

Declaration of Susan E. Hassig, MPH, DrPH

1. I am Susan E. Hassig, MPH, DrPH, Associate Professor of Epidemiology, Director of the MPH Program in Epidemiology, Tulane School of Public Health and Tropical Medicine, New Orleans, LA. I have conducted research and taught in the subject area of infectious diseases epidemiology for over 30 years. This time period spans the major epidemic threats of HIV, SARS, H1N1 (2009), influenza, Zika, Ebola, and now COVID-19. I base my declaration on the knowledge and experience I have gained in those years regarding the dynamics of spread in infectious disease and what steps can be taken to minimize or eliminate that spread in populations. I have previously executed a declaration for this matter on May 25, 2020, and have been asked to do so again here.
2. In the time since I entered my previous declaration, the COVID-19 pandemic in the United States, and in East Baton Rouge Parish specifically, has worsened considerably. Although reporting on COVID-19 cases in the United States is often inconsistent, figures available indicate that the United States had an estimated 63,821 new cases of COVID-19 last month, up from 21,110 in May.¹ Louisiana had an estimated 1,793 new cases of COVID-19 and 33 deaths last month, up from 390 and 14 in May.² East Baton Rouge Parish had an estimated 5,340 new cases of COVID-19 last month, up from 1,629 in May.³ Indeed, reports from last month indicate that the surge of COVID-19 cases in Louisiana is among the country's worst,⁴ and that East Baton Rouge Parish is among the most highly infected parishes in the state.⁵
3. Notably, Louisiana is one of many states who have recently halted or even reversed reopening efforts in light of continued difficulty slowing the spread of COVID-19. Louisiana Governor John Bel Edwards announced on August 4th that the state, seeing an

¹ *Coronavirus in the U.S.: Latest Map and Case Count*, The New York Times, August 17, 2020, <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>.

² *Louisiana Coronavirus Map and Case Count*, The New York Times, August 17, 2020, <https://www.nytimes.com/interactive/2020/us/louisiana-coronavirus-cases.html>.

³ *East Baton Rouge Parish, Louisiana Coronavirus Cases and Deaths Track the spread of COVID-19 by county*, USAFacts, August 17, 2020, <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/louisiana/county/east-baton-rouge-parish>.

⁴ *Louisiana's COVID-19 Surge Is Among The Worst In The U.S. And Some Leaders Are Still Fighting Masks*, Rosemary Westwood, July 9, 2020, <https://www.wwno.org/post/louisiana-s-covid-19-surge-among-worst-us-and-some-leaders-are-still-fighting-masks>.

⁵ *Coronavirus in Baton Rouge: Louisiana's biggest parish not far behind Orleans in number of cases*, David J. Mitchell, July 25, 2020, https://www.theadvocate.com/baton_rouge/news/coronavirus/article_b919ebc8-cd0a-11ea-b7a1-8378c4ce5c37.html.

alarming increase in cases and hospitalizations, will remain in Phase 2 until August 28th.⁶ Indeed, within a recent two-week period, every parish in Louisiana is now classified as “red” (meaning that it is an area with a high risk of community spread of COVID-19).

4. The virus is proving difficult to eradicate. In other countries that previously had done a good job of controlling COVID-19, such as Spain, Vietnam, and Germany, government officials are also rolling back reopening as COVID-19 has returned in waves.
5. In light of the highly virulent nature of the novel coronavirus, deliberate congregation during a time of high spread can lead to severe consequences and requires vigilance for each institution. This problem is particularly acute for jails, like the East Baton Rouge Parish Prison, where social distancing is not possible.
6. In light of these spiking COVID-19 statistics, the risk of community spread both within and without the East Baton Rouge Parish Prison is high. Congregate living facilities, such as prisons, are conducive to rapid viral spread. Indeed, early fears about massive infection events in prisons have been realized.⁷ This presents a tremendous risk for the detainees, as well as the surrounding community. Viruses can pass easily between the community and the prison as guards and staff commute to and from work.
7. There is still no vaccine or medication to prevent infection from COVID-19. In order to limit the spread of the disease, the CDC and other health agencies continue to recommend social distancing and hygiene measures, as well as the wearing of protective face coverings. These remain the best practices for slowing the spread of COVID-19. Notably, however, research suggests that bandanas and neck gaiters (like those in use at the East Baton Rouge Parish Prison) are not effective as face coverings and in fact may enhance the spread of coronavirus through smaller aerosolized air droplets.⁸
8. As I noted in my May declaration, the CDC has promulgated specific guidance advising correctional facilities on how to respond to the COVID-19 pandemic.⁹ Since May, the

⁶ *Louisiana coronavirus: 1,179 more cases reported; recoveries surpass 100,000 people*, Emma Discher, August 12, 2020, https://www.nola.com/news/coronavirus/article_f7ec0556-d9c7-11ea-95a5-238d87e9e113.html.

⁷ *Employee dies and over 100 inmates infected with coronavirus at Folsom State Prison*, Michael McGough, August 13, 2020, <https://www.sacbee.com/news/coronavirus/article244906202.html>.

⁸ *Neck gaiters may actually increase COVID-19 transmission, study finds*, Abby Haglage, August 10, 2020, <https://news.yahoo.com/neck-gaiters-may-actually-increase-covid-19-transmission-study-finds-183034882.html>; *Study: Neck Gaiters Are Worse Than Wearing No Mask At All*, KHN, <https://khn.org/morning-breakout/study-neck-gaiters-are-worse-than-wearing-no-mask-at-all/>.

⁹ *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, Centers for Disease Control and Prevention, March 23, 2020, available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional->

CDC has issued numerous revisions to this guidance. However, it is my position that these revisions have not corrected many of the key flaws of the guidance that I identified in May. At best, the CDC guidance remains the bare minimum and is still not stringent enough to actually achieve the goal of keeping both staff and detainees safe from the virus.

9. Regardless, my understanding is that the East Baton Rouge Parish Prison purports that this guidance has served as the basis for their response to COVID-19. The declarations I have reviewed from detainees at the East Baton Rouge Parish Prison reveal that the jail is not adhering to CDC guidelines. For example, detainees report, among other things, that guards are not wearing masks or enforcing mask orders.¹⁰ Perhaps even more important, basic social distancing guidelines are not being adhered to or enforced.¹¹ As I noted in my declaration in May, it is my scientific opinion that all persons detained in the facility should be, at all times, no closer than 6 feet from any other detainee. Anything less than 6 feet distancing is inadequate, and even that is not sufficient in the absence of universal, effective face covering and frequent surface disinfection. Indeed, social distancing is critical as some asymptomatic individuals may test negative even if the virus is still in their systems. The declarations I have reviewed from detainees reveal that these guidelines are not being enforced and likely cannot be enforced in light of the rising detainee population.¹²
10. The CDC has also confirmed that individuals who were infected with COVID-19 could continue to spread the disease long after symptoms have resolved themselves.¹³ This is particularly problematic, as I understand that the jail is not regularly testing detainees.¹⁴ Without regular testing in an environment like the jail where social distancing is not possible, it would be impossible to detect an asymptomatic spreader before they are able to expose large numbers of individuals to COVID-19.
11. Other portions of the CDC's guidance have rightfully changed to reflect the evolving scientific understanding of the risks associated with COVID-19. For example, in May, the CDC's guidance provided that groups with the following health conditions were at increased risk of severe complications or death from COVID-19: hypertension and other

detention.html.

¹⁰ Pettice Decl. ¶¶ 24, 36-37; Stewart Suppl. Decl. ¶ 12; Bernard Decl. ¶ 3, 9-10; Leagard Decl. ¶ 11-12; Banks Decl. ¶ 8, 10, 25; Harris Decl. ¶¶ 10, 35, 45.

¹¹ Pettice Decl. ¶¶ 27-29, 33-34; Parker Decl. ¶ 10; Bernard Decl. ¶¶ 13-15; Leagard Decl. ¶¶ 7-8, 12; Day Decl. ¶¶ 5, 8-9; Banks Decl. ¶ 7; Harris Decl. ¶¶ 27-28, 31, 39-40, 45.

¹² Pettice Decl. ¶¶ 27-29, 33-34; Parker Decl. ¶ 10; Bernard Decl. ¶¶ 13-15; Leagard Decl. ¶¶ 7-8, 12; Day Decl. ¶¶ 5, 8-9; Banks Decl. ¶ 7; Harris Decl. ¶¶ 27-28, 31, 39-40, 45.

¹³ *Duration of Isolation and Precautions for Adults with COVID-19*, Centers for Disease Control and Prevention, August 16, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>.

¹⁴ Parker Decl. ¶ 8; Bernard Decl. ¶¶ 4, 6; Leagard Decl. ¶¶ 14, 16-17; Day Decl. ¶ 5; Banks Decl. ¶ 6.

cardiovascular disease, obesity, diabetes, asthma, other chronic lung diseases, chronic kidney or liver disease due to any cause, and suppressed immune systems for any reason. This list has now expanded to include individuals with sickle cell disease,¹⁵ a condition that is most prevalent among African Americans.

12. Likewise, the revised CDC guidance now recognizes that risk of severe complication from COVID-19 increases linearly with age, even for those who are younger than 65 years old: “As you get older, your risk for severe illness from COVID-19 increases. For example, people in their 50s are at higher risk for severe illness than people in their 40s. Similarly, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older.”¹⁶
13. In addition, the CDC has now identified additional groups of people who need extra precautions from COVID-19, other than those with underlying health conditions. These include people with disabilities, people with development and behavioral disorders, people experiencing homelessness, those who are pregnant or breastfeeding, newly resettled refugee populations, and drug users or those with substance use disorder.¹⁷ Many of these groups are overly represented in jail populations.
14. Despite our growing understanding of the disease, the long term health implications of COVID-19 remain unknown. Research is still unclear as to whether COVID-19 is an acute infectious disease that eventually disappears from the body or whether it has the potential to cause long-term health implications. Researchers are concerned that COVID-19 “could lie dormant in the body, like chickenpox, or become a chronic infection, like hepatitis B.”¹⁸ If COVID-19 is a chronic disease, then a strategy of isolating only those individuals who test positive or exhibit symptoms would not be effective for limiting the spread of COVID-19.
15. Likewise, I am aware of no research indicating that individuals who contract COVID-19 develop long-term immunity. Indeed, research shows a waning antibody response in a very short time (3-6 months) in many recovered patients and inconsistent immune

¹⁵ *People with Certain Medical Conditions*, Centers for Disease Control and Prevention, August 14, 2020, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html.

¹⁶ *Older Adults*, Centers for Disease Control and Prevention, August 16, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>.

¹⁷ *Other People Who Need Extra Precautions*, Centers for Disease Control and Prevention, July 21, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations.html>.

¹⁸ *What are the Long-Term Effects of COVID-19?*, Ana Veciana-Suarez, July 1, 2020, <https://news.umiamihealth.org/en/what-are-the-long-term-effects-of-covid-19/>.

responses across all infected individuals, suggesting that patients may not develop the necessary antibodies for immunity or that those antibodies are not sufficiently long-lived if they do appear to provide for a persistent level of antibody protection. This antibody response also presents complications for the development of a vaccine. Even if the disease is not chronic, therefore, there may remain a risk of reinfection even for those who have recovered from the disease—we simply can't say at this time that past exposure or infection means that the individual will be protected in the future. And it is possible the reinfection could be worse than the initial infection—we don't know that yet. Caution in this context is thus of central importance. Absent long-term immunity, it is not practical to expect that the COVID-19 pandemic will resolve itself through so-called "herd immunity." As such, even a single infection could have long term and dire implications for an environment like the East Baton Rouge Parish Prison, where infections and reinfections could spread rapidly through the detained population.

16. We also now know that COVID-19 can lead to a host of longer term health complications, well after COVID-19 patients stop exhibiting symptoms. Complications related to inflammation and nerve damage have proven particularly severe. For example, research shows that up to 30% hospitalized coronavirus patients develop moderate to severe kidney injury, including kidney failure.¹⁹ Other organs and systems that have shown long term damage in recovered COVID-19 patients include the lungs, digestive tract, as and nervous system.
17. In addition, we are seeing microscopic clotting issues in autopsies of individuals who have succumbed to the virus and weird disruptions of blood viscosity mechanisms or other clotting disorders. Vascular after-effects from this virus may well lead to high blood pressure and other vascular issues. These longer term complications may develop even in individuals who presented with only mild symptoms while infected with the virus. The high blood pressure experienced by Plaintiff Devonte Stewart is an example of a potential after-effect of COVID-19 in an individual with no risk factors for the disease.²⁰
18. It is too soon to know whether these longer term complications are permanent, because the virus simply hasn't been around long enough, although preliminary findings suggest that they may be. It is also too soon to know who amongst patient groups would be most susceptible to these complications. The clinical and medical follow up of recovered patients is thus far more important than in a normal viral situation; this is clearly a different virus, and its effects are of increasing concern, particularly for young people

¹⁹ *What are the Long-Term Effects of COVID-19?*, Ana Veciana-Suarez, July 1, 2020, <https://news.umiamihealth.org/en/what-are-the-long-term-effects-of-covid-19/>.

²⁰ Stewart Suppl. Decl. ¶ 9.

who may not die but who also may not escape the virus without serious, life-long consequences.

19. In sum, in light of deteriorating conditions across the country, and in East Baton Rouge in particular, it is my professional opinion that the danger COVID-19 poses to detainees in the East Baton Rouge Parish Prison is now more severe than it was in May. Furthermore, evolving understanding of the disease shows that the risks associated with the disease are both more long-term than initially understood and that a broader group of individuals face severe risks of complications. While some CDC guidelines have evolved to reflect this changing understanding, the guidelines for correctional facilities remain woefully inadequate and cannot serve as the basis for an effective response to the COVID-19 pandemic.

I declare under penalty of perjury that the foregoing is true and correct.

Susan Hassig

Digitally signed by Susan Hassig
DN: cn=Susan Hassig, o=Tulane
SPHIM, ou=Epidemiology Dept,
email=s.hassig@tulane.edu, c=US
Date: 2020.08.17 20:48:46 -0500

Susan E. Hassig, MPH, DrPH

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