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No. 99344-1

SUPREME COURT OF THE STATE OF WASHINGTON

IN RE THE PERSONAL RESTRAINT OF:

ROBERT RUFUS WILLIAMS,

Petitioner

**BRIEF OF AMICUS CURIAE OF THE SEATTLE CHAPTER OF
THE NATIONAL LAWYERS GUILD**

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A. IDENTITY AND INTEREST OF AMICUS CURIAE

As explained in the accompanying motion, the Seattle Chapter of the National Lawyers Guild (“NLG”) is one of many chapters around the country affiliated with the nation’s oldest and largest progressive bar association with a mission to use law for the people, uniting lawyers, law students, legal workers, and jailhouse lawyers to function as an effective force in the service of the people by valuing human rights and the rights of ecosystems over property interests. Since its inception in 1937, the NLG has been at the forefront of efforts to advocate for fundamental principles of social and economic fairness and for human rights, including the protection of rights guaranteed by both domestic constitutional law and international law.

B. ISSUES OF CONCERN TO AMICUS CURIAE

1. When deciding Robert Williams’ Personal Restraint Petition (“PRP”), should this Court consult international law sources?
2. What are the State of Washington’s obligations under international law to protect Mr. Williams’ health and welfare while he is imprisoned in a state prison?

C. STATEMENT OF FACTS

Amicus joins in the statement of the case put forth by the petitioner at pages 3 to 8 of the Petitioner’s Supplemental Brief.

D. ARGUMENT

1. *This Court Should Consult International Law Sources When Determining Whether Mr. Williams is Being Illegally Restrained*

While the parties have concentrated their arguments on whether the State’s restraint of Mr. Williams violates the Eighth Amendment to the United States Constitution and article I, section 14, of the Washington Constitution, and the Court of Appeals below surveyed practices in other states,¹ the Eighth Amendment and article I, section 14, are not the exclusive sources of law that govern this case. Rather, to determine if restraint is illegal under RAP 16.4(b), the Court should also consult international law.

The Supremacy Clause of the United States Constitution, Article VI, ¶ 2, specifically makes “all treaties made, or which shall be made, under the authority of the United States” binding on all courts in this country. While not every international obligation of the United States is automatically

¹ *In re Pers. Restraint of Williams*, 15 Wn. App. 2d 647, 674-76, 476 P.3d 1064 (2020).

enforceable in domestic courts,² still the U.S. Supreme Court has “referred to the laws of other countries and to international authorities as instructive for its interpretation of the Eighth Amendment’s prohibition of ‘cruel and unusual punishments.’” *Roper v. Simmons*, 543 U.S. 551, 575, 125 S. Ct. 1183, 161 L. Ed. 2d 1 (2005).³

In *Roper*, the Supreme Court struck down the practice of executing people for crimes committed when they were juveniles. In this process, the Court not only referenced the practices of other countries, but also surveyed various international covenants. *Id.* at 575-78 (citing, *inter alia*, Article 37 of the United Nations Convention on the Rights of the Child (“UNCRC”),⁴ Article 6(5) of the International Covenant on Civil and Political Rights

² For instance, in *Medellin v. Texas*, 552 U.S. 491, 128 S. Ct. 1346, 170 L. Ed. 2d 190 (2008), the United States Supreme Court held that judgment of the International Court of Justice in the *Case Concerning Avena and Other Mexican Nationals (Mex. v. U.S.)*, 2004 I.C.J. 12 (<https://www.icj-cij.org/public/files/case-related/128/128-20040331-JUD-01-00-EN.pdf>) (accessed 2/28/21), was not enforceable in Texas courts to prevent the execution of a Mexican national on Texas’ death row despite violations of the Vienna Convention on Consular Relations, 596 U.N.T.S. 261 (1963) (https://legal.un.org/ilc/texts/instruments/english/conventions/9_2_1963.pdf) (accessed 2/28/21).

³ See also *Trop v. Dulles*, 356 U.S. 86, 103, 78 S. Ct. 590, 2 L. Ed. 2d 630 (1958) (plurality) (denationalization as a punishment violates Eighth Amendment in part because “[t]he civilized nations of the world are in virtual unanimity that statelessness is not to be imposed as punishment for crime.”).

⁴ United Nations Convention on the Rights of the Child, Art. 37, Nov. 20, 1989, 1577 U.N.T.S. 3, 28 I.L.M. 1448, 1468-1470 (entered into force Sept. 2, 1990) (<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>) accessed 2/28/21).

(“ICCPR”),⁵ the American Convention on Human Rights: Pact of San Jose, Costa Rica, Art. 4(5), Nov. 22, 1969,⁶ the African Charter on the Rights and Welfare of the Child, Art. 5(3)⁷).

This Court too has a history of looking to international law when deciding how to construe our own Constitution. For instance, in *Eggert v. City of Seattle*, 81 Wn.2d 840, 505 P.2d 801 (1973), a case involving residential employment preferences, this Court specifically relied on a provision of the Universal Declaration of Human Rights (“UDHR”)⁸ that guaranteed freedom of travel. *Eggert*, 81 Wn.2d at 841. Reference to such sources is consistent with Article I, Section 32, of the Washington Constitution which requires: “A frequent recurrence to fundamental

⁵ 999 U.N.T.S. 175
(<https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>) (accessed 2/28/21)
(signed and ratified by the United States, 138 Cong. Rec. S4781-01 (daily ed., April 2, 1992), subject to a reservation regarding Article 6(5).

⁶ 1144 U.N.T.S. 146 (entered into force July 19, 1978)
(https://www.oas.org/dil/access_to_information_American_Convention_on_Human_Rights.pdf) (accessed 2/28/21).

⁷ OAU Doc. CAB/LEG/24.9/49 (1990) (entered into force Nov. 29, 1999)
(https://www.un.org/en/africa/osaa/pdf/au/afr_charter_rights_welfare_child_africa_1990.pdf) (accessed 2/28/21).

⁸ G.A. res. 217A (III), U.N. Doc A/810 at 71 (1948). The UDHR is not a treaty, but rather is a declaration “proclaimed by the United Nations General Assembly in Paris on 10 December 1948 (General Assembly Resolution 217 A) as a common standard of achievements for all peoples and all nations.”
<https://www.un.org/en/universal-declaration-human-rights/> (accessed 2/25/21).

principles is essential to the security of individual right and the perpetuity of free government.”

There are multiple sources of international law. These sources include conventions and treaties that the United States has signed but not ratified (such as the Convention on the Rights of the Child and the International Covenant on Economic, Social and Cultural Rights (“ICESCR”)⁹), or signed and ratified (such as the ICCPR and the International Convention on the Elimination of All Forms of Racial Discrimination (“ICERD”)¹⁰) or signed, ratified and adopted enabling legislation (such as the Convention Against Torture (“CAT”)).¹¹

⁹ G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 49, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3, entered into force Jan. 3, 1976 (<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>) (accessed 2/28/21).

¹⁰ 660 U.N.T.S. 195, entered into force Jan. 4, 1969 (<https://www.ohchr.org/en/professionalinterest/pages/cerd.aspx>) (accessed 2/28/21). The U.S. signed and ratified ICERD. 140 Cong. Rec. S7634-02 (daily ed., June 24, 1994). The United States has affirmed that it is “committed to seeing the goals of this covenant fully realized.” Letter dated 22 April 2009 from the Permanent Representative of the United States of America to the United Nations addressed to the President of the General Assembly, A/63/831, Annex, p. 4, ¶ 9 (https://www.un.org/ga/search/view_doc.asp?symbol=A/63/831&Lang=E) (accessed 2/23/21).

¹¹ G.A. res. 39/46, annex, 39 U.N. GAOR Supp. (No. 51) at 197, U.N. Doc. A/39/51 (1984), entered into force June 26, 1987 (<https://www.ohchr.org/en/professionalinterest/pages/cat.aspx>) (accessed 2/28/21). The enabling legislation for portions of the CAT was passed in 1998. Foreign Affairs Reform and Restructuring Act of 1998, Pub. L. No. 105-277, Div. G., tit. XXII, § 2242(b), 112 Stat. 2681-822 (Oct. 21, 1998).

On the other hand, there are some international norms that are so fundamental (such as prohibitions on genocide, torture, piracy and slavery) that they must be followed under international customary law (a *jus cogens* norm). See *Siderman de Blake v. Argentina*, 965 F.2d 699, 714 (9th Cir. 1992). In *The Paquete Habana*, 175 U.S. 677, 20 S. Ct. 290, 44 L. Ed. 320 (1900), the U.S. Supreme Court held:

International law is part of our law, and must be ascertained and administered by the courts of justice of appropriate jurisdiction, as often as questions of right depending upon it are duly presented for their determination. For this purpose, where there is no treaty, and no controlling executive or legislative act or judicial decision, resort must be had to the customs and usages of civilized nations; and, as evidence of these, to the works of jurists and commentators, who by years of labor, research and experience, have made themselves peculiarly well acquainted with the subjects of which they treat. Such works are resorted to by judicial tribunals, not for the speculations of their authors concerning what the law ought to be, but for trustworthy evidence of what the law really is.

Id. at 700.

These are not empty words. The Executive Branch of the United States Government has from time to time¹² indicated in its foreign policy and

¹² There is no question but that the period between January 2017 and January 2021 was a period when the Executive Branch of the U.S. Government regularly ignored international law in addition to flouting domestic law.

before the United Nations that human rights are universal, interdependent and indivisible:

The deep commitment of the United States to championing the human rights enshrined in the Universal Declaration of Human Rights is driven by the founding values of our nation and the conviction that international peace, security and prosperity are strengthened when human rights and fundamental freedoms are respected and protected. As the United States seeks to advance human rights and fundamental freedoms around the world, we do so cognizant of our own commitment to live up to our ideals at home and to meet our international human rights obligations

Letter dated 22 April 2009 from the Permanent Representative of the United States of America to the United Nations addressed to the President of the General Assembly, A/63/831, Annex, p. 1.¹³

In this context, how the State of Washington treats Mr. Williams should be judged not just from the perspective of local law but also whether Washington's actions comport with the international law obligations of the United States and its political subdivisions. While the issue is not strictly one of the binding effect of various treaties and customary international law, still, international law and the practices of other nations should inform this Court

¹³ https://www.un.org/ga/search/view_doc.asp?symbol=A/63/831&Lang=E (accessed 2/23/21).

as to how to decide issues involving the health rights of those people locked up behind the walls of our state's prisons.

2. *International Human Rights Standards for Health, Life, Dignity, and Non-Discrimination Apply to Mr. Williams' Petition*

Mr. Williams is a 78-year old Black veteran who suffers from a series of serious medical disabilities. Since the beginning of the pandemic, the State of Washington has confined him in a series of prisons run by the Department of Corrections ("DOC"), where Mr. Williams was confined in unsanitary conditions, denied ready access to drinking water, and deprived of access to bathroom facilities. As a result, like others at the Coyote Ridge Corrections Center ("CRCC"), Mr. Williams had no choice but to soil himself. *See (COA) Petitioner's Supplemental Brief* at 10 (10/9/20); *Colvin v. Inslee*, 195 Wn.2d 879, 909 n.4, 467 P.3d 953 (2020) (González, J., dissenting).

At the same time, DOC ignored the dangers of SARS-CoV-2, failed to significantly diminish the prison population, and failed to properly monitor the spread of the virus through its prison. As a result, Mr. Williams not only was exposed to the virus, but contracted COVID-19. By the time he was taken to a local hospital, he was septic and dehydrated. He suffered kidney failure in part due to dehydration, and then was inappropriately treated with

hydroxychloroquine. DOC transferred him to a series of prisons that could not accommodate his disabilities, kept him in solitary confinement, and finally transferred him back to CRCC, back into to a “dry cell” that lacks convenient access to toilets. *Motion for Discretionary Review* at 5. Despite his physical disabilities and despite being confined to a wheelchair, DOC refuses to release Mr. Williams to his family on home confinement.

There is no doubt that thirteen years ago, when he was significantly younger, Mr. Williams committed a serious crime. Still, Mr. Williams is entitled to be treated with respect and dignity. That Mr. Williams is deprived of his liberty does not mean he is deprived of other human rights, both civil rights, such as the right to life and freedom from discrimination, and social rights, such as the right to health. He still has the right to receive proper medical treatment, and the State of Washington is obligated, under international law, to protect him from the ravages of disease.

At the outset of the pandemic, world human rights leaders, like former prisoner and current UN High Commissioner for Human Rights Michelle Bachelet, called on countries to reduce their prison populations drastically to

avoid the types of situations that took place in Coyote Ridge Corrections Center.¹⁴ Commissioner Bachelet and others noted:

In the light of overcrowding in many places of detention, which undermines hygiene, health, safety and human dignity, a health response to COVID-19 in closed settings alone is insufficient. Overcrowding constitutes an insurmountable obstacle for preventing, preparing for or responding to COVID-19.

We urge political leaders to consider limiting the deprivation of liberty, including pretrial detention, to a measure of last resort, particularly in the case of overcrowding, and to enhance efforts to resort to non-custodial measures. These efforts should encompass release mechanisms for people at particular risk of COVID-19, such as older people and people with pre-existing health conditions, as well as other people who could be released without compromising public safety, such as those sentenced for minor, non-violent offences, with specific consideration given to women and children.

World Health Organization, “UNODC, WHO, UNAIDS and OHCHR joint statement on COVID-19 in prisons and other closed settings,” 13 May 2020.¹⁵

This call was based on the right to life and health guaranteed under international law.

¹⁴ Office of the High Commissioner for Human Rights (UN Human Rights), “Urgent action needed to prevent COVID-19 rampaging through places of detention.” (<https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25745&LangID=E>) (viewed 2/27/21).

¹⁵ <https://www.who.int/news/item/13-05-2020-unodc-who-unaid-and-ohchr-joint-statement-on-covid-19-in-prisons-and-other-closed-settings> (accessed 2/27/21).

a. **The International Covenant on Civil and Political Rights**

The International Covenant on Civil and Political Rights (“ICCPR”) has several provisions that are pertinent to the plight of prisoners during a time of pandemic. For instance, ICCPR, Article 10, ¶ 1, provides:

All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person.

ICCPR, Article 7, provides:

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

Most importantly, ICCPR, Article 6, ¶ 1, provides:

Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.

Each state party is bound under Article 2(3)(a) of the ICCPR, to provide an effective remedy for any violation of rights, notwithstanding the actions of persons in their official capacities. No derogation during emergencies, such as pandemics, is permitted for the right to life.

General Comment No. 36, the authoritative interpretation of the right to life under the ICCPR, adopted by the United Nations Human Rights

Committee (“UNHRC”)¹⁶ in 2019, indicates at paragraph 3 that this right “should not be interpreted narrowly,” that an individual should be “free from acts or omissions that are intended or may be expected to cause their unnatural or premature death....” Moreover, in paragraph 25, Comment No. 36, the UNHRC addresses the state’s duty to incarcerated individuals, by noting that there is a “heightened duty of care to take any necessary measures to protect the lives of individuals deprived of their liberty by the State, since by arresting, detaining, imprisoning, or otherwise depriving individuals of their liberty, State parties assume the responsibility to care for their lives....” This applies to public and private facilities, includes necessary medical care, appropriate regular monitoring and reasonable accommodation for person with disabilities.¹⁷

¹⁶ The United Nations Human Rights Committee, under the authority of the U.N. Office of the High Commissioner for Human Rights (OHCHR) “is the body of independent experts that monitors implementation of the International Covenant on Civil and Political Rights by its State parties.” <https://www.ohchr.org/EN/HRBodies/CCPR/Pages/CCPRIntro.aspx> (accessed 2/25/21). This body is to be distinguished from the United Nations Human Rights Council, an inter-governmental body that the United States is currently rejoining. B. Chappell, “Biden Orders U.S. To Reengage With U.N. Human Rights Council ‘Immediately,’” *NPR*, 2/8/21 (<https://www.npr.org/2021/02/08/965314723/biden-orders-u-s-to-reengage-with-u-n-human-rights-council-immediately>) (accessed 2/27/21).

¹⁷ UN Human Rights Committee (HRC), General Comment No. 36, Article 6 (Right to Life), 3 September 2019, CCPR/C/GC/35 (<https://www.refworld.org/docid/5e5e75e04.html>) (accessed 2/25/21).

b. The Mandela Rules

The Mandela Rules also apply to prisoners and health. Adopted by the United Nations General Assembly in 2015 after extensive review by international legal experts, the Mandela Rules revised the 1955 Standard Minimum Rules for the Treatment of Prisoners.¹⁸ The Mandela Rules reinforce the standards of the U.N. human rights treaties for health, health care and public health. Rules 24-35 address the right to health care services. Rule 22(2) addresses maintenance of health, especially in the face of illness: “Drinking water *shall* be available to every prisoner whenever he or she needs it.” (Emphasis added). Rule 24(1) explicitly requires that prisoners receive the same standards of health care “as are available in the community,” which means that prisoners should be treated like others in the larger society. Rule 24(2) requires prison health care to be organized closely with administration of the public health in order to ensure continuity of treatment and care including for infectious diseases. Rule 27(1) imposes a duty on the state to provide the highest attainable quality of care and not to discriminate:

¹⁸ United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Resolution adopted by the General Assembly on 17 December 2015 [on the report of the Third Committee (A/70/490)] 70/175 (<https://undocs.org/A/RES/70/175>) (accessed 2/25/21).

All prisons shall ensure prompt access to medical attention in urgent cases. Prisoners who require specialized treatment or surgery shall be transferred to specialized institutions or to civil hospitals. Where a prison has its own hospital facilities, they shall be adequately staffed and equipped to provide prisoners referred to them with appropriate treatment and care.

c. The World Health Organization

The proper treatment of prisoners must be measured against the United States' obligations to provide all of its residents with proper health care. The Constitution of the World Health Organization ("WHO") (adopted 1946, in effect since 1947) defined health as "a state of complete physical, mental and social well-being and not merely the absence of a disease or infirmity." Moreover, it proclaimed "The enjoyment of the highest sustainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."¹⁹

¹⁹ U.N.T.S., vol. 14, p. 185 (1948), (<https://treaties.un.org/doc/Publication/UNTS/Volume%2014/v14.pdf>) (accessed 2/28/21). The United States signed the WHO Constitution in 1946 and by resolution, Congress ratified it in 1948. Public Law 80-643, 62 STAT 441 (June 14, 1948).

d. **The Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights**

This global norm announced by the WHO in the 1940s was swiftly incorporated into the human rights law developed by the United Nations, in the Universal Declaration of Human Rights (“UDHR”) (cited by this Court in *Eggert* in 1973) and in the International Covenant on Economic, Social and Cultural Rights (“ICESCR”). The UDHR provides in Article 25 (1) that:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

The ICESCR which elaborated the social, economic and cultural rights of the UDHR, came into effect in 1976 and was signed by the U.S. in 1977 (but not ratified). It provides in Article 12(1) that:

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Article 12(2) is pertinent to this case arising during the SARS-CoV-2 pandemic.

The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

...

(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases. . . .

A state which signs a treaty, as the U.S. has for the ICESCR, does so with an intent to ratify, and its duty as a signatory is to take no action which would defeat the object and purpose of the treaty. *See* Article 18(a), Vienna Convention on the Law of Treaties.²⁰ Whether technically the ICESCR is “binding” on the U.S., *see Flores v. Southern Peru Copper Corp.*, 414 F.3d 233, 258 (2d Cir. 2003), the ICESCR has 171 state parties (as of July 2020) and the U.S. is one of only four states which have yet to ratify. Majority global support for a treaty is evidence of general practice accepted as law. *See* Article 38(b), Statute of the International Court of Justice.²¹ The U.S. as a signatory of the ICESCR therefore has some obligation not to retrogress in its adherence to the right to health. Retrogression is a particular danger

²⁰ U.N.T.S., vol. 1155, p. 331 (1980) (https://legal.un.org/ilc/texts/instruments/english/conventions/1_1_1969.pdf) (accessed 2/28/21). Whether or not the U.S. has ratified the Vienna Convention on the Law of Treaties, the U.S. Department of State in the past has noted that “the United States considers many of the provisions of the Vienna Convention on the Law of Treaties to constitute customary international law on the law of treaties.” <https://2009-2017.state.gov/s/l/treaty/faqs/70139.htm> (accessed 2/23/21).

²¹ <https://www.icj-cij.org/en/statute> (accessed 2/23/21).

during a pandemic and the impact of retrogression is felt most acutely by vulnerable groups which are protected by international human rights law.

The chief interpretive source on the obligations of a state to respect, protect and fulfill the right to health is that which clarifies the obligations under the International Covenant on Economic, Social and Cultural Rights – General Comment No. 14, The Right to the Highest Attainable Standard of Health, adopted by the United Nations Economic and Social Council (ECOSOC) of the General Assembly in 2000:²²

The Committee interprets the right to health, as defined in article 12.1, as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, *such as access to safe and potable water and adequate sanitation*, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. . . .

Id. at ¶ 11 (emphasis added). Access to water and sanitation is important in this case as Mr. Williams and other prisoners who have been locked into

²² CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000, (Contained in Document E/C.12/2000/4) (<https://www.refworld.org/pdfid/4538838d0.pdf>) (accessed 2/23/21).

“dry” cells without regular access to water and to toilets, and the subsequent dehydration, urination, defecation in unsanitary conditions that resulted.

e. **International Convention on the Elimination of All Forms of Racial Discrimination**

Mr. Williams has also raised issues about the disparate impact of the pandemic “on communities who have previously suffered historical bias and discrimination, particularly Black communities.” *Petitioner’s Supplemental Brief* at 11. In addition to issues under article I, section 14, the International Convention on the Elimination of All Forms of Racial Discrimination (“ICERD”), ratified by the United States, is an important source of Washington’s obligations.

The treaty defines racial discrimination broadly in Article 1(1) to include:

any distinction, exclusion, restriction or preference based on race, color . . . which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.

State parties at all levels are expected to take measures to address racial discrimination. Article 2(1)(c) makes clear:

Each State Party shall take effective measures to review governmental, national and local policies, and to amend, rescind or nullify any laws and regulations which have the effect of creating or perpetuating racial discrimination wherever it exists.

In Article 5, ICERD requires the state to eliminate all forms of racial discrimination, including in health:

In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, color, or national or ethnic origin, to equality before the law, notably in the enjoyment of. . . .

(e) Economic, social and cultural rights, in particular:

. . .

(iv) The right to public health, medical care, social security and social services....

It is noteworthy that the ICERD mentions public health; the right to public health connotes situations involving epidemics and other systemic threats to the health of individuals where social conditions of racism and racial discrimination will emerge.

E. CONCLUSION

All of the above-noted treaties and norms should drive this Court's analysis under the Eighth Amendment and article I, section 14, to see whether the continued confinement of Mr. Williams conforms with international law.

Mr. Williams has not been treated with dignity and humanity. The very exposure to the virus, his dehydration, the poor medical treatment, the transfers to multiple prisons, and keeping him locked up in a dry cell where he was deprived of sanitation are all facts that reveal that Washington's treatment of Mr. Williams does not conform with prevailing norms of international law.

As we as a society go forward to the next phases of the pandemic, the question is whether DOC is equipped to treat Mr. Williams with dignity and whether it respects his right to life. If DOC cannot comply with international standards related to health care and the treatment of prisoners, this Court should exercise its power to grant relief and order Mr. Williams' release to home confinement.

DATED this 2nd day of March 2021.

Respectfully submitted,²³

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²³ With the assistance of retired WSBA member, Martha Schmidt, regarding issues of international law.

CERTIFICATE OF SERVICE

I, Neil M. Fox, certify or declare that I served the attached pleading by filing it through the Appellate Portal which will serve all parties and amici.

Dated this 2nd day of March 2021, at Seattle, WA.

s/ Neil M. Fox
Attorney for NLG Seattle

LAW OFFICE OF NEIL FOX PLLC

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