

1 **DECLARATION OF DR. JOHN SWARTZBERG**

2 I, Dr. John Swartzberg, declare and state as follows:

3 1. I am a clinical professor emeritus at the University of California at Berkeley’s School of
4 Public Health and a physician with board certifications in internal medicine and infectious disease. I
5 have close to 50 years of experience in those fields spanning both clinical and academic work. I am also
6 a past director of the UC Berkeley–UCSF Joint Medical Program and I continue to teach in that program.
7 I am also the hospital epidemiologist and chair of the infection control committee at the Alta Bates
8 Medical Center in Berkeley, California. My curriculum vitae is attached to this declaration as Exhibit
9 1.

10 2. I have been closely following developments in the spread of severe acute respiratory
11 syndrome coronavirus 2 (SARS-CoV-2), the virus that causes the disease commonly referred to as
12 COVID-19. I have also been interviewed for articles on the subject in numerous publications, including
13 the New York Times, the Guardian, and Forbes, among others.

14 3. SARS-CoV-2 is highly infectious and carries a significant risk of causing severe
15 symptoms and even death. It is estimated to be about ten times as infectious as influenza, a disease that
16 annually causes tens of thousands of deaths in the United States, and its mortality rate is likely 10 times
17 greater than influenza. Serious illness occurs in approximately 20 percent of cases.

18 4. The virus appears to pass from person to person primarily through respiratory droplets
19 (by coughing or sneezing), and also through contact with surfaces that have been contaminated with the
20 droplets.

21 5. People who are unhoused are at high risk for both contracting COVID-19 and suffering
22 adverse outcomes like hospitalization and death. This is particularly true for people who are staying in
23 shelters without individual rooms, as is very common. When people are gathered in close proximity to
24 each other, especially if they are there for extended periods of time or in enclosed spaces, the virus can
25 spread quite rapidly.

26 6. People are also at higher risk of serious illness and death from COVID-19 if they have
27 underlying chronic health conditions, such as heart disease, diabetes, or compromised immune systems.
28 People who are unhoused have much higher rates of these underlying conditions, meaning that they are

1 much more likely than the general population to suffer serious illness, including death, from COVID-
2 19.

3 7. Tragically, we have already seen multiple cases where congregate shelters have created
4 clusters of infection. For example, a shelter in San Francisco was reported to have had seventy confirmed
5 cases of SARS-CoV-2, even though the shelter had already taken steps to reduce occupancy to less than
6 half of its normal capacity.¹ The same is true of New York City’s shelter system, which, as of over a
7 week ago, had already seen nearly 400 people test positive for the virus.² I also understand a shelter in
8 Maui had its first confirmed case of the virus on or around April 17.³

9 8. In my expert opinion, pushing people who are living in homeless encampments to move
10 into congregate shelters increases their risk of contracting the virus (or transmitting it to others if they
11 already have it). Plainly put, from an infectious disease perspective forcing people into congregate
12 settings like shelters is significantly more dangerous than letting people remain unsheltered.

13 9. Conducting encampment sweeps and confiscating the belongings of people who are
14 houseless, such as tents, sleeping materials, and food can increase the risk of adverse outcomes from
15 COVID-19 for those who are subject to the sweep. Taking away a person’s shelter, even informal shelter
16 like tents, will foreseeably increase that person’s exposure to the elements. Likewise, taking away
17 belongings like food and medicine can worsen a person’s overall health. These actions put someone at
18 danger of developing a more aggressive infection that is less responsive to treatment.

19 10. The best solution to protect public health and the safety of people who are houseless is to
20 secure individual housing units for those individuals and families, as many state and local governments
21 around the country are doing by, for example, leasing hotels.

24 ¹ Thomas Fuller, *Major Outbreak in San Francisco Shelter Underlines Danger for the Homeless*, The
25 New York Times (April 10, 2020), available at <https://www.nytimes.com/2020/04/10/us/coronavirus-san-francisco-homeless-shelter.html> .

26 ² Nikita Stewart, *‘It’s a Time Bomb’: 23 Die as Virus Hits Packed Homeless Shelters*, The New York
27 Times (Apr. 13, 2020), available at <https://www.nytimes.com/2020/04/13/nyregion/new-york-coronavirus-homeless.html>.

28 ³ *2 from Maui homeless shelter quarantined; 1 positive for COVID-19*, Hawaii News Now (April 17,
2020), available at <https://www.hawaiinewsnow.com/2020/04/17/homeless-shelter-maui-quarantine-tests-positive-covid-/>.

