



4. In short, the CDC Order is an indictment of the DHS's yearlong failure to adopt reasonable mitigation steps in order to safely process asylum-seeking families, and not a conclusion by CDC that migrants present an unacceptable public health risk. The CDC Order also makes clear that where the federal government has wanted to allocate resources toward mitigation protocols for migrants entering the United States, it can do so, as it did when it exempted unaccompanied minors from Title 42.
5. In its order, the CDC "recognizes [that] the availability of testing, vaccines, and other mitigation protocols can minimize risk" of COVID-19 transmission during border processing. CDC Order at 3. Thus, according to the CDC, the primary reason that asylum-seeking families are still being subjected to Title 42 is because of DHS's failure to expand available mitigation measures:

CDC considers these efforts [to expand testing, consequence management, and vaccination programs] to be a critical risk reduction measure and encourages DHS to evaluate the potential expansion of such COVID-19 mitigation programs for [family units] such that they may be excepted from this Order in the future.

*Id.* at 22. The CDC also stated that it "encourages DHS to develop such programs as quickly as practicable." *Id.*

6. The CDC further recognized that the federal government has successfully implemented those mitigation steps in order to process unaccompanied children without posing "a significant level of risk for COVID-19 spread into the community"—DHS simply has not done the same for families. *See id.* at 17.
7. To date, Title 42 has not been lifted for any subset of asylum-seeking families, even though the CDC has concluded that "[i]n light of available mitigation measures," "the gradual resumption of normal border operations under Title 8 is feasible" with "careful planning." *Id.* at 18.
8. Effective mitigation measures have enabled this country to re-open, return to in-person schooling, travel, religious practice, indoor sporting events and other regular activities. The risks from allowing migrants fleeing persecution and danger into the United States are minimal considering the number of mitigation tools available, and certainly not greater than risks associated with many activities that the CDC currently sanctions.
9. By utilizing highly effective vaccines and following the other practical mitigation recommendations (set forth below), Defendants can ensure the health of government

employees, noncitizens, and communities in the United States. These mitigation concepts are not novel in the context of border processing.<sup>1</sup>

**SARS-CoV-2 and Its Variants Do Not Provide a Public Health Basis to Exclude Asylum-Seeking Families From the United States.**

10. The CDC has recognized that mitigation strategies continue to be effective against all known variants of the COVID-19 virus, including the Delta variant, the dominant strain currently circulating in the United States. *See, e.g.*, CDC Order at 7.
11. Title 42 expulsions at the southwest border cannot prevent the introduction of the Delta variant into the country, because the variant is already widespread in the United States.<sup>2</sup>
12. There is no evidence that any of the four variants of concern to the CDC originated in a person crossing the southwest border.<sup>3</sup>

**Minimizing Transmission Risk During Border Processing.**

13. A package of risk mitigation strategies is effective even if no individual strategy completely blocks transmission on its own. By combining multiple strategies, including vaccinations, testing, masking, ventilation, and sanitizing, Customs and Border Protection (CBP) can safely process asylum-seeking families while minimizing transmission of COVID-19.
14. On July 29, 2021, President Biden announced a requirement that millions of federal employees and contractors be vaccinated or be subjected to rigorous safety protocols.<sup>4</sup>
15. Ensuring that only fully-vaccinated government agents are placed in migrant-facing roles would largely eliminate the risks of serious illness, hospitalization, and death among government personnel from COVID-19; it would also significantly reduce transmission of SARS-CoV-2 between government personnel and migrants.
16. Offering COVID-19 vaccinations to migrants would further dampen cycles of transmission. All migrants should be offered a vaccine when they come into CBP

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<sup>1</sup> Columbia Mailman School of Public Health, *Public Health Recommendations for Processing Families, Children and Adults Seeking Asylum or Other Protection at the Border* (Dec. 12, 2020), <https://www.publichealth.columbia.edu/research/program-forced-migration-and-health/public-health-recommendations-processing-families-children-and-adults-seeking-asylum-or-other>.

<sup>2</sup> *See* CDC, *Variant Proportions* (last updated Aug. 3, 2021), <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>.

<sup>3</sup> *See* CDC, *SARS-CoV-2 Variant Classifications and Definitions* (last updated Aug. 3, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>.

<sup>4</sup> The White House, *Fact Sheet: President Biden to Announce New Actions to Get More Americans Vaccinated and Slow the Spread of the Delta Variant* (July 29, 2021), <https://www.whitehouse.gov/briefing-room/statements-releases/2021/07/29/fact-sheet-president-biden-to-announce-new-actions-to-get-more-americans-vaccinated-and-slow-the-spread-of-the-delta-variant/>.

custody, or shortly after leaving CBP custody, regardless of whether or not they are ultimately allowed to remain in the country.

17. The U.S. government has adequate vaccine supplies to take this step.<sup>5</sup> DHS should also offer vaccine information in multiple languages to increase vaccine uptake.
18. Vaccination programs for migrants arriving at the southwest border are reportedly being considered by DHS and CBP and should be implemented immediately, as recommended by the CDC.<sup>6</sup> In the past, CBP has reportedly resisted the CDC's recommendation to vaccinate migrants, acting contrary to public health.<sup>7</sup>
19. In addition to vaccinations, transmission could be further reduced by maximizing outdoor processing, such as by repurposing parking lots and other well-ventilated spaces. The CDC Order noted that processing for Title 42 expulsions generally takes place outdoors. CDC Order at 15. However, if CBP were to similarly shift processing for those allowed to enter the country to outdoor settings or semi-outdoor spaces with open-sided structures, transmission risk would be substantially reduced.
20. Even if congregate processing indoors were necessary, there are numerous safeguards that minimize the risk of transmission in such settings.
21. For instance, as one layer of protection, indoor facilities can utilize air filtration or other means of improving ventilation, such as reducing recirculation of air and opening windows.
22. When families are indoors, transmission can be mitigated through masking, social distancing, and hand-sanitizing, all of which remain effective against all known variants of the COVID-19 virus. All building occupants could be instructed to wear masks in the correct manner and to use surgical masks or respirators with better filtration instead of cloth masks. *See CDC, Improve the Fit and Filtration of Your Mask to Reduce the Spread of COVID-19* (last updated Apr. 6, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/mask-fit-and-filtration.html>.
23. Mobile testing units deploying rapid antigen tests could be used to test individuals for COVID-19 before they enter an indoor, congregate setting. According to the CDC, in congregate settings, "rapid testing can be implemented to identify infected persons so

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<sup>5</sup> See, e.g., The White House, *Fact Sheet: President Biden Announces Major Milestone in Administration's Global Vaccination Efforts: More Than 100 Million U.S. COVID-19 Vaccine Doses Donated and Shipped Abroad* (Aug. 3, 2021) (stating that United States government will deliver "hundreds of millions of more doses" to other countries "in the coming weeks"), <https://www.whitehouse.gov/briefing-room/statements-releases/2021/08/03/fact-sheet-president-biden-announces-major-milestone-in-administrations-global-vaccination-efforts-more-than-100-million-u-s-covid-19-vaccine-doses-donated-and-shipped-abroad>.

<sup>6</sup> See The Washington Post, *Biden administration preparing to offer vaccines to migrants along Mexico border* (Aug. 3, 2021), [https://www.washingtonpost.com/national/biden-vaccines-migrants-border/2021/08/03/afaff516-f471-11eb-83e7-06a8a299c310\\_story.html](https://www.washingtonpost.com/national/biden-vaccines-migrants-border/2021/08/03/afaff516-f471-11eb-83e7-06a8a299c310_story.html).

<sup>7</sup> CNN, *CDC urged US Customs and Border Protection to vaccinate migrants, but they rejected the idea* (Nov. 26, 2019), <https://www.cnn.com/2019/11/26/health/cdc-vaccinations-migrants-border-patrol/index.html>.

they can be isolated until they no longer pose a risk of spreading infections.” CDC Order at 9. The rapid testing could be part of the COVID-19 medical screenings and temperature checks already conducted by CBP prior to taking noncitizens into custody. *Id.* at 13.

24. Any individual who tests positive for COVID-19 from the antigen test should be immediately referred for medical care and isolation while they await a PCR test to confirm the COVID-19 diagnosis. CBP can work with local health authorities, shelters, and humanitarian assistance organizations to find additional facilities, like unused dormitory and hotel facilities, to allow such individuals to isolate and undergo additional testing.
25. According to the CDC, CBP already has testing, quarantine, and isolation systems set up for most family units, who are not typically detained. *See id.* at 14.
26. According to the CDC, CBP has already been implementing several other mitigation strategies at its facilities. *Id.* at 13 (“CBP has implemented a variety of mitigation efforts to prevent the spread of COVID-19 in [CBP] facilities. CBP has invested in engineering upgrades, such as installing plexiglass dividers in facilities where physical distancing is not possible and enhancing ventilation systems. All CBP facilities adhere to CDC guidance for cleaning and disinfection. Surgical masks are provided to all persons in custody and are changed at least daily and if or when they become wet or soiled. Personal protective equipment (PPE) and guidance are regularly provided to CBP personnel. Recognizing the value of vaccination, CBP is encouraging vaccination among its workforce.”).
27. We are not aware of any reason that DHS could not take additional mitigation steps beyond those it has already taken, if it were willing to allocate sufficient resources. Nor does the CDC Order explain why DHS could not take such additional mitigation steps.
28. The above precautionary measures, combined with testing (including rapid testing), quarantine, isolation, and vaccinations, provide multiple layers of protection against transmission, minimize disease transmission, and enable asylum-seeking families to be processed without posing a significant public health risk.

#### **Minimizing Transmission Risk During Transport.**

29. Mitigation strategies are effective in preventing transmission of COVID-19 when asylum-seeking families have to be transported by CBP prior to release.
30. Ensuring that all migrant-facing CBP personnel are vaccinated and masked, and that all noncitizens are tested prior to boarding, cohorted by COVID-19 status and known exposure, and masked will significantly reduce transmission risk. These steps for minimizing transmission during air and ground transportation are already outlined in CDC guidance. *See CDC, Interim Guidance for Transporting or Arranging Transportation by Air into, from, or within the United States of People with COVID-19 or*

*COVID-19 Exposure* (Jan. 19, 2021), <https://www.cdc.gov/quarantine/interim-guidance-transporting.html>.

31. Transmission risk can be further mitigated by using larger capacity vehicles, improving ventilation by opening windows, minimizing recirculation of air by the heating/cooling system, seating individuals in a socially distanced manner, and sanitizing vehicles between uses.
32. In the event that a longer trip is necessary, vehicle occupancy can be reduced to mitigate transmission risk.

### **Public Health Alternatives to Expulsion.**

33. Expulsions magnify the risks of COVID-19 transmission to CBP personnel and border communities.
34. Title 42 expulsions encourage repeat interactions between noncitizens and CBP. According to CBP, “[t]he large number of expulsions during the pandemic has contributed to a larger-than-usual number of noncitizens making multiple border crossing attempts.” CBP, *CBP Announces May 2021 Operational Update* (June 9, 2021), <https://www.cbp.gov/newsroom/national-media-release/cbp-announces-may-2021-operational-update>. Noncitizens subject to expulsion are generally expelled across the border into Mexico via the nearest port of entry. *See* CDC Order at 14.
35. According to CBP statistics, approximately 35-40% of noncitizens encountered at the southwest border are repeat encounters. *See* CBP, *CBP Announces June 2021 Operational Update* (July 16, 2019), <https://www.cbp.gov/newsroom/national-media-release/cbp-announces-june-2021-operational-update>. CBP, *CBP Announces May 2021 Operational Update* (June 9, 2021), <https://www.cbp.gov/newsroom/national-media-release/cbp-announces-may-2021-operational-update>.
36. Rather than increasing transmission opportunities by multiplying the number of direct interactions, DHS and CBP should implement proven public health strategies, such as testing and quarantine and vaccination programs for migrants.
37. According to the CDC, a protocol for testing, quarantine, and vaccination (when age-appropriate) has enabled unaccompanied children to be placed in congregate shelters or released to sponsors (who can assist with compliance with medical guidance) “without posing a significant public health risk.” CDC Order at 17.
38. The same can be done for asylum-seeking families, the overwhelming number of whom have sponsors, family, or friends in the United States who can assist with compliance

with medical and public health direction. A recent study found that “91.9% [of asylum seekers] have family or close friends who live in the U.S.”<sup>8</sup>

39. According to the CDC, CBP has already developed partnerships “with state and local agencies and non-governmental organizations to facilitate COVID-19 testing of [families] upon release from CBP custody.” CDC Order at 14. Highly effective vaccines are already available upon demand in the United States, free of charge, to all individuals 12 or older, in local pharmacies and other accessible locations.
40. To the extent that such resources for testing and quarantine are limited, DHS and HHS should procure additional testing and quarantine capacity or provide funding to local and state groups. The use of quarantine hotels or motels could be quickly scaled up or down as needed.
41. Asylum-seeking families in the United States can also be directed to shelter in place at their ultimate destinations.
42. Additionally, HHS and CDC should assist with expanding quarantine and isolation capacity through the use of temporary or mobile housing units, in coordination with local health authorities.

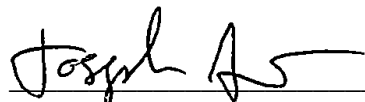
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<sup>8</sup> U.S. Immigration Policy Center at UC San Diego, *Seeking Asylum: Part 2* 13 (Oct. 29, 2019), [https://usipc.ucsd.edu/publications/usipc-seeking-asylum-part-2-final.pdf?fbclid=IwAR07M\\_jP1Wy8KIn85d0jnw0Kobiz-MR7XeAIT77c9afuRIInkd7sHL21FE1Q](https://usipc.ucsd.edu/publications/usipc-seeking-asylum-part-2-final.pdf?fbclid=IwAR07M_jP1Wy8KIn85d0jnw0Kobiz-MR7XeAIT77c9afuRIInkd7sHL21FE1Q).



I, Joseph J. Amon, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 9, 2021 in Princeton, New Jersey.



---

JOSEPH J. AMON, PhD, MSPH  
Director of Global Health  
Clinical Professor, Community Health and Prevention  
Dornsife School of Public Health, Drexel University  
Former Epidemiologist, Epidemic Intelligence Service, Centers for Disease Control and Prevention

I, Stefano M. Bertozzi, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 8, 2021 in Berkeley, California.




---

STEFANO M. BERTOZZI, MD, PhD  
Dean Emeritus and Professor, Health Policy & Management  
UC Berkeley School of Public Health

I, Jacqueline Bhabha, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 11, 2021 in Cambridge, Massachusetts.



---

JACQUELINE BHABHA  
Professor of the Practice of Health and Human Rights, Harvard T.H. Chan School of Public Health  
Director of Research, François-Xavier Bagnoud Center for Health and Human Rights  
Harvard University



I, Ietza Bojorquez, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 8, 2021 in Tijuana, Mexico.



---

IETZA BOJORQUEZ, MD, PhD  
Department of Population Studies, El Colegio de la Frontera Norte  
Tijuana, BC, Mexico

I, Joanne Csete, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in New York, New York.



---

JOANNE CSETE, PhD, MPH  
Associate Professor  
Columbia University Mailman School of Public Health

I, Charles Nicholas Cuneo, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 9, 2021 in Baltimore, Maryland.

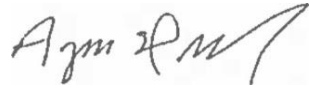


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CHARLES NICHOLAS CUNEO, MD, MPH  
Assistant Professor of Medicine and Pediatrics  
Johns Hopkins University School of Medicine (Division of Hospital Medicine, Pediatric Hospital Medicine Division)  
Johns Hopkins Bloomberg School of Public Health (Center for Public Health and Human Rights – Migrant Health & Human Rights Program, Center for Humanitarian Health)

I, Ayman El-Mohandes, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in New York, New York.

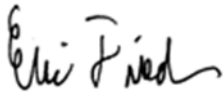


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AYMAN EL-MOHANDES, MBBCh, MD, MPH  
Dean  
CUNY Graduate School of Public Health & Health Policy

I, Eric Friedman, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 8, 2021 in Washington, DC.



---

ERIC A. FRIEDMAN  
Global Health Justice Scholar  
O'Neill Institute for National and Global Health Law  
Georgetown University Law Center

I, Gregg Gonsalves, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in New Haven, Connecticut.

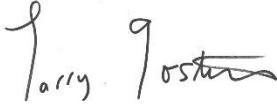


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GREGG GONSALVES, PhD  
Associate Professor of Epidemiology  
Yale School of Public Health

I, Lawrence Gostin, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 9, 2021 in Washington, DC.



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LAWRENCE GOSTIN

Linda D. & Timothy J. O'Neill Professor of Global Health Law  
Faculty Director, O'Neill Institute for National & Global Health Law  
Professor of Medicine, Georgetown University  
Member of the National Academy of Medicine

I, M. Claire Greene, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 9, 2021 in New York, New York.



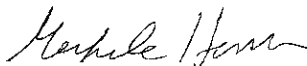
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M. CLAIRE GREENE

Postdoctoral Research Scientist  
Columbia University Mailman School of Public Health

I, Michele Heisler, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in Ann Arbor, Michigan.



---

MICHELE HEISLER, MD, MPA

Professor of Internal Medicine and Public Health  
Co-Director, Michigan Center for Diabetes Translational Research (MCDTR—NIDDK  
P30DK092926)  
University of Michigan, Ann Arbor, MI

I, Monik C. Jiménez, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 9, 2021 in Brimfield, Massachusetts.



---

MONIK C. JIMÉNEZ, ScD, SM, FAHA  
Assistant Professor  
Brigham and Women's Hospital/Harvard Medical School

I, Stephen Patrick Kachur, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in New York, New York.



---

STEPHEN PATRICK KACHUR, MD, MPH  
Professor of Population and Family Health  
Columbia University Mailman School of Public Health  
Former Branch Chief, Malaria Branch, Centers for Disease Control and Prevention

I, Ameeta Kalokhe, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in Atlanta, Georgia.



---

AMEETA KALOKHE, MD MSc  
Associate Professor  
Emory University School of Medicine, Division of Infectious Diseases  
Emory Rollins School of Public Health, Department of Global Health

I, Michel Khoury, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in Atlanta, Georgia.



---

MICHEL KHOURY, MD  
Assistant Professor, Department of Neurology, Emory University  
Co-Director, Georgia Human Rights Clinic

I, William D. Lopez, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in Ann Arbor, Michigan.

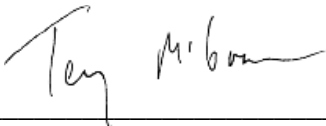


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WILLIAM D. LOPEZ, PhD, MPH  
Clinical Assistant Professor  
University of Michigan School of Public Health

I, Terry McGovern, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in New York, New York.

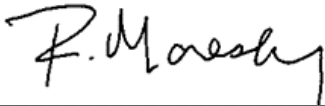


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TERRY MCGOVERN, JD  
Professor and Chair  
Heilbrunn Department of Population and Family Health, Mailman School of Public Health,  
Columbia University

I, Rachel T. Moresky, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in New York, New York.



---

RACHEL T. MORESKY, MD, MPH  
Director, Columbia University sidHARTE - Strengthening Emergency Systems Program &  
Global Emergency Medicine Fellowship  
Associate Professor, Population and Family Health & Emergency Medicine Departments,  
Columbia University Irving Medical Center

I, Katherine R. Peeler, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 9, 2021 in Boston, Massachusetts.



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KATHERINE R. PEELER, MD, MA  
Medical Expert, Physicians for Human Rights  
Instructor of Pediatrics, Global Health and Social Medicine, and Bioethics, Harvard Medical  
School  
Medical Director, Harvard Students Human Rights Collaborative Asylum Clinic

I, Benjamin Pinsky, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 9, 2021 in San Francisco, California.



---

BENJAMIN PINSKY, MD, PhD  
Associate Director of Clinical Pathology for COVID-19 Testing  
Director, Clinical Virology Laboratory  
Stanford Health Care and Stanford Children's Health

I, Leslie (“Les”) Roberts, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 11, 2021 in Bocaranga, Central African Republic.

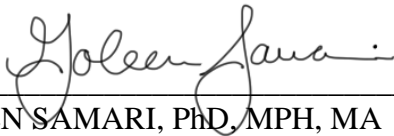


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LESLIE ROBERTS, MPH, PhD  
Professor of Population and Family Health  
Columbia University Mailman School of Public Health  
Former Epidemic Intelligence Service Officer and Senior Assistant Scientist, Centers for Disease Control and Prevention

I, Goleen Samari, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in New York, New York.



---

GOLEEN SAMARI, PhD, MPH, MA  
Assistant Professor  
Program on Forced Migration and Health  
Columbia Mailman School of Public Health

I, John Santelli, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in New York, New York.



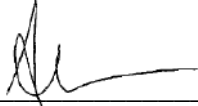
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JOHN SANTELLI, MD, MPH  
Professor, Population and Family Health and Pediatrics  
Mailman School of Public Health  
Vagelos College of Physicians and Surgeons  
Columbia University



I, Anandi Sheth, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in Atlanta, Georgia.



---

ANANDI SHETH, MD, MSc  
Associate Professor  
Emory University School of Medicine

I, Sharmila Shetty, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in Massapequa Park, New York.



---

SHARMILA SHETTY, MD  
Vaccines Medical Advisor,  
Médecins Sans Frontières – Access Campaign  
Former Epidemiology Lead, Global Rapid Response Team, Centers for Disease Control and Prevention

I, Paul B. Spiegel, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in Baltimore, Maryland.

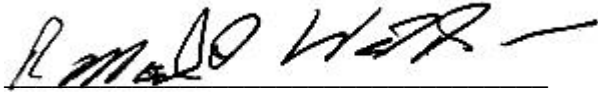


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PAUL B. SPIEGEL, MD, MPH  
Professor of Practice and Director  
Johns Hopkins Bloomberg School of Public Health, Center for Humanitarian Health  
Former Medical Epidemiologist, International Emergency and Refugee Health Branch,  
Centers for Disease Control and Prevention

I, Ronald Waldman, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 11, 2021 in Washington, DC.



RONALD WALDMAN, MD, MPH  
Professor Emeritus of Public Health  
Milken Institute School of Public Health  
The George Washington University  
Former Director, Technical Support Division, International Health Program Office, Centers for Disease Control and Prevention

I, Bradley A. Woodruff, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 11, 2021 in Victoria, British Columbia, Canada.



BRADLEY A. WOODRUFF, MD, MPH  
Consultant, UNICEF, WHO, WFP  
Former Senior Medical Epidemiologist and Acting Chief of International Emergency and Refugee Health Branch, Centers for Disease Control and Prevention

I, Monette Zard, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

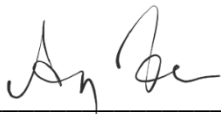
Executed on August 10, 2021 in New York, New York.



MONETTE ZARD, MA  
Allan Rosenfield Associate Professor of Forced Migration and Health  
Director of the Forced Migration and Health Program  
Heilbrunn Department of Population and Family Health  
Columbia University Mailman School of Public Health

I, Amy Zeidan, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 10, 2021 in Atlanta, Georgia.



---

AMY ZEIDAN, MD  
Assistant Professor of Emergency Medicine  
Co-Director, Georgia Human Rights Clinic  
Emory University School of Medicine

I, Jon Zelner, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on August 9, 2021 in Ann Arbor, Michigan.



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