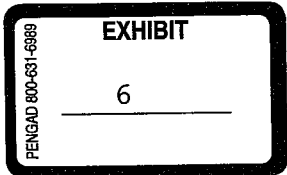


**DECLARATION OF JAMES G. CRUSE, MD**

Pursuant to 28 U.S.C. § 1748, **James G. Cruse, M.D.** declares under penalty of perjury that the foregoing is true and correct:

1. My name is **James G. Cruse, M.D.** I am over the age of 18 years old and have personal knowledge of the facts stated in this declaration.
2. I make this declaration in support of Plaintiffs’ Motion for Preliminary Injunction.
3. I am a family practice physician and Chief Medical Officer of Wayne Memorial Community Health Centers, a large, multi-specialty Federally Qualified Health Center that serves Wayne, Pike, and parts of Susquehanna and Lackawanna Counties in Pennsylvania. I am also the Medical Director of Wayne Memorial Hospice. I have privileges at Wayne Memorial Hospital.
4. I have been a licensed and board-certified family practice physician since 1998. I graduated from medical school at Emory University School of Medicine in 1995. I completed the Family Medicine Residency program with Emory’s Department of Family and Preventive Medicine in 1998. That program has a strong focus in public health. I have a special interest in epidemiology, infectious disease and public health. As a medical student, I did rotations with the United States’ Centers for Disease Control (CDC) Epidemiology Intelligent Service and studied invasive pneumococcal infections. I also did a research project with Emory’s School of Public Health in the Republic of Georgia in conjunction with World Health Organization. As a resident I did a rotation with Emory’s Department of Infectious Diseases and a project with Child Family Health International working in rural health clinics in Ecuador.
5. I directly care for adult and pediatric outpatients who have been exposed to, diagnosed with, or suspected to have been infected with COVID-19.
6. In my role as Chief Medical Officer for Wayne Memorial Community Health Centers (WMCHC) I have responsibility for our population and community health initiatives. I have been the lead physician in our outpatient response to COVID-19: interacting with the Pennsylvania Department of Health, keeping up with guidance on COVID-19 and disseminating that guidance to our providers, making employee health decisions, and writing procedures on infection control and COVID prevention. That role has included regular radio updates to our community on COVID prevention, masking and vaccination. I am the physician leader of our vaccination campaign. These roles force me to keep up with scientific research, data and guidance on COVID-19. I also do a weekly in-depth analysis of local case data for both our organization and my radio updates.
7. I also serve in an advisory role on COVID-19 to multiple school districts in our area, including Delaware Valley School District, through our biweekly Wayne Memorial Hospital COVID-19 discussion calls. These calls include Wayne Memorial Hospital leadership, WMCHC leadership, local school districts and local nursing homes. School districts that participate in those calls include Wayne Highlands, Western Wayne, Wallenpaupack, Forest City, Carbondale and Delaware Valley School Districts. I also served the past 2 summers as an advisor on COVID-19



to a coalition of local summer camps. I and all of the medical leadership at Wayne Memorial have advised those school districts that with this level of community transmission of COVID-19 that we strongly recommend universal masking in schools.

8. COVID-19 and the Delta variant, in particular, continue to spread across Pennsylvania and Pike County. Data suggest that the Delta variant is significantly more contagious than the prior variants of COVID-19. Community transmission of COVID-19 in this area is extremely high. The first week in October, Pike and Wayne counties had a rate of 312 new cases per 100,000 residents per week. That is the highest number of new COVID infections in Pike and Wayne Counties since January 17, 2021 and one of the highest weekly case counts of the entire pandemic.

9. COVID-19 is most commonly transmitted by small viral particles (droplets) exhaled by an infected person that are deposited into the nose, mouth and/or eyes of an uninfected person. This means COVID-19 spreads to an uninfected person when an infected person— including asymptomatic – speaks, coughs, or sneezes. People with COVID-19 have reported a wide range of symptoms, ranging from no or mild symptoms to severe illness. COVID-19 may cause severe and long-term health complications, including death.

10. COVID-19 can spread quickly. In-person gatherings pose a heightened risk of case transmission of COVID-19 as the spread of COVID-19 is more likely when people are in close contact or proximity with one another (within about six feet). The risk of transmission also increases when individuals gather in close proximity for extended periods, and when they do so in enclosed (indoor) spaces.

11. The consensus by the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) and other infectious disease experts is that the only way to limit illness and death from COVID-19 until a larger proportion of the population has been vaccinated is through a combination of measures, including: individual behaviors such as wearing masks, maintaining physical distance from others, washing hands and completely avoiding contact with others when ill; widespread testing with isolation of cases and quarantine of close contacts; and community social distancing measures.

12. I am familiar with the School Board's Vote on September 28, 2021 allowing parents of students to opt-out of the mask requirement for any reason. I understand that the Plaintiffs in this case seek preliminary and permanent injunctions against the School Board's vote and an order requiring the school district (Delaware Valley) to enforce a mask mandate requirement in schools.

13. Given the importance of this issue to students with disabilities seeking to safely attend school, and to health of all persons in the community, I submit this declaration. It is imminently important to have the school community wear masks or face coverings without purely personal opt-out options.

14. Research shows that children are susceptible to infection by COVID-19. Children are less likely to be symptomatic and less likely to develop severe symptoms compared to adults.

However, the multisystem inflammatory syndrome in children (MIS-C), which may create serious problems with the heart or other organs and may require hospitalization, continues to appear in children. In addition, children with certain pre-existing medical conditions are at greater risk of developing severe COVID-19 symptoms or death. Also, there is concern that there may be unknown long term health complications to children that have even a mild case of COVID-19 infection. In particular, there is concern about myocarditis, inflammation of the heart, that frequently affects children and young adults with COVID-19.

15. There has been a higher rate of cases of COVID-19 diagnosed in school-aged children in Pike County so far during this school year than in last school year. According to the PA Department of Health data, between the dates of 08/16/2021 and 10/16/2021 there have been 224 cases of COVID-19 diagnosed in children ages 5-18 years old in Pike County.

16. There have been clusters of outbreaks in our local schools where the epidemiological evidence shows that the infections were transmitted in the classroom (due to the fact that students sitting near each other in the classroom tested positive within a few days of each other). There have been cases indicating that those students then brought the infection home to their family members who subsequently became seriously ill.

17. Presently, children under the age of 12 years old are not eligible to receive a COVID-19 vaccine. As a result, not all students have had the opportunity, or were eligible to be vaccinated, before the start of the 2021-2022 school year. In fact, most elementary school children are not old enough to be eligible for the COVID-19 vaccination at this time due to age. Moreover, even children who are eligible for the vaccine and have received the vaccine may still be susceptible to infection if they suffer from a condition or disorder that results in a compromised or suppressed immune system.

18. Enforced masking works. Low In-School COVID-19 Transmission and Asymptomatic Infection Despite High Community Prevalence (nih.gov). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8271352>. The CDC has found that masks are effective in reducing the spread of COVID-19. citing D.K. Chu et al., Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: A systematic review and meta-analysis. 395 The Lancet 1973-87 (2020)); see also CDC, Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2 (May 7, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html>.

19. As such, it is vitally important that schools at all levels take all necessary measures to limit the spread of COVID-19 to ensure schools can remain open and safe for all students. Specifically, the implementation of several coordinated interventions can greatly reduce the risk; namely, requiring all students older than 2 years old and all school staff to wear masks or face coverings at school and socially distance where possible.

20. It is my recommendation, consistent with the CDC, the American Academy of Pediatrics, and numerous health departments, that universal masks, subject only to limited exceptions, is necessary for a safe environment for in-person school during the COVID- 19 pandemic. This

recommendation is based on a number of factors including: a significant portion of the student population is not eligible for vaccination; protection of unvaccinated students from COVID-19 and to reduce transmission; potential difficulty in monitoring and enforcing mask policies for those who are not vaccinated; the rate of community transmission of COVID-19; and continued concerns about variants that are more easily spread among children, adolescents and adults.

21. To my knowledge Delaware Valley School District is the only school district out of the 5 local districts I advise that has this policy allowing parents of students to opt-out of the mask requirement for any reason. Specifically, I know from regular contact with their superintendents that Wallenpaupack, Wayne Highlands, and Western Wayne School Districts require medical certification from a physician, nurse practitioner, or physician's assistant that provides regular care to the student to obtain a medical exemption from their mask mandate. It cannot be from an internet provider visit, but must be from the student's usual local healthcare provider. Also, those exemptions are scrutinized and any suspect exemption from a student in those school systems are reviewed by me.

22. My instruction to our health system's providers is that there are very few reasons that a student cannot wear a mask and medical exemption from the mandate should be rare and unusual. It would include things like severe developmental disability and diagnosed panic disorder with agoraphobia, to the extent that the patient is under a psychiatrist's care. Since asthmatics are higher risk of severe outcomes from COVID-19 and masks reduce exposure to other infections and allergens that cause asthma exacerbation, asthma is generally not a reason for a mask exemption.

23. Requiring individuals to wear a mask or a face covering over their nose and mouth in the school (and larger community) setting is a public health measure individuals must take to reduce the spread of COVID-19.

24. Importantly, a voluntary opt-out nullifies the effectiveness of masking. That is because a mask or face covering primarily serves to prevent the spread of COVID-19 from the wearer to others. In other words, those with conditions and/or disorders that make them particularly susceptible to severe COVID-19 symptoms must rely on those around them to be protected against infection.

25. Scientific research has produced experimental, epidemiological, and modeling evidence demonstrating the efficacy of masks in mitigating transmission of COVID. Howard et al. an evidence review of face masks against COVID-19. PNAS 118(4);1-12 (2021). The use of masks is associated with a large reduction in risk of infection (17% risk of infection in unmasked individuals versus 3% risk of infection in masked individuals ). See D. K. Chu et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: A systematic review and metaanalysis. Lancet 395, P1973-P1987 (2020).

26. Close contact indoors poses the greatest risk of acquiring COVID-19 from an infected individual. Universal masking has been shown to reduce transmission of COVID-19 by 79-80% in this scenario. Michaela Doucleff, The Delta Variant Isn't as Contagious as Chicken Pox, But

It's Still Highly Contagious, Aug. 2021, [https:// www.npr.org/se ctions/goatsandsoda/2021/08/11/1026190062/covid-deltavariant-transmission-cdc-chickenpox](https://www.npr.org/se ctions/goatsandsoda/2021/08/11/1026190062/covid-deltavariant-transmission-cdc-chickenpox); Science on Mask Use in K-12, [https://scdhec.gov/sites/default/files/media/document/Science-on-Mask-Use-in-K-12\\_Schools\\_8.20.21\\_FINAL.pdf](https://scdhec.gov/sites/default/files/media/document/Science-on-Mask-Use-in-K-12_Schools_8.20.21_FINAL.pdf).

27. There also exists no peer-reviewed scientific literature to support the false claims by some persons that wearing a mask weakens a person's immune system, increases the risk of infection with another pathogen (germ), nor has any other detrimental impact on the physiology of healthy children. Likewise, there is no data to suggest that wearing a mask has any negative or harmful consequences to a child's academic growth or emotional or behavioral development. Science on Mask Use in K-12, [https://scdhec.gov/sites/default/files/media/document/Science-on-Mask-Use-in-K-12\\_Schools\\_8.20.21\\_FINAL.pdf](https://scdhec.gov/sites/default/files/media/document/Science-on-Mask-Use-in-K-12_Schools_8.20.21_FINAL.pdf).

28. In summary, requiring masks for all students is consistent with the conclusions of the medical and public health community and is an integral component of the overall campaign to prevent COVID-19 transmission, in order to protect the health and safety of children, especially those who are more susceptible to severe outcomes from COVID-19, as well as teachers and other school personnel. Delaware Valley School District must be required to take proactive, swift and strong action to mitigate the spread of the virus. This includes universal masking in the school setting without a purely voluntary opt out.

29. Unfortunately, the School Board policy allowing parents to opt-out of a mask mandate nullifies the effectiveness of masks. The mask wearer must rely upon others. If the others are unmasked, the efficacy is not only lost, but children with masks are pitted against children without masks. In sum, there must be a community mask mandate that is enforceable if the Delaware Valley School District is to maintain reasonable safe buildings for entry by all students and students with disabilities.

I swear under penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

**Dated this 17<sup>th</sup> day of October, 2021.**

  
**Dr. James G. Cruse, M.D.**