Supplemental Declaration of Dr. Jaimie Meyer

Pursuant to 28 U.S.C.§ 1746, I hereby declare as follows:

I. Background and Qualifications

1. I am Dr. Jaimie Meyer, an Assistant Professor of Medicine at Yale School of Medicine and Assistant Clinical Professor of Nursing at Yale School of Nursing in New Haven, Connecticut. I am board certified in Internal Medicine, Infectious Diseases and Addiction Medicine. I completed my residency in Internal Medicine at NY Presbyterian Hospital at Columbia, New York, in 2008. I completed a fellowship in clinical Infectious Diseases at Yale School of Medicine in 2011 and a fellowship in Interdisciplinary HIV Prevention at the Center for Interdisciplinary Research on AIDS in 2012. I hold a Master of Science in Biostatistics and Epidemiology from Yale School of Public Health.

2. I have worked for over a decade on infectious diseases in the context of jails and prisons. From 2008 to 2016, I served as the Infectious Disease physician for York Correctional Institution in Niantic, Connecticut, which is the only state jail and prison for women in Connecticut. In that capacity, I was responsible for the management of HIV, Hepatitis C, tuberculosis, and other infectious diseases in the facility. Since then, I have maintained a dedicated HIV clinic in the community for patients returning home from prison and jail. For over a decade, I have been continuously funded by the NIH, industry, and foundations for clinical research on HIV prevention and treatment for people involved in the criminal justice system, including those incarcerated in closed settings (jails and prisons) and in the community under supervision (probation and parole). I have served as an expert consultant on infectious diseases and women's health in jails and prisons for the UN Office on Drugs and Crimes, the Federal Bureau of Prisons, and others. I also served as an expert health witness for the US Commission on Civil Rights Special Briefing on Women in Prison.

3. I have written and published extensively on the topics of infectious diseases among people involved in the criminal justice system including book chapters and articles in leading peer-reviewed journals (including Lancet HIV, JAMA Internal Medicine, American Journal of Public Health, International Journal of Drug Policy) on issues of prevention, diagnosis, and management of HIV, Hepatitis C, and other infectious diseases among people involved in the criminal justice system.

4. My C.V. includes a full list of my honors, experience, and publications, and it is attached as Exhibit A.

5. I was paid $1,000 for my time drafting an earlier version of this report filed in another case. I am being paid an additional $50 per hour for my time reviewing materials and preparing this report.

6. I have not testified as an expert at trial or by deposition in the past four years.

7. In addition to my knowledge, training, education, and experience in the field of prison

healthcare and infectious diseases, and the resources relied upon by experts in infectious diseases and prison health, I also reviewed specifically the Centers for Disease Control and Prevention (CDC) guidance on management of COVID-19 in correctional facilities (available at https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html), the Bureau of Prisons (BOP) modified operations plan (available at https://www.bop.gov/coronavirus/covid19_status.jsp), the National Commission on Correctional Health Care (NCCHC) materials on COVID-19 (available at https://www.ncchc.org/COVID-Resources), and the World Health Organization interim guidance on Preparedness, prevention and control of COVID-19 in prisons and other places of detention (available at http://www.euro.who.int/__data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1). I have also reviewed the guidance and information that ICE has posted on their website, https://www.ice.gov/coronavirus.

II. Risk of COVID-19 at the Buffalo Federal Detention Facility

8. I have reviewed the following materials in making my assessment of the danger of COVID-19 at the Buffalo Federal Detention Facility ("BFDF"): (1) a declaration by Jeffrey Searls, the Officer in Charge at BFDF, dated March 30, 2020, and filed as ECF 120 in *Hassoun v. Searls*, No. 19-CV-370 (W.D.N.Y.); (2) a declaration by Adham Hassoun, dated April 1, 2020, and filed as ECF 124 in *Hassoun v. Searls*, No. 19-CV-370 (W.D.N.Y.); (3) the BFDF Detainee Handbook (attached as Exhibit A); (4) a declaration by Captain Abelardo Montalvo, M.D., dated April 3, 2020, and filed as ECF 45 in *Jones v. Wolf*, No. 20-CV-361 (W.D.N.Y.) (attached as Exhibit B); and (5) a supplemental declaration by Jeffrey Searls, the Officer in Charge at BFDF, dated April 4, 2020, and filed as ECF 47 in *Jones v. Wolf*, No. 20-CV-361 (W.D.N.Y.) (attached as Exhibit C).

9. Based on my review of these materials, my experience working on public health in jails and prisons, and my review of the relevant literature, it is my professional judgment that this facility is under-equipped and ill-prepared to prevent and manage a COVID-19 outbreak, which would result in severe harm to detained individuals, staff, and the broader community. The reasons for this conclusion are detailed as follows.

10. Detainees in this facility are at imminent risk of harm from COVID-19 because they are unable to protect themselves through cleaning and disinfection. There is no mention in the March 30, 2020 Searls declaration of whether detainees are provided adequate supplies for cleaning and disinfecting living areas. Although the CDC recommends that high-touch surfaces be cleaned frequently with products containing bleach or 70% alcohol, Mr. Hassoun reports being forced to clean his living area with napkins and water, which is completely ineffective against COVID-19. Moreover, per Mr. Hassoun's declaration, inmates have no way to clean and disinfect common use surfaces, such as computers and tablets, microwaves, phone booth, and a telephone. This means that COVID-19, a virus that can survive for days on these surfaces, can easily be spread from person to person.

11. Handwashing is central to COVID-19 infection prevention strategies and the CDC recommends that individuals in detention be provided with no-cost access to soap.

Although Mr. Searls's March 30, 2020 declaration notes soap is provided as per best practices, it is unclear how this is being implemented. The BFDF Detainee Handbook describes that soap is available from communal dispensers and replenished weekly on request, but it is not clear whether these practices have changed since COVID-19 procedures began. Even though Mr. Hassoun has access to a private sink, toilet, ad shower in his medical observation room, it is not clear whether he has adequate access to soap for handwashing either in his housing quarters or in common areas.

12. Mr. Hassoun's declaration reflects inconsistent use of personal protective equipment (PPE) by staff, including medical staff. While his declaration states that some healthcare workers "do not wear masks or gloves" others are "covered head-to-toe . . . completely wrapped up in protective gear." Inconsistent use of PPE suggests that (a) healthcare workers have not been trained in when and how to use PPE, (b) PPE is not consistently available, or (c) that infection prevention policies are unclear. This is particularly concerning because healthcare workers have extremely high risk of being exposed to COVID-19 and can transmit to other detainees/patients, even in the absence of symptoms.

13. Declarations from Mr. Searls and Captain Montalvo state that new detainees and staff are undergoing screening but there is no mention of whether and how contractors are also undergoing screening prior to entering the facility. This is especially important for BFDF because all medical care is provided by contractors. If healthcare workers are not adequately screened for signs and symptoms of COVID-19 infection, there is high risk that they will unwittingly bring the infection into the facility.

14. BFDF does not have adequate bed capacity to isolate people infected with COVID-19 if and when COVID-19 infection in the facility occurs. Mr. Searls's March 30, 2020 declaration describes 32 single cells in SHU that can be dedicated for medical isolation. At least some of these cells are already occupied (Mr. Hassoun reports residing in one, for example), leaving an unclear number left for people with COVID-19 infection. Captain Montalvo describes that the medical unit has 3 beds, only 2 of which are specially equipped for negative pressure isolation, meaning that air flows from outside to inside the space to prevent spread of infected droplets to the remainder of the facility. It is unclear how many of these 3 medical unit beds are already occupied. Mr. Searls's April 4, 2020 declaration states that "due to logistical constraints and restrictions" individuals designated for medical isolation were unable to be moved to the expected units. If the facility is unable to adequately isolate individuals with COVID-19 infection, there is high likelihood the infection will rapidly spread unabated throughout the facility.

15. While it is reassuring that there are no confirmed cases of COVID-19 in BFDF as of April 4, 2020, the number of cases in the surrounding community is rapidly rising. As of April 3, 2020, there were 21 cases in Genesee county and an additional 49 individuals were under quarantine (https://www.co.genesee.ny.us/departments/health/coronavirus_2019/index.php), representing a 700% increase from the 3 cases described just one week prior in Mr. Searls's March 30, 2020 declaration. Once a case of COVID-19 is identified in a facility, it will be too late to prevent a widespread outbreak. Recent outbreaks of COVID-19 in

ICE detention facilities in New York and New Jersey demonstrate how easily the virus enters facilities and rapidly spreads to detainees and staff when community epidemics are widespread, even when the best available infection preparedness plans are in place. We absolutely cannot afford to wait until the first case appears in facilities to act. By the time someone (a detainee or staff member) develops COVID-19 symptoms to warrant isolation or testing, they will likely have already infected many others. It is estimated that the average person with COVID-19 infects 2.5-3.3 other people (including before they develop symptoms)- and this is a relatively low estimate from community settings where social distancing is possible. At that point, the spread of COVID-19 in the facility will be unstoppable. The horizon of risk for COVID-19 in these facilities is a matter of days, not weeks. The time to act is now.

III. Risk to Adham Amin Hassoun of Contracting COVID-19

16. I have reviewed the following materials in making my assessment of the danger posed to Adham Amin Hassoun of contracting COVID-19: (1) a declaration by Mr. Hassoun, dated April 1, 2020, and filed as ECF 124 in *Hassoun v. Searls*, No. 19-CV-370 (W.D.N.Y.); (2) health records for Adham Amin Hassoun, dated July 25, 2018-August 8, 2018.[1]

17. The CDC has identified that the following groups are at higher risk of severe illness due to COVID-19: people aged 65 years or older, and people of all ages who have underlying medical conditions including chronic lung disease, serious heart conditions, conditions that can cause a person to be immunocompromised, severe obesity, diabetes, chronic kidney disease, and liver disease. Mr. Hassoun meets multiple high-risk criteria because he has asthma, a serious heart condition (coronary artery disease requiring prior placement of two stents and multiple prior hospitalizations for chest pain), and diabetes. It is also likely that his prolonged hunger strike and resultant malnutrition have led to him being immunocompromised. If he were to become infected with COVID-19 he is likely to experience severe infection, including risk of hospitalization and death.

18. Although the placement of Mr. Hassoun in an isolation cell reduces his risk of exposure to COVID-19 from the general population of other detainees, he remains at high risk of exposure from (1) medical personnel who see him multiple times a day and have had inconsistent use of PPE as described above and (2) communal spaces and equipment that are inadequately cleaned and disinfected as described above. Given the persistent risk of exposure to COVID-19, it is my professional opinion that BFDF is not able to adequately protect Mr. Hassoun from COVID-19 infection and he remains at imminent risk of harm.

IV. Conclusion and Recommendations

19. For the reasons above, it is my professional judgment that individuals held at BFDF are at a significantly higher risk of infection with COVID-19 as compared to the population in

[1] I was unable to review Mr. Hassoun's current health records because they had to be mailed from BFDF and did not arrive in time.

the community and that they are at a significantly higher risk of harm if they do become infected. These harms include serious illness (pneumonia and sepsis) and even death.

20. It is my professional opinion that, based on his risk for COVID-19 infection, Mr. Hassoun should be released from BFDF to remain in home confinement.

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

April 6, 2020
New Haven, Connecticut

Dr. Jaimie Meyer