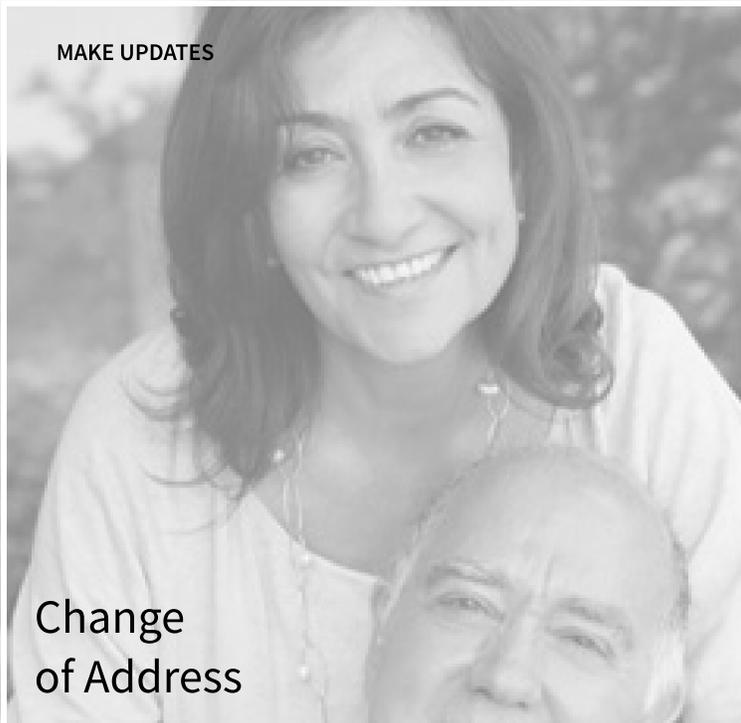


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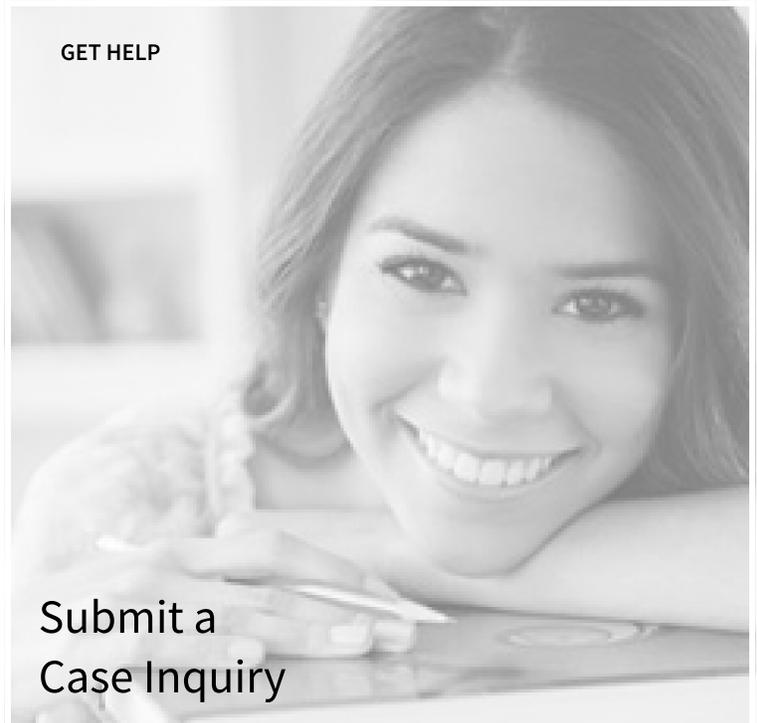
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(<http://www.uscis.gov>)

**U.S. Citizenship and
Immigration Services**



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(<https://www.youtube.com/uscis>)

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Appeals (<http://www.uscis.gov/about-us/directorates-and-program-offices/administrative-appeals-office-ao/administrative-appeals-office-ao>)

Avoid Scams (<http://www.uscis.gov/avoid-scams>)

Citizenship (<http://www.uscis.gov/us-citizenship>)

Citizenship Resource Center (<http://www.uscis.gov/citizenship>)

Family (<http://www.uscis.gov/family>)

Green Card (<http://www.uscis.gov/greencard>)

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Military (<http://www.uscis.gov/military>)

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Visit the U.S. (<http://www.uscis.gov/visit-united-states/visit-us>)

Working in the U.S. (<http://www.uscis.gov/working-united-states/working-us>)

E-Verify (<https://www.e-verify.gov>)

I-9 Central (<http://www.uscis.gov/i-9-central>)

Self Check (<https://www.e-verify.gov/mye-verify/self-check>)

SAVE (<http://www.uscis.gov/save>)

SAVE Case Check (<https://www.uscis.gov/save/save-case-check>)

POLICIES

USCIS Freedom of Information Act and Privacy Act (<http://www.uscis.gov/about-us/freedom-information-and-privacy-act-foia/uscis-freedom-information-act-and-privacy-act>)

Privacy and Legal Disclaimers (<http://www.uscis.gov/website-policies/privacy-and-legal-disclaimers>)

No FEAR Act (<http://www.uscis.gov/no-fear-act/equal-employment-opportunity-data-posted-pursuant-no-fear-act>)

Website Policies (<http://www.uscis.gov/website-policies>)

Accessibility (<http://www.uscis.gov/accessibility>)

Social Media Policy (<http://www.uscis.gov/social-media/social-media-policy>)

Plug-ins (<http://www.uscis.gov/website-policies/plug-ins>)

Adobe Reader (<http://www.adobe.com/reader>)

GOVERNMENT

Passports (http://travel.state.gov/passport/passport_1738.html)

Visa Bulletin (<https://travel.state.gov/content/travel/en/legal/visa-law0/visa-bulletin.html>)

U.S. Department of Homeland Security (<http://www.dhs.gov>)

U.S. Customs & Border Protection (<http://www.cbp.gov>)

U.S. Immigration & Customs Enforcement (<http://www.ice.gov>)

White House (<https://www.whitehouse.gov/>)

U.S. Department of State (<http://www.state.gov>)

USA.gov (<http://www.usa.gov>)

(<https://www.uscis.gov/about-us/contact-us>) Contact Us (<https://www.uscis.gov/about-us/contact-us>)

EXHIBIT I

Six York County residents become U.S. citizens after swearing oath of allegiance

Liz Evans Scoloro, York Dispatch Published 5:00 p.m. ET May 12, 2020 | Updated 5:33 p.m. ET May 12, 2020

Six people originally from countries including India, the Dominican Republic and the United Kingdom are now U.S. citizens after taking the oath of allegiance Tuesday afternoon on the steps of York County's old courthouse.

Harshit Patel, 24, of Stewartstown, has been in the United States for about 12 years, the past year in York County. He owns Dunkin' Donuts franchises in Shrewsbury and on Richland Avenue in Spring Garden Township.

"I like living in the United States," Patel said, adding it was important to him to become a citizen. Patel, from India, said he has family members living in this country.



Harshit Patel of Stewartstown is sworn in as a U.S. citizen during a naturalization ceremony on the steps of the York County Administrative Center Tuesday, May 12, 2020. Six people became U.S. citizens during the event. Patel's country of origin is India. Bill Kalina photo (Photo: Bill Kalina, The York Dispatch)

Erick L. Acosta, 24, of York, has lived in this country for more than a decade since moving here from the Dominican Republic.

"All of my family lives here," he said, adding he's grateful to have opportunities here that his home country didn't offer him, and grateful for the freedoms U.S. citizens enjoy.

"It means a lot to me," he said of being a U.S. citizen.

Acosta is a truck driver and said he loves his job.

Ercellys Soto Reynoso, 20, of West York, is also originally from the Dominican Republic and has been in the United States, and York County, for about seven years, she said.

She said being a citizen is important to her for the opportunities and benefits, such as being able to vote.



Ercellys Soto Reynoso of West York receives her papers from York County Common Pleas Judge Clyde Vedder during a naturalization ceremony on the steps of the York County Administrative Center Tuesday, May 12, 2020. Six people became U.S. citizens during the event. Her originating country is the Dominican Republic. Bill Kalina photo (Photo: Bill Kalina, The York Dispatch)

About the future: Paul Barlow, 47, and 18-year-old daughter Paige Barlow, both of Dallastown, came here from Yorkshire, England, in 2007 so he could work at Voith Hydro Inc., he said.

Paige graduated in 2019 from Dallastown Area High School and is studying biology at Penn State York, hoping to become an oncologist, she said.

Paul Barlow's wife died in 2011, but he is now engaged to be married to Erika Winemiller.

"Life is about the future, not the past," he said.

[Buy Photo](#)



Paul Barlow and his daughter Paige, 18, center, of Dallastown, are applauded by Paige's boyfriend Seth Balderston, left, and Paul's fiancée Erika Winemiller during a naturalization ceremony on the steps of the York County Administrative Center Tuesday, May 12, 2020. The Barlows originating country is the United Kingdom. They and 4 others became U.S. citizens during the event. Bill Kalina photo (Photo: Bill Kalina, The York Dispatch)

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fternoon. She left before a York Dispatch reporter could speak with her.

York County Common Pleas Judge Clyde W. Vedder administered the Naturalization Oath of Allegiance to the six, then led them in the Pledge of Allegiance. Passport clerk Chris Quigley sang the national anthem a cappella, which Vedder noted is always a hard act to follow.

Vedder congratulated the new citizens, then quoted late Supreme Court Judge Antonin Scalia about what makes an American. It's "the belief in the principles of freedom and equality that this country stands for," he said.

Tuesday's ceremony was the first of five planned outdoor naturalization ceremonies in York County. Prothonotary Allison Blew said after those are finished, there will be 20 more people who hopefully can be naturalized at the same time in a traditional indoor ceremony in late June.

Get the **Coronavirus Watch** newsletter in your inbox.

Updates on how the coronavirus is affecting your community and the nation

Delivery: Varies

Your Email



— Reach senior crime reporter Liz Evans Scolforo at levans@yorkdispatch.com or on Twitter at [@LizScolforoYD](https://twitter.com/LizScolforoYD).

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Read or Share this story: <https://www.yorkdispatch.com/story/news/local/2020/05/12/six-york-county-residents-become-u-s-citizens-after-swearing-oath-allegiance/3116645001/>

EXHIBIT J

Naturalization

NOTICE:

For the latest news concerning the COVID-19 outbreak and its impact on Citizenship go here:

<https://www.uscis.gov/>

NOTICE:

JUNE 19, 2020 NATURALIZATION CEREMONY IS CANCELLED

New citizens take the oath of citizenship during naturalization ceremonies. They are held in courtroom "A" of the Historic Courthouse, located at King and Duke Streets. Visitors should enter in the New Courthouse on Duke Street and proceed to the third floor. The official ceremony begins at 10 a.m. Priority seating is given to guests and family members of the participants.

For more information on becoming a United States Citizen, please contact the U.S. Citizenship and Immigration Services office.

Website: www.uscis.gov

National Customer Service Center: 1-800-375-5283

TDD for the Hearing Impaired: 1-800-767-1833

Upcoming Naturalization Ceremony Dates

September 18, 2020

November 20, 2020

Oath of Allegiance

I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the Armed Forces of the United States when required by law;

that I will perform work of national importance under civilian direction when required by law;

and that I take this obligation freely without any mental reservation or purpose of evasion.

So help me God.

[Sample Program](#)



Main County Contact Information

Lancaster County Government Center

150 N Queen St.

Lancaster, Pennsylvania 17603

Ph: 717-299-8000

Hours: Monday - Friday 8:30 a.m. - 5 p.m.

[2020 Holiday Schedule](#)

EXHIBIT K

Process to Reopen Pennsylvania

Last updated: 9:45 a.m., June 9, 2020

The 2019 Novel Coronavirus (COVID-19) pandemic is an unprecedented event that has impacted every part of the globe. Pennsylvania has seen a similar unprecedented burden of COVID-19 and has taken equally unprecedented measures to save lives and reduce morbidity of the COVID-19 virus.

The commonwealth has responded aggressively to the spread of COVID-19, first by working to contain the virus through contact tracing and quarantines for residents who came in contact with someone who tested positive for the virus to slow sustained community spread. When sustained community spread was established, the commonwealth moved to mitigation efforts early in the response by issuing orders to close schools and non-life-sustaining businesses; and to restrict large gatherings. This decision to respond aggressively has proven to be an essential and effective measure to reduce the spread of COVID-19 and ultimately save an unrealized number of Pennsylvanians' lives.

Mitigation efforts have helped to curtail the spread of COVID-19 so our hospitals can treat patients without overwhelming our limited supplies of personal protective equipment (PPE), ventilators, or beds. Throughout the pandemic, we have closely monitored our hospital system capacity through the creation of a public dashboard, and we have built and distributed millions of goods and materials to help our health care system manage the influx of patients.

PA DOH and PEMA have worked together to develop plans and stand up alternative care sites in the northeast and southeast so when our health care system becomes overwhelmed, we can load balance patients and supplies by keeping patient safety top of mind. At this point, alternative care sites have been identified in other areas of the commonwealth and can quickly stand up should there be a surge in other areas of the state.

As the situation stabilizes, we are planning a measured and strategic approach to allowing Pennsylvanians to return to work safely to prevent a resurgence of the virus. This must be done in the most effective, efficient, and risk-adverse method possible to balance our return to economic stability, while at the same time continuing to keep Pennsylvanians safe by controlling the spread of disease.

We are planning for the days and weeks ahead when we will not only safely return Pennsylvanians to work but return to a different and more resilient Pennsylvania. While we cannot be certain of the future path of this disease, our decisions will be driven first by prioritizing the health and safety of all Pennsylvanians.

To that end, the commonwealth is partnering with Carnegie Mellon University (CMU) to create a data-driven decision support tool that will enable a balance between maximizing the results of our economy while minimizing public health risks. This tool will help better understand the current health and economic status, as well as the inherent risks and benefits to easing restrictions by sector and region.

In consultation with Team PA, PA DOH, PEMA, the Department of Community and Economic Development, the Department of Labor & Industry, and others, the administration will develop guidance for businesses, local governments, workers, and customers with the goal of guiding a safe and iterative reopening process.

Pennsylvania plans to proceed with returning to work cautiously. Broad reopenings or reopenings that are not structured around ongoing social distancing, universal masking, or other public health guidance would likely result in a spike of cases and new stay-at-home and closure orders.

Throughout this process, the administration will have guidance in place to support best public health practices. This guidance will reinforce and build on existing worker and building safety orders. It will also be able to adapt to the changing nature of the pandemic, as well as lessons learned from communities that return to work strategically.

Discussed in greater detail below, the administration will utilize a three-phase matrix to determine when counties and/or regions are ready to begin easing some restrictions on work, congregate settings, and social interactions.

The red phase has the sole purpose of minimizing the spread of COVID-19 through strict social distancing, non-life sustaining business, school closures, and building safety protocols.

Red Phase

Work & Congregate Setting Restrictions

- Life Sustaining Businesses Only
- Congregate Care and Prison Restrictions in Place
- Schools (for in-person instruction) and Most Child Care Facilities Closed

Social Restrictions

- Stay at Home Orders in Place
 - Large Gatherings Prohibited
 - Masks Are Required When Entering a Business
 - Restaurants and Bars Limited to Carry-Out and Delivery Only
 - Only Travel for Life-Sustaining Purposes Encouraged
-
- Reiterate and reinforce safety guidance for businesses, workers, individuals, facilities, update if necessary
 - Monitor public health indicators, adjust orders and restrictions as necessary

As regions or counties move into the yellow phase, some restrictions on work and social interaction will ease while others, such as closures of schools, gyms, and other indoor recreation centers, hair and nail salons, as well as limitations around large gatherings, remain in place. For example, retail locations will be able to open with forthcoming guidance in place that is substantially similar to the worker safety and building safety order. Otherwise retail will be able to allow for curbside pickup. The purpose of this phase is to begin to power back up the economy while keeping a close eye on the public health data to ensure the spread of disease remains contained to the greatest extent possible.

Yellow Phase

Work & Congregate Setting Restrictions

- Telework Must Continue Where Feasible
- Businesses with In-Person Operations Must Follow Business and Building Safety Orders
- Child Care May Open Complying with Guidance
- Congregate Care and Prison Restrictions in Place
- Schools may provide in-person instruction only in accordance with Department of Education guidance.

Social Restrictions

- Stay at Home Order Lifted for Aggressive Mitigation
 - Large Gatherings of More Than 25 Prohibited
 - Masks Are Required When Entering a Business
 - In-Person Retail Allowable, Curbside and Delivery Preferable
 - Indoor Recreation, Health and Wellness Facilities and Personal Care Services (such as gyms, spas, hair salons, nail salons and other entities that provide massage therapy), and all Entertainment (such as casinos, theaters) Remain Closed
 - Restaurants and Bars May Open Outdoor Dining, in Addition to Carry-Out and Delivery (effective 6/5/2020)
-
- All businesses must follow CDC and DOH guidance for social distancing and cleaning
 - Monitor public health indicators, adjust orders and restrictions as necessary

After a county transitions to the yellow phase, we will closely monitor for increased risk, such as significant outbreaks. If overall risk remains mitigated for fourteen days, we will transition the county to the green phase.

The green phase eases most restrictions with the continued suspension of the stay at home and business closure orders to allow the economy to strategically reopen while continuing to prioritize public health.

While this phase will facilitate a return to a “new normal,” it will be equally important to continue to monitor public health indicators and adjust orders and restrictions as necessary to ensure the spread of disease remains at a minimum.

Green Phase

Work & Congregate Setting Restrictions

- Continued Telework Strongly Encouraged
- Businesses with In-Person Operations Must Follow Updated Business and Building Safety Requirements
- All Businesses Operating at 50% Occupancy in the Yellow Phase May Increase to 75% Occupancy
- Child Care May Open Complying with Guidance
- Congregate Care Restrictions in Place
- Prison and Hospital Restrictions Determined by Individual Facilities
- Schools Subject to CDC and Commonwealth Guidance

Social Restrictions

- Large Gatherings of More Than 250 Prohibited
 - Masks Are Required When Entering a Business
 - Restaurants and Bars Open at 50% Occupancy
 - Personal Care Services (including hair salons and barbershops) Open at 50% Occupancy and by Appointment Only
 - Indoor Recreation, Health and Wellness Facilities, and Personal Care Services (such as gyms and spas) Open at 50% Occupancy with Appointments Strongly Encouraged
 - All Entertainment (such as casinos, theaters, and shopping malls) Open at 50% Occupancy
 - Construction Activity May Return to Full Capacity with Continued Implementation of Protocols
-
- All businesses must follow CDC and DOH guidance for social distancing and cleaning
 - Monitor public health indicators, adjust orders and restrictions as necessary

History

The first confirmed case of the 2019 novel coronavirus in the United States was reported in Washington state on January 21; on January 30, the World Health Organization declared the virus a global health emergency.

The Pennsylvania Department of Health (PA DOH) began daily leadership meetings on January 26, to carefully track the disease, prepare a response, and coordinate with federal and hospital partners.

On February 1, PA DOH stood up its DOC, or Department Operations Center, on a 12 hour, 7 days a week activation status at the Pennsylvania Emergency Management Agency (PEMA). Staffed by PA DOH epidemiologists, public health nurses, physicians, logistical, planning and communication support, the Pennsylvania Department of Human Services and PEMA to closely monitor the spread of the disease, and begin containment strategies in furtherance of the state's preparedness plans.

On March 4, due to the continued spread of the virus throughout the United States, PEMA partially activated its Commonwealth Response Coordination Center (CRCC) to provide planning and logistical support for PA DOH and to coordinate situational awareness across state agencies and all 67 counties within the commonwealth.

On March 6, Pennsylvania recorded its first two cases of COVID-19 and Governor Tom Wolf signed a Disaster Declaration to ensure the state had the resources and authority to plan the process of containment and mitigation in Pennsylvania, assuring Pennsylvanians that the commonwealth was prepared to face this crisis.

On March 7, PEMA elevated the activation level of its CRCC to a full activation during daylight hours to provide for additional support for PA DOH and to coordinate planning and response operations across state agencies and federal, state, and local jurisdictions.

From the beginning of the pandemic, the administration undertook a measured, regional strategy to mitigation and containment, and protecting Pennsylvanians with the assurance that they could receive testing and treatment for COVID-19 without any financial burden. Decisions and actions were taken on a state, county, and regional basis in coordination with local elected officials, public health

experts, and other stakeholders.

On March 10, PEMA, with assistance from PA DOH, conducted a COVID-19 planning workshop and tabletop exercise for all state agencies to discuss preparations, potential impacts, and agency Continuity of Operations Plans (COOP) related to operations during a pandemic.

On March 12, with cases rising in Montgomery County, Governor Wolf closed schools and adult day centers there for 14 days, requesting that non-essential businesses close and county residents limit travel. He also imposed limited visitation in nursing homes and correctional facilities. The mitigations would prove to be vital as cases increased in the Southeast over the next week.

On March 13, Governor Wolf announced that mitigation efforts would be extended to Delaware County and all Pennsylvania schools would be closed for 10 days beginning March 16. Additionally, on March 13 the President of the United States issued a National Emergency, which included Emergency Disaster Declarations for all 50 states for emergency protective measures for COVID-19 response operations that was retroactive to January 20.

On March 14, with cases in Pennsylvania nearing 50, Governor Wolf announced additional closures in Bucks and Chester counties.

On March 16, because of the continued spread of the virus across the commonwealth and increasing case counts, PEMA began 24/7 operations of its CRCC in support of PA DOH and to maintain situational awareness, coordinate resource support, and provide planning support across the state agencies and federal, state, and local jurisdictions.

Under guidance from Health Secretary Dr. Rachel Levine, Governor Wolf ordered all Allegheny, Bucks, Chester, Delaware, and Montgomery county bars and restaurants to cease dine-in operations beginning March 16 for 14 days.

On March 18, PA DOH announced the first death from COVID-19 in the state.

On March 19, Governor Wolf ordered all non-life-sustaining businesses to close across the commonwealth to help stop the spread of the virus. The administration provided guidance, refined parameters, and designed an exemption process that could allow some businesses to remain open under strict guidance from the state. Additionally, on March 19 the governor received notification of approval of his request for a Small Business Administration (SBA) disaster declaration for the Economic Injury Disaster Loan (EIDL) program to provide much-needed aid to businesses impacted by the COVID-19 mitigation procedures.

On March 23, Governor Wolf and Dr. Levine began the process of issuing additional stay-at-home orders based on county cases and modeling of the possible spread.

Timeline of County Stay-at-Home Orders:

- March 23 Allegheny, Bucks, Chester, Delaware, Monroe, Montgomery, and Philadelphia counties;
- March 24 Erie County;
- March 25 Lehigh and Northampton counties;
- March 27 Berks, Butler, Lackawanna, Lancaster, Luzerne, Pike, Wayne, Westmoreland and York counties;
- March 28 Beaver, Centre, Washington counties;
- March 30 Carbon, Cumberland, Dauphin and Schuylkill counties;
- March 31 Cameron, Crawford, Forest, Franklin, Lawrence, Lebanon, Somerset counties; and
- April 1 Statewide Stay-at-Home Order.

As the administration issued stay-at-home orders, it also moved to make more materials available to health care systems by working with the legislature to invest \$50 million in support for hospitals and health systems. The administration also worked with the legislature to move the primary election from April 28 to June 2.

Federal support and aid have been critical in the state's response. On March 29, to seek all available aid, Governor Wolf requested a federal major disaster declaration. On March 31, the federal government granted approval. Beginning with early assurances that COVID-19 testing and treatment would be covered for all Pennsylvanians at no cost, Governor Wolf took additional steps to ensure everyone in the state was treated fairly and without discrimination amid the pandemic.

On April 3, to reinforce mitigation and safety surrounding the COVID-19 pandemic, Governor Wolf called for universal masking and requested that religious leaders consider alternate forms of worship.

Additionally, on April 3, Pennsylvania was one of the first states to receive statewide approval from the Federal Emergency Management Agency (FEMA) to conduct non-congregate sheltering in response to the COVID-19 emergency in the commonwealth.

On April 5, Governor Wolf announced that Dr. Levine issued an Order to make the buildings Pennsylvanians work in safer.

To successfully mitigate a surge that could overwhelm the state's health care system, the administration sought information, capabilities, and needs from manufacturers that could ramp up to supply necessary personal protective equipment (PPE) and others supplies. In addition, health care facilities began the process of transferring supplies to help secure preparedness for those areas with greater needs. The state issued an order for the ability to transfer supplies around the commonwealth, as necessary to load balance the system.

On April 9, Governor Wolf announced the closure of schools through the end of the academic year and a temporary reprieve program for non-violent state correctional facility inmates amid Department of Corrections plans to keep inmates safe while incarcerated.

Communication and collaboration with other states have been vital as people typically travel between neighboring states for work, to visit family, and to vacation under non-pandemic circumstances. On April 13, Governor Wolf joined six other governors (NY, NJ, CT, RI, DE, MA) in a council to plan how states can work together to safely reopen and begin the process of recovery.

On April 15, the Secretary of Health issued an Order requiring safety measures in all businesses permitted to maintain in-person, physical operations except for health care providers. These measures included standards for cleaning and disinfecting high-touch areas, establishing protocols for businesses exposed to a probable or confirmed case of COVID-19, limiting the numbers of employees and customers on the premises, ensuring that employees have access to soap, sanitizer, and face masks, and that patrons wear face masks.

On April 17, Pennsylvania was the first state to have a Memorandum of Understanding (MOU) accepted by FEMA for purchasing and distributing food through established Food Banks in the commonwealth.

Also, on April 17, Governor Wolf outlined the standards the administration will use for reopening and on April 20, Governor Wolf announced a target date of May 8 for the beginning of phased reopening and easing of restrictions.

Standards

- Our approach will be data driven and reliant upon quantifiable criteria to drive a targeted, evidence-based, regional approach to reopenings in Pennsylvania.
- We will put forth guidance and recommendations for employers, individuals, and health care facilities and providers for assured accountability as we reopen.
- Reopening necessitates that adequate personal protective equipment and diagnostic testing are available.
- Reopening requires a monitoring and surveillance program that allows the commonwealth to deploy swift actions for containment or mitigation.
- Protections for vulnerable populations must remain steadfast throughout the reopening process, such as limitations on visitors to congregate care facilities and prisons.
- Limitations on large gatherings unrelated to occupations should remain in place for the duration of the reopening process.

Our approach will be data driven and reliant upon quantifiable criteria to drive a targeted, evidence-based, regional approach to reopenings in Pennsylvania.

To help inform decisions about what regions to reopen, and on what timeline, the commonwealth has partnered with Carnegie Mellon University and other institutions of higher education, to develop a data dashboard. This dashboard, as well as demographic and health criteria described further below, such as population density, mobility, availability of testing, and health care resources will inform formal recommendations made jointly by the Secretary of Health, the PEMA Director, and the Secretary of the Department of Community and Economic Development to the governor regarding when a region may safely move from one phase of reopening to the next. In preparing recommendations, the secretaries and PEMA director will meet to review the data sources described more fully below, balance risks to public health, and benefits to the economy, and agree unanimously as to the phase in which each region should safely be categorized.

First, DOH, in coordination with PEMA, other commonwealth agencies, and stakeholders in the areas of public health, economics, and emergency management, has developed criteria that will help guide decisions about reopenings and the easing of restrictions.

A target goal for reopening was initially set at having fewer than 50 new confirmed cases per 100,000 population reported to DOH in the previous 14 days.

So, for example, an area with a population of 800,000 people would need to have fewer than 400 new confirmed cases reported in the past 14 days to meet the target. An assessment then determines if the target goal has been met, and the administration works closely with county and local governments to enable the communities to reopen and transition back to work.

With the commonwealth dramatically increasing its testing capacity, as of May 22, the fewer-than-50 new cases per 100,000 population measure will be considered, but it will be reviewed in the context of various other factors that are indicative of risk.

Additionally, the commonwealth must ensure there is:

- Enough testing available for individuals with symptoms and target populations, such as those at high risk, health care personnel, and first responders.
- Robust case investigation and contact tracing infrastructure is in place to facilitate early identification of any cluster outbreaks and to issue proper isolation and quarantine orders.
- Identification of area's high-risk settings, including correctional institutions, personal care homes, skilled nursing facilities, and other congregate care settings, and assurance that facilities have adequate safeguards in place such as staff training, employee screening, visitor procedures and screening, and adequate supplies of PPE to support continued operations.

The Pennsylvania COVID-19 Dashboard shows up-to-date data on case counts and demographics, hospital preparedness, and testing. Having trouble viewing the dashboard? [View the full screen version.](#)

Pennsylvania COVID-19 Dashboard

CMU Risk-Based Decision Sup... by Governor Tom Wolf on Scribd

Risk-Based Support Tool

June 5, 2020

1 of 14



View CMU Risk-Based Decision Support Tools PDF (June 5, 2020).

Second, the commonwealth will use a modeling dashboard under development and evaluation by Carnegie Mellon University to take a regional and sector-based approach to reopenings, the easing of restrictions, and response.

The administration will use this data-driven decision support tool to better understand the current health and economic status, as well as the inherent risks and benefits to reopening certain businesses and industry areas. Using data that considers worker exposure and spread risks, health care capacity, economic impact, and supply chain impact, we will prioritize reopening where it has the potential for the most positive impact on the economy for workers and businesses while mitigating risk to public health and safety.

In order to arrive at results through this dashboard, the Commonwealth of Pennsylvania is providing access to data from several commonwealth agencies including the Departments of Labor & Industry, Human Services, Community and Economic Development, Revenue, and Health.

The dashboard will help with questions such as: What will be the likely public health and economic implications associated with opening an industry? What impact might reopening have on vulnerable workers and businesses? The data from the dashboard will also provide insights and recommendations at the industry and county level to inform state policy decisions.

The analysis will link data sources together to build an understanding of the current and real time state of Pennsylvania's economy and the impact of the spread of COVID-19. The model will help to predict and understand what types of individuals, businesses, and industries will be more at risk, most vulnerable, and impacted by COVID-19. The model will apply what-if scenarios that will allow the state to understand the impact of potential re-opening decisions. The analysis will allow the commonwealth to monitor changes over time and the impact of decisions. The purpose is not to make decisions but rather to inform decision makers. For example, all indicators could point to opening a specific county, but other factors such as population density around a hotspot, availability of supplies to ensure workers are protected, either PA DOH criteria or proximity to a hotspot in another county could make the county unfit to open.

Regions

Just as the administration took a measured, county-by-county approach to the Stay at Home order before expanding the order statewide, it will do the same to ease restrictions and reopen the state.

As regions meet the measures described earlier, the commonwealth will ease restrictions with the goal of broad reopenings as soon and as safely as possible. Certain regions have seen less case density than others. In these regions, it is important to account for hospital capacity as reopenings and the easing of restrictions begin. This information is part of the data and modeling project. For example, in the north central region there is less population density and fewer cases, but there is less hospital capacity if cases and hospitalizations were to surge. These factors will be considered on an ongoing basis and employers will be responsible for developing and demonstrating compliance with criteria in consultation with PA DOH and other relevant state agencies. At any point, the Governor, in consultation with PA DOH and PEMA may revise reopening standards to adjust for the spread of disease.

Industries

The reopening and the easing of restriction approach will primarily focus on regions, however certain industries are more susceptible to the spread of COVID-19. Other industries are more vulnerable to changing economic conditions. These factors are also part of the data and modeling project and will be closely considered as part of the reopening and the easing of restriction process. The first or "Yellow" phase of reopening will focus on businesses with low and moderate risk profiles, including those with low worker density, those that take place in outdoor settings, and those that can successfully implement the Governor and Secretary of Health's Worker Safety and Building Safety Orders, while encouraging those who can telework to continue to do so (see later section on "Phases"). When reopened, these businesses will have to adhere to strict guidelines for density and procedures. The administration will work with stakeholders in various industry sectors, as well as labor representatives and health professionals to craft guidance with tailored and appropriate safeguards in place.

We will put forth guidance and recommendations for employers, individuals, and health care facilities and providers for assured accountability as we reopen.

Since the beginning of the pandemic, the Wolf Administration has provided general safety guidance for businesses, organizations, and individuals. As the administration begins the reopening and the easing of restriction process, this guidance will be refined and strengthened so businesses and organizations can continue to prioritize public health and safety while attracting new business and getting the economy back on track.

All Pennsylvanians should continue to maintain social distancing even as the reopening and easing of restriction process begins. With few exceptions, Pennsylvanians should maintain a distance of six feet from each other, gatherings of more than 25 people will be prohibited, and non-essential travel should be avoided. In addition, individuals should engage in frequent hand washing and sanitizing, and surfaces should be disinfected as often as possible.

For employers, remote or telework should be the primary option if possible. Employers should expand technology where possible to provide remote or telework options. If remote or telework are not possible, employers must follow the guidance developed by the commonwealth in order to reduce the risk of coronavirus spread and to ensure workers are kept safe.

Guidance

Working across agencies, the commonwealth provided broad guidance for businesses and individuals that will enable employers to use their own expertise to decide what is best for their business while reporting on outcomes to the commonwealth. This guidance re-emphasizes and builds on existing orders previously issued to protect employees and customers, specifically the building safety and workers' safety orders. The guidance formalizes and builds on CDC recommendations and other best practices in states across the country.

Communicating COVID-19 Safety Procedures to Employees and Customers

Organizations will be required to make employees and customers aware of the guidance provided by the commonwealth to keep people at their establishment safe. Similar to Workers' Compensation or OSHA regulations, the commonwealth will require commonwealth-created "COVID-19 Safety Procedures for Businesses" flyer to be clearly displayed at workplaces, along with publicly posted acknowledgement by the employer that the guidance is being followed. There is also a requirement to name a "Pandemic Safety Officer" who would be in charge of carrying out the COVID-19 safety procedures set forth in this guidance.

The business reopening guidance will provide more information about expectations for communicating safety procedures to employees and customers.

Supplier Directory

The administration recognizes the difficulty of procuring materials businesses need to safely resume operations. In order to address this concern, the Department of Community and Economic Development created a supplier directory for protective materials.

To view the supplier directory.

Reopening necessitates that adequate personal protective equipment and diagnostic testing are available.

Personal Protective Materials and Hospital Stockpiles

Ensuring adequate supplies of Personal Protective Equipment (PPE) and other supplies needed to conduct diagnostic testing, care for COVID-19 patients, and support other normal health care functions is critical to resuming normal operations. The global nature of the COVID-19 pandemic has adversely impacted the normal supply chain for these materials as the demand has significantly outpaced the ability to produce or acquire the PPE and supplies needed. Since early March the Wolf Administration has worked tirelessly to procure and distribute PPE and other supplies to hospital systems, long-term care facilities, first responders and emergency management agencies throughout the commonwealth to respond to the COVID-19 crisis

As of April 22, the Wolf Administration has distributed 3 million N95 masks, approximately 231,000 gowns, approximately 1.36 million procedure masks, more than 1.32 million gloves, more than 68,000 face shields, and more than 5,300 coveralls to more than 900 unique places.

The Wolf Administration continues to monitor PPE and stockpile levels at our health systems, and takes that information into consideration as it makes decisions.

Diagnostic Testing

As of April 21, 2020, over 163,000 Pennsylvanians have been tested for COVID-19 at 67 unique testing sites, including our own State Public Health laboratory and two county public health labs. Over 700 tests a day can be done at the PA DOH State Public Health laboratory and PA DOH has deployed 14 rapid testing machines to vulnerable congregate settings including correctional facilities and

health care and state hospitals. Additionally, during the course of the pandemic, the Wolf Administration supported the establishment of three community-based testing sites which were located in Montgomery, Philadelphia, and Luzerne counties. The Luzerne County site is currently open and can test up to 250 people per day.

As the administration takes steps toward reopenings and the easing of restrictions, diagnostic testing capacity will be a critical factor in early identification of new infections or cluster outbreaks, changes in the spread of the virus, the extent of virus spread throughout the commonwealth, and whether healthy individuals who were previously exposed to the virus have developed immunity.

The commonwealth's testing plan consist of a multilayered approach comprised of the following components:

1. Community based testing available through:
 - a. Existing health care institutions;
 - b. State managed, locally executed community based or mass testing sites; and,
 - c. Corporate managed and supported testing sites such as those available through commercial pharmacies and other providers.
2. Point of Care (POC) testing available through:
 - a. Primary Care Physicians (PCP);
 - b. Hospital Emergency Departments, urgent care, or other acute care centers;
 - c. County health departments;
 - d. Institutions with congregate care settings that have their own health care capability; and,
 - e. Outbreak response teams responding to congregate care settings to identify spread of virus within institutions.
3. Serology testing as it becomes commercially available to determine the extent of the population that may have been exposed to COVID-19 and have developed antibodies to the virus and potentially have immunity.

The testing strategy also includes a plan to test underserved populations and those that have limited availability of transportation by employing a mobile community-based testing strategy as applicable.

More information about current coronavirus testing in the commonwealth can be found [here](#).

Reopening requires a monitoring and surveillance program that allows the commonwealth to deploy swift actions for containment or mitigation.

The administration will use the data and modeling tools available as well as other indicators to determine if changes in the reopening and the easing of restriction process must take place.

Robust surveillance, case investigation, contact tracing, and isolation of positive cases or quarantine of close contacts can slow and stop the transmission of COVID-19. Pennsylvania's public health infrastructure of epidemiologists, community health nurses, and county and municipal health departments are the backbone of this work. These public health professionals are supported by surveillance and case management technology tools to track, manage, and evaluate efforts.

To scale our surveillance and monitoring infrastructure the commonwealth has:

- Partnered with Department of Human Service's eHealth Authority and the regional Health Information Exchange to monitor rate of emergency department visits and inpatient admissions.
- Established alerts from EpiCenter, Pennsylvania's syndromic surveillance system, for early identification of an increase in disease activity.
- Provided county-level and zip code level data through a public facing dashboard.
- Daily detailed analysis of surveillance data related to cases and test results, analysis of geospatial clusters of cases.
- Twice weekly reconciliation with surveillance data and electronic death data to provide more accurate counting of deaths related to COVID-19.
- Improving access to testing and timeliness for reporting for symptomatic close contacts in regions where this containment strategy is being implemented.

As counties return to work the department will use these tools and the complete case investigation and contact tracing plan of positive cases to stamp out disease transmission. Positive cases will be isolated, and their close contacts counseled and quarantined. The department will continue to conduct investigations of outbreaks at businesses, correctional facilities, and long-term or other congregate care facilities. This work will be done in partnership with local health departments and other health care infrastructure in the region. Existing public health systems and new technology tools will be utilized to support these boots on the ground efforts.

Protections for vulnerable populations must remain steadfast throughout the reopening process, such as limitations on visitors to congregate care facilities and prisons.

Pennsylvanians in congregate care and prisons are especially vulnerable to outbreaks. Until the pandemic is controlled, the commonwealth must continue measures designed to protect outbreaks in facilities like nursing homes, long-term care facilities, residential treatment facilities, and prisons. As the commonwealth reopens and eases restrictions on a regional basis, restrictions on visitors in congregate care settings and prisons will remain in place. These restrictions will be among the last restrictions eased to ensure resident health and safety. We are committed to alternative means of communication for residents with their family, friends, community members, and advocates while we take necessary health and safety precautions.

While the administration has needed to take unprecedented action in limiting visitation for vulnerable populations in congregate care settings, we are doing all we can to create new opportunities for social connectedness. For example, the Department of Aging through its Office of the Long-Term Care Ombudsman has developed a strategic partnership with the AARP to re-establish lines of communication with nursing home residents in targeted facilities throughout the commonwealth. As this disaster emergency continues over the next weeks and months, this critical technology, when strategically placed, will help meet the psychosocial needs of these already vulnerable individuals.

Congregate Care Facilities

On March 16, the Department of Human Services closed LIFE day centers to avoid congregate settings and to practice social distancing. The closure applies to the day center portion only. LIFE Provider Organizations should continue to use discretion when utilizing the clinic and therapy areas to see participants. FAQs are provided here.

On March 18, PA DOH issued guidance for nursing facilities on COVID-19 mitigation. This guidance required visitor limitations, personnel restrictions, and other measures to reduce the spread of COVID-19 in nursing facilities. This guidance will continue.

On March 29, the Department of Human Services issued guidance restricting all visitations in Personal Care Homes and Assisted Living Residences except for medically necessary visits and compassionate care situations, such as end-of-life situations. This guidance will continue.

On March 31, the Department of Human Services issued guidance for residential providers under the Office of Mental Health and Substance Abuse Services including Long-Term Structured Residences, Community Residential Rehabilitation Services, Residential Treatment Facilities, and Crisis Residences recommending all providers develop temporary modifications to their visitation policies that prohibit all non-employee visitors unless it is a medical necessity, required by court order, adult protective services or older adult protective services staff as outlined in guidance issued under applicable protective services laws. At the discretion of the facility director, additional exceptions may be made where a visit is deemed to be necessary. This guidance will continue.

On April 4, the Department of Human Services temporarily suspended all transfers to state-run juvenile justice facilities. This step was taken to allow staff to create two ten-bed intake units to mitigate risk of spread at the state-run facilities. Youth awaiting transfer to the state-run juvenile justice system will be admitted to the intake unit on the same day and remain in the unit for 14 days until they are cleared for entry into their designated program. If any youth test positive for COVID-19 during this 14-day period, they will be moved into isolation and the youth who are in the intake unit will restart their 14 days in the unit to make sure that they do not develop symptoms of COVID-19. Youth in the intake unit will have access to a counselor, psychological and medical services, physical activity, and other individualized recreational activities. Social distancing will be enforced, and youth will be able to maintain contact with their family through phone calls, video conferencing, and letters. The previously issued guidance will continue.

On April 7, the Department of Human Services issued procedures that must be followed for admission of an individual to one of the department's state facilities. Requirements include individuals be screened for COVID-19 prior to admission to state operated psychiatric hospitals, the long-term care facility (South Mountain Restoration Center), state centers, and Youth Development Centers or Youth Forestry Camps. Any individual who meets screening criteria for indication of infection but does not have documentation of a negative test result for COVID-19, may not be admitted. A medical clearance attestation from a physician within 72 hours prior to the requested admission date is acceptable for admission if the individual was screened with a negative result. If there was a positive screening, regardless of a COVID-19 test result, the individual must not be admitted until 7 days have passed since symptom onset, and 3 days (72 hours) after the resolution of fever without fever reducing medicines and improvement of other symptoms. If an individual has had a close contact with someone suspected to have, or diagnosed with, COVID-19, the individual should quarantine for 14 days from the last admission to a facility should not occur until after the 14-day quarantine is complete. This guidance will continue.

State Correction Institutions

On March 12, the DOC started their mitigation efforts by screening all staff across the state and canceled in person visitation before statewide mitigation was ordered. On March 28, the DOC shifted all new inmate intakes to one centralized location at SCI Retreat to allow for a period of quarantine before assigning their home institution.

At 10 p.m. on March 29, the DOC began a statewide inmate quarantine in response to the COVID-19 pandemic.

Since the quarantine began, inmates have been fed in their cells, and afforded out-of-cell time only for video visits, phone calls, access to the law library, as well as in-cell programming. All inmate movement is controlled to conform to social distancing recommendations. This guidance will continue.

To expand inmate interaction with their loved ones, video visits are being held seven days a week. To date, DOC has conducted almost 16,000 video visits with more scheduled every day. This number will continue to increase due to daily scheduling happening at state prisons. In addition, DOC officials have begun reducing the population where they can. Steps taken include:

- Furloughing paroled individuals from centers to home plans;
- Working with the parole board to maximize parole releases; and,
- Reviewing parole detainers for individuals in county jails and state prisons.

On April 10th, the governor issued reprieves for inmates who met criteria for the Temporary Program to Repeive Sentences of Incarceration.

Learn more about the comprehensive mitigation efforts in state correction institutions.

Limitations on large gatherings unrelated to occupations should remain in place for the duration of the reopening process.

At this time, the commonwealth continues to follow federal guidance on restrictions on large gatherings. The CDC continues to recommend against larger gatherings of people, particularly gatherings where vulnerable populations may be present. This guidance will stay in place for the duration of the reopening process until there is robust testing, community-wide surveillance, contact tracing, or other means to mitigate the spread of the virus.

Support Systems

As reopenings and easing of restrictions begin, we need to provide adequate support systems for workers. That includes reopening of programs that support individuals' ability to return to work such as schools, child care facilities, adult day facilities, summer camps and afterschool programs, community recreational facilities, and more.

Child Care

The COVID-19 related school closure has created a gap in child care that may not have existed just a few months ago. We know this gap may potentially be a barrier for many Pennsylvanians preparing to transition back to work outside of the home. To address this barrier, the Departments of Education and Human Services are working with stakeholders to identify child care and school age care needs across the commonwealth. A primary focus will be exploring and creating options that will work best for families within their community. We will also look to our many partners to help us design a realistic plan that not only re-opens and expands these services if necessary, but also creates a restored sense of confidence in these environments as safe and healthy options when caregivers return to work.

K-12 Schools

On April 9, Governor Wolf and the Pennsylvania Department of Education announced that school buildings would be closed for the remainder of the 2019-2020 academic year. The Department of Education worked with Intermediate Units (IUs) and the Pennsylvania Training and Technical Assistance Network (PATTAN) to develop guidance and evidence-based resources around continuity of education to ensure all schools provide continuity of education for all students in the most accessible and appropriate ways possible. Working with the General Assembly, the Governor signed Act 13 of 2020 to waive the School Code requirement for a minimum 180-day school term, an action that builds on the administration's earlier commitment that no district or school would be penalized for falling short of the 180-day school term requirement.

In addition, Pennsylvania sought and received approvals from the federal government to allow schools the option to distribute meals to children age 18 and under at no cost while schools are closed. Although not required, participating schools are strongly encouraged to continue distributing and/or delivering school meals during breaks.

Higher Education

On April 9, the Governor and the Pennsylvania Department of Education announced that all postsecondary institutions in Pennsylvania must suspend in-person instruction at least through the end of the spring 2020 term. Postsecondary institutions may not resume in-person instruction until the governor permits them to open or lifts the closure of non-life-sustaining businesses.

Government Services

Local Government

Since the beginning of the COVID-19 outbreak, the Governor's Office has been in close collaboration with local leadership at the county and municipal level. Early on, the Governor's Office consulted with and informed county commissioners and municipal leadership about starting mitigation efforts in their jurisdictions. The Governor's Office shared public health concerns and information and took local feedback into account when making decisions around mitigation. This collaboration led to a strong, coordinated effort to prevent the spread of COVID-19 across the commonwealth.

As we look to reopen regions of the commonwealth, the Governor's Office will be undertaking that same coordinated approach to relaxing the governor's mitigation efforts. Local feedback, knowledge, and expertise will be critical as we move through all phases of reopening. The Governor's Office will continue to coordinate with local officials directly, when appropriate, and through their statewide representative organizations.

In the 10 jurisdictions with local county or municipal health departments, PA DOH will continue to coordinate closely with local health officials to ensure that there is a shared understanding of the public health rationale behind reopening decisions. In the remaining areas without countywide health departments, PA DOH will continue to discuss public health realities directly with county commissioners.

The shared goal of the state and local governments is, and should continue to be, a united front in which all levels of government are prepared to lead the citizens of Pennsylvania through this pandemic and to a safe, efficient, and effective reopening.

State Government

The COVID-19 global pandemic has created an unprecedented situation within our workforce. The Commonwealth is not excluded from this as it is the second-largest employer in the state. Throughout the COVID-19 crisis, state workers have continued to provide essential services to ensure public safety and the public health of all Pennsylvanians, specifically our most vulnerable populations. Roughly 43,000 employees continue to report onsite daily to perform vital work while roughly 18,000 employees remain teleworking in a full-time capacity.

As the state looks to reopen, it will do so in a phased approach in consultation with PA DOH. Bringing back our workforce and reopening public-facing offices at the appropriate time will be done through cooperation with state agencies, employees, and our unions. The staff that is already teleworking will be encouraged to do so where appropriate. Social distancing and facility cleaning measures will be in place to protect both staff and customers. Staff working onsite will be required to wear a mask.

Phases

As we progress through the process of reopening and the easing of restrictions, we will work in phases, taking a regional approach, with the expectation that this will not necessarily be a linear process. If indicators and criteria point to a spike in cases, the commonwealth, in coordination with local officials, will need to revert to previous restrictions and orders. Throughout all phases, there must be strict guidance in place to encourage social distancing.

Throughout this process, the commonwealth will remain flexible and respond to the conditions on the ground in specific areas. The commonwealth will work with local governments to help inform and make decisions that are best for their communities.

The phases were developed through the commonwealth's six standards for reopening as well as the federal government's Opening Up America Guidelines. The phases are intentionally expansive to allow for flexibility and decisions will be driven by health indicators as well as the Carnegie Mellon University data tool and metrics from the Department of Health to determine safety for regions and industries taking into account economic vulnerability. *Within each of these phases there could be additional actions, orders, or guidance depending on the public health and economic conditions facing regions or counties.*

Red Phase

Work & Congregate Setting Restrictions

- Life Sustaining Businesses Only
- Congregate Care and Prison Restrictions in Place
- Schools (for in-person instruction) and Most Child Care Facilities Closed

Social Restrictions

- Stay at Home Orders in Place
 - Large Gatherings Prohibited
 - Masks Are Required When Entering a Business
 - Restaurants and Bars Limited to Carry-Out and Delivery Only
 - Only Travel for Life-Sustaining Purposes Encouraged
-
- Reiterate and reinforce safety guidance for businesses, workers, individuals, facilities, update if necessary
 - Monitor public health indicators, adjust orders and restrictions as necessary

Yellow Phase

Work & Congregate Setting Restrictions

- Telework Must Continue Where Feasible
- Businesses with In-Person Operations Must Follow Business and Building Safety Orders
- Child Care May Open Complying with Guidance
- Congregate Care and Prison Restrictions in Place
- Schools may provide in-person instruction only in accordance with Department of Education guidance.

Social Restrictions

- Stay at Home Order Lifted for Aggressive Mitigation
 - Large Gatherings of More Than 25 Prohibited
 - Masks Are Required When Entering a Business
 - In-Person Retail Allowable, Curbside and Delivery Preferable
 - Indoor Recreation, Health and Wellness Facilities and Personal Care Services (such as gyms, spas, hair salons, nail salons and other entities that provide massage therapy), and all Entertainment (such as casinos, theaters) Remain Closed
 - Restaurants and Bars May Open Outdoor Dining, in Addition to Carry-Out and Delivery (effective 6/5/2020)
-
- All businesses must follow CDC and DOH guidance for social distancing and cleaning
 - Monitor public health indicators, adjust orders and restrictions as necessary

Green Phase

Work & Congregate Setting Restrictions

- Continued Telework Strongly Encouraged
- Businesses with In-Person Operations Must Follow Updated Business and Building Safety Requirements
- All Businesses Operating at 50% Occupancy in the Yellow Phase May Increase to 75% Occupancy
- Child Care May Open Complying with Guidance
- Congregate Care Restrictions in Place
- Prison and Hospital Restrictions Determined by Individual Facilities
- Schools Subject to CDC and Commonwealth Guidance

Social Restrictions

- Large Gatherings of More Than 250 Prohibited
 - Masks Are Required When Entering a Business
 - Restaurants and Bars Open at 50% Occupancy
 - Personal Care Services (including hair salons and barbershops) Open at 50% Occupancy and by Appointment Only
 - Indoor Recreation, Health and Wellness Facilities, and Personal Care Services (such as gyms and spas) Open at 50% Occupancy with Appointments Strongly Encouraged
 - All Entertainment (such as casinos, theaters, and shopping malls) Open at 50% Occupancy
 - Construction Activity May Return to Full Capacity with Continued Implementation of Protocols
-
- All businesses must follow CDC and DOH guidance for social distancing and cleaning
 - Monitor public health indicators, adjust orders and restrictions as necessary

EXHIBIT L

Number of Form N-400, Application for Naturalization
 By Category of Naturalization, Case Status, and USCIS Field Office Location
 October 1 - December 31, 2019



U.S. Citizenship
 and Immigration
 Services

USCIS Field Office or Service Center Location	Applications by Category and Case Status													
	Naturalization ¹				Naturalization (Military) ²				Total					
	Applications Received ²	Approved ³	Denied ⁴	Pending ⁵	Applications Received ²	Approved ³	Denied ⁴	Pending ⁵	Applications Received ²	Approved ³	Denied ⁴	Pending ⁵		
Grand Total	243,748	217,953	23,544	649,013	1,124	1,188	118	3,418	244,872	219,141	23,662	652,431		
Field Office by State⁶	Field Office Code													
Alabama	Montgomery	MGA	1,034	2,336	161	3,087	17	D	D	84	1,051	2,338	162	3,171
Alaska	Anchorage	ANC	360	181	44	568	D	14	D	29	365	195	45	597
Arizona	Phoenix	PHO	3,335	3,601	329	10,354	11	D	D	35	3,346	3,610	331	10,389
	Tucson	TUC	768	779	78	1,799	D	-	-	D	771	779	78	1,806
Arkansas	Fort Smith	FSA	483	566	32	874	D	D	-	10	492	570	32	884
California	Chula Vista	CVC	-	-	-	-	-	-	-	-	-	-	-	-
	Fresno	FRE	3,537	3,215	330	5,131	D	20	D	20	3,542	3,235	333	5,151
	Imperial	IMP	506	163	86	1,201	-	-	-	-	506	163	86	1,201
	Los Angeles	LOS	5,082	4,269	336	17,169	D	D	D	38	5,090	4,274	340	17,207
	Los Angeles County	LAC	5,448	3,557	647	16,526	10	21	D	29	5,458	3,578	656	16,555
	Sacramento	SAC	3,845	3,570	316	11,524	17	19	D	25	3,862	3,589	317	11,549
	San Bernardino	SBD	5,121	4,246	546	11,647	18	24	D	48	5,139	4,270	548	11,695
	San Diego	SND	4,129	2,337	288	9,952	50	37	D	154	4,179	2,374	294	10,106
	San Fernando Valley	SFV	4,319	2,882	217	13,291	10	D	D	27	4,329	2,884	218	13,318
	San Francisco	SFR	7,901	10,636	440	29,186	14	23	D	46	7,915	10,659	443	29,232
	San Jose	SNJ	4,388	3,050	273	11,730	D	11	D	34	4,392	3,061	274	11,764
	Santa Ana	SAA	4,999	3,702	488	16,554	D	D	D	25	5,006	3,711	491	16,579
Colorado	Denver	DEN	2,973	2,407	367	6,209	20	33	D	62	2,993	2,440	369	6,271
Connecticut	Hartford	HAR	2,507	2,420	136	7,432	D	10	D	17	2,513	2,430	137	7,449
Delaware	Dover AFB	DVD	-	-	-	-	-	-	-	-	-	-	-	-
District of Columbia	Washington	WAS	5,357	6,109	279	17,133	20	17	-	40	5,377	6,126	279	17,173
Florida	Fort Meyers	OFM	1,633	1,234	154	3,042	D	D	D	D	1,635	1,236	156	3,046
	Hialeah	HIA	5,165	5,951	746	6,902	D	D	D	D	5,167	5,952	747	6,910
	Jacksonville	JAC	1,372	1,134	106	2,366	18	25	-	39	1,390	1,159	106	2,405
	Kendall	KND	5,326	4,909	679	8,460	D	D	-	D	5,329	4,912	679	8,467
	Miami	MIA	4,544	2,727	666	11,336	D	-	-	12	4,546	2,727	666	11,348
	Oakland Park	OKL	3,650	4,770	550	7,325	D	D	D	21	3,655	4,772	551	7,346
	Orlando	ORL	3,183	2,468	300	8,834	10	D	D	24	3,193	2,472	301	8,858
	Tampa	TAM	3,589	3,199	329	6,967	D	D	D	13	3,595	3,206	332	6,980
	West Palm Beach	WPB	2,672	1,885	385	6,062	D	D	-	D	2,676	1,891	385	6,071
Georgia	Atlanta	ATL	5,743	4,978	501	14,856	18	16	D	48	5,761	4,994	503	14,904
Hawaii	Honolulu	HHW	964	1,182	141	2,440	26	32	D	192	990	1,214	147	2,632
Idaho	Boise	BOI	547	344	56	1,002	D	D	D	D	552	349	57	1,005
Illinois	Chicago	CHI	8,465	7,573	767	20,914	22	12	D	100	8,487	7,585	770	21,014
Indiana	Indianapolis	INP	1,694	1,102	196	4,024	D	12	D	14	1,698	1,114	197	4,038
Iowa	Des Moines	DSM	1,264	1,207	171	2,399	D	D	-	11	1,266	1,211	171	2,410
Kansas	Wichita	WIC	491	333	36	844	D	D	D	D	493	336	37	846
Kentucky	Louisville	LOU	1,405	756	125	2,431	20	19	D	54	1,425	775	126	2,485
Louisiana	New Orleans	NOL	1,095	1,478	103	3,150	25	21	D	38	1,120	1,499	105	3,188
Maine	Portland	POM	302	206	30	485	D	-	-	D	304	206	30	488
Maryland	Baltimore	BAL	5,355	5,877	458	16,809	37	48	D	106	5,392	5,925	459	16,915
Massachusetts	Boston	BOS	4,776	2,671	347	10,865	13	24	-	26	4,789	2,695	347	10,891
	Lawrence	LAW	2,113	2,053	296	4,872	11	13	D	16	2,124	2,066	300	4,888
Michigan	Detroit	DET	4,450	3,827	643	7,353	D	D	-	33	4,457	3,834	643	7,386
Minnesota	St. Paul	SPM	4,306	5,537	309	13,245	19	13	D	44	4,325	5,550	310	13,289
Missouri	Kansas City	KAN	1,314	1,077	60	1,887	43	31	D	98	1,357	1,108	62	1,985
	St. Louis	STL	802	825	60	1,538	10	D	-	15	812	832	60	1,553
Montana	Helena	HEL	102	78	55	178	D	D	-	D	107	82	55	186
Nebraska	Omaha	OMA	1,690	1,394	457	2,995	D	D	-	11	1,697	1,400	457	3,006
Nevada	Las Vegas	LVG	2,494	2,377	325	8,861	D	D	D	20	2,499	2,383	330	8,881
	Reno	REN	468	295	16	703	D	D	-	D	469	296	16	706
New Hampshire	Manchester	MAN	426	327	45	613	D	-	-	D	428	327	45	619
New Jersey	Mount Laurel	MTL	2,125	1,572	196	6,195	D	D	-	11	2,132	1,581	196	6,206
	Newark	NEW	9,167	5,269	745	29,651	15	18	D	43	9,182	5,287	747	29,694
New Mexico	Albuquerque	ABQ	610	345	28	1,021	D	D	D	D	613	346	30	1,026
New York	Albany	ALB	936	851	34	3,263	D	D	-	10	937	855	34	3,273

	Brooklyn	BNY	5,643	5,034	602	20,898	10	D	-	52	5,653	5,039	602	20,950
	Buffalo	BUF	1,726	1,305	356	2,419	21	15	D	69	1,747	1,320	359	2,488
	Long Island	LNY	3,928	3,489	332	9,219	D	12	D	24	3,934	3,501	334	9,243
	New York	NYC	7,385	5,993	801	25,976	15	17	D	41	7,400	5,950	802	26,017
	Queens	QNS	6,924	5,398	790	24,873	10	23	D	47	6,934	5,421	792	24,920
North Carolina														
	Charlotte	CLT	2,360	2,410	270	4,764	10	D	D	24	2,370	2,415	271	4,788
	Raleigh	RAL	2,019	1,630	96	2,892	54	56	D	145	2,073	1,686	98	3,037
Ohio														
	Cincinnati	CIN	830	691	55	1,433	D	D	-	19	834	694	55	1,452
	Cleveland	CLE	1,214	1,156	85	1,615	D	D	-	13	1,217	1,162	85	1,628
	Columbus	CLM	1,663	1,343	156	2,946	D	D	-	14	1,666	1,347	156	2,960
Oklahoma														
	Oklahoma City	OKC	1,488	1,112	165	2,836	D	21	D	27	1,496	1,133	167	2,863
Oregon														
	Portland	POO	2,372	2,382	157	9,853	D	D	D	16	2,376	2,387	158	9,869
Pennsylvania														
	Philadelphia	PHI	5,370	4,801	461	14,146	D	D	D	41	5,377	4,810	463	14,187
	Pittsburgh	PIT	772	550	23	1,602	D	D	-	D	774	552	23	1,610
Rhode Island														
	Providence	PRO	815	466	98	1,667	D	D	-	D	816	471	98	1,670
South Carolina														
	Charleston	CHL	636	635	59	1,270	21	36	D	62	657	671	61	1,332
	Greer	GRR	483	742	44	1,065	D	-	-	D	485	742	44	1,073
Tennessee														
	Memphis	MEM	653	1,075	86	1,619	D	D	-	7	656	1,078	86	1,626
	Nashville	NTN	1,654	1,918	340	4,061	11	22	1	29	1,665	1,940	341	4,090
Texas														
	Dallas	DAL	8,483	9,455	872	25,488	31	35	2	83	8,514	9,490	874	25,571
	El Paso	ELP	1,891	982	183	2,890	53	23	3	142	1,944	1,005	186	3,032
	Harlingen	HLG	1,474	685	68	2,046	2	1	-	9	1,476	686	68	2,055
	Houston	HOU	8,549	9,651	646	27,079	16	14	4	59	8,565	9,665	650	27,138
	San Antonio	SNA	4,227	4,096	292	8,717	85	62	1	206	4,312	4,158	293	8,923
Utah														
	Salt Lake City	SLC	1,424	1,725	180	4,407	6	6	-	25	1,430	1,731	180	4,432
Vermont														
	St. Albans	STA	190	164	10	290	1	-	-	1	191	164	10	291
Virginia														
	Norfolk	NOR	1,391	1,064	153	3,655	78	53	5	243	1,469	1,117	158	3,898
Washington														
	Seattle	SEA	4,997	3,112	157	18,052	46	80	1	151	5,043	3,192	158	18,203
	Spokane	SPO	311	207	19	533	-	1	-	4	311	208	19	537
	Yakima	YAK	453	625	24	1,615	D	-	-	1	454	625	24	1,616
West Virginia														
	Charleston	CHS	-	-	-	-	D	-	-	D	D	-	-	D
Wisconsin														
	Milwaukee	MIL	1,298	1,321	185	2,377	D	D	-	D	1,301	1,323	185	2,386
Field Office by Territory⁶														
Guam														
	Agana	AGA	254	318	15	379	D	31	D	44	261	349	16	423
U.S. Virgin Islands														
	Charlotte Amalie	CHA	81	132	34	125	-	-	-	D	81	132	34	127
	Christiansted	CHR	37	-	D	110	D	-	-	D	38	-	D	111
Puerto Rico														
	San Juan	SAJ	423	509	221	841	-	-	-	D	423	509	221	842

Table Key:

D Disclosure standards not met.
- Represents zero.

Reference(s):

- ¹ "Military Naturalization" refers to applicants whose eligibility relies on service in the U.S. armed forces. All other Form N-400 naturalizations are included in "Naturalization." Total includes both general and military naturalization.
- ² The number of new applications received and entered into a case-tracking system during the reporting period.
- ³ The number of applications approved during the reporting period.
- ⁴ The number of applications that were denied, terminated, or withdrawn during the reporting period.
- ⁵ The number of applications awaiting a decision as of the end of the reporting period.
- ⁶ Represents the office location. The office location does not reflect the complete area covered by the office's jurisdiction. Please refer to uscis.gov for office jurisdictions.

Notes:

- 1) Some petitions, applications, or requests approved or denied may have been received in a previous reporting period.
- 2) The report reflects the most up-to-date estimate available at the time the database is queried.
- 3) Counts may differ from previous quarters due to system updates and post adjudicative outcomes.
- 4) For a complete list of USCIS forms and descriptions, visit uscis.gov/forms.

Source:

Department of Homeland Security, U.S. Citizenship and Immigration Services, Office of Performance and Quality Performance Reporting Tool (PRT), queried 02/2020, TRK 5611.