UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

CONEY ISLAND PREP; LESLIE-BERNARD JOSEPH; HOUSING WORKS, INC.; CHARLES KING; MARK LEVINE; and ALEXANDRA GREENBERG,	:	
Plaintiffs,	:	No. 1:20-cv-_____
-against-	:	
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; ALEX. M. AZAR II, *in his official capacity as Secretary of Health and Human Services*; DR. ROBERT KADLEC, *in his official capacity as Assistant Secretary of Health and Human Services*; CENTERS FOR DISEASE CONTROL AND PREVENTION; DR. ROBERT R. REDFIELD, *in his official capacity as Director for the Centers for Disease Control and Prevention*~~; NATIONAL INSTITUTES OF HEALTH; DR. FRANCIS S. COLLINS, *in his official capacity as the Director of the National Institutes of Health*~~,	:	
Defendants.	:	

DECLARATION OF ALEXANDRA GREENBERG
IN SUPPORT OF PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION

I, Alexandra Greenberg, under penalty of perjury, state as follows:

1. I am a medical student at the State University of New York Downstate College of Medicine ("SUNY Downstate") and a Plaintiff in this litigation. I am a native New Yorker and currently live with my parents in the same apartment in which I grew up on the Upper East Side, Manhattan.

2. After graduating from Stuyvesant High School, I earned a bachelor's degree in public health studies and pre-medicine at Johns Hopkins University, a master's degree in

international health from the Johns Hopkins Bloomberg School of Public Health, and a master's degree in Medical Sciences from the Boston University School of Medicine. I am presently enrolled at SUNY Downstate Health Sciences University as a second-year medical student. My interest in public health has run through my academic and professional careers, beginning in a high school class on infectious diseases to undergraduate work with programs across the US and Central America to my graduate studies and medical school today.

3. My public health research has focused on social and behavioral interventions to improve public health, combat infectious diseases, and guarantee access to medicines. I have, among other things, modeled vaccine distribution and public education campaigns, investigated the disease-causing mechanisms of the Ebola virus, and studied inequities in health care among low-income and minority populations. I performed Biomedical Level 4 research at the National Emerging Infectious Diseases Laboratories ("NEIDL") and learned first-hand the effectiveness of our national infectious disease infrastructure at investigating pandemic threats. My work on vaccination campaigns demonstrated that, without transparent and trustworthy information, it will be much more difficult to achieve widespread acceptance of any future Covid-19 vaccine.

4. I have been an active advocate for public health reform. Since 2013, I have worked with Universities Allied for Essential Medicines ("UAEM"), a student-led, international nonprofit working to improve access to and affordability of medicines and increase research and development of drugs to treat or prevent neglected tropical diseases and, more recently, for all health technologies. From 2013 to 2016, I was a member of the UAEM Coordinating Committee, serving in 2015 as a North American UAEM representative for the 2015 World Health Assembly, the policymaking body of the World Health Organization. In 2016 and 2017, I worked as an Advocacy and Campaigns Officer for UAEM, coordinating impact-oriented,

strategic, student-led campaigns on access-to-medicine issues such as drug pricing reform and combatting price gouging here in the US and in Canada. During this period, I led UAEM's collaboration with Doctors Without Borders to improve access and affordability of tuberculosis medications developed at universities and I co-authored our ReRoute Report on alternative approaches to biomedical research, which has since been cited by the United Nations. Since 2017, I have been a North American representative on UAEM's Global Executive Committee.

5. During my work with UAEM, I routinely gave presentations on global public health issues related to infectious diseases and access-to-care: for example, at four of UAEM's national conferences, at the 2016 Conference of the Consortium of Universities for Global Health, and at the 2016 Geneva Health Forum.

6. During the Covid-19 pandemic, I have worked with UAEM in the Free the Vaccine campaign, an effort across a number of organizations to petition major research universities and pharmaceutical companies to forego the intellectual property constraints that would inhibit distribution of any vaccine.

7. This year, with other colleagues from the public health and health care communities, I also helped found and act as a co-coordinator for Right to Health Action, an advocacy organization that works to alleviate the disparities in health and health care that are caused by racial injustice and economic inequality, specifically addressing such disparate outcomes from Covid-19. We are a grassroots movement of tens of thousands of activists, experts, and health workers in all 50 states. Sparked by the Coronavirus pandemic, our goal is to take political action to repeal and replace deadly policies that cause cycles of pandemics that disproportionately impact the already poor and sick.

8. On behalf of Right to Health Action, I plan online educational and advocacy events, develop policy proposals, and contact lawmakers. Our web-ins bring together activists, patients, practitioners, and scholars to discuss pressing issues of health and human rights and train grassroots leaders to mobilize their communities for shared action to not only end this pandemic but prevent pandemics of the future.

9. To date, Right to Health Action has convened online gatherings including over 5,000 participants, sent over 15,000 letters to Congress, met over 500 times with members of Congress, joined with over 1,500 prominent healthcare practitioners to petition former Vice President Joe Biden, petitioned Congress with over 65,000 signatures, and received the endorsement of over 300 progressive organizations and businesses.

10. Through Right to Health Action, I have participated in the drafting and lobbying for a People's Pandemic Prevention Plan, including a unionized public health jobs corps, affordable and accessible medicines and vaccines, funding overseas to prevent pandemics before they start and spread, and responsible development and trade to stop diseases driven by climate change. Our proposal has received the endorsement of approximately 70,000 individuals and more than 250 organizations including the NAACP, Greenpeace, People's Action, Indivisible, Partners in Health and Families USA, as well Housing Works and Progressive Doctors based locally in NY. We recently played a pivotal role in circulating a congressional letter led by Senator Warren and Representative Khanna that outlines policies aligned with our own people's pandemic plan and were able to get 141 total congresspeople to sign on in support, including 19 Senators, most notably Senator Sanders and Senator Gillibrand.

11. I chose to attend SUNY Downstate because of its connection to the surrounding community in Brooklyn and its reputation for attention to the health disparities that result from

an underfunded health system. This means that, in normal times, medical students are often stepping in firsthand to help assist in delivering care.

12. At SUNY Downstate, I have joined the Student Medical Council, six representatives of each class working with the Dean of the School of Medicine and our administrators to address student concerns, and I am privy to many of the decisions around the school's response to Covid-19. Inside the Council and outside, I work with other SUNY Downstate students to advocate for reform at the school and to address structural disparities arising from the inherent racism in the current medical system. Regarding Covid-19, the lack of detailed, reliable and timely information about the course of the pandemic has made it difficult for the Student Medical Council and other student organizing efforts here at Downstate and across New York City, to determine and advocate for the best policies regarding remote instruction.

13. University Hospital of Brooklyn, the hospital affiliated with SUNY Downstate, was the sole Covid-only hospital in New York City during the peak of the outbreak this spring. The hospital is located in East Flatbush, Brooklyn, near Borough Park and Coney Island/Sheepshead Bay, the two neighborhoods with the highest death toll in the borough, and other disproportionately hit areas.

14. It was well understood that care at all hospitals in New York City, but especially our public hospital specifically chosen to bear the brunt of COVID-19 at its peak, suffered because of lack of state and federal support to address severe shortages of items such as personal protective equipment ("PPE"). Medical and protective supplies that were ordered either didn't arrive in time or didn't arrive at all. It was understood we had too few ventilators to serve patient needs. Both here at Downstate and across hospitals and medical schools in New York, staff and

students had to organize to seek help sourcing PPE, and institutions were put in the impossible position of asking providers to reuse masks and other PPE because of dwindling supplies or to even resort to using inadequate resources as PPE, such as garbage bags. Residents across the city, including at Downstate, organized, with student support, to solicit donations online for their own PPE. I helped organize to supply financial and physical donations, working with non-profit groups like Masks for America and coordinating with a family friend who owns a 3D printing company to provide face shields at a reduced cost and navigate printing devices for ventilator use. If there had been adequate information about Covid-19 shared earlier and more transparently, cases might not have spiked at all or there at least might have been time to prepare and evidence to ensure proper funding for sites like SUNY Downstate.

15. When Covid-19 began to become more prevalent here in New York, upperclassmen at hospitals across the city were pulled from rotations, in part due to liability, but also because of a lack of PPE to protect students and the need to prioritize equipment for practicing providers. If there is a second spike this fall/winter, this may very likely happen again when I am expected to start my clinical rotations. This means my clinical training will be delayed, and my rotations will be compressed into a shorter period, as it was for many of my classmates at Downstate and my friends at other medical schools in New York this past Spring.

16. The Covid-19 pandemic has already severely disrupted my medical education. The last day of in-person instruction at SUNY Downstate was March 13, 2020. Since then, all of my classes have been taught online, which has necessarily eliminated the possibility of in-person instruction. As a result, my fellow students and I have not been able to receive the crucial clinical and diagnostic training that can only be done on site. For example, bedside preceptorships in which we would work with real patients under supervision of a physician have been cancelled

and replaced with simulated patient interviews via Zoom. Rather than using a stethoscope to listen to a person's heartbeat, we were assigned to listen to a recording. Pre-clinical students can only practice taking patient histories from actors pretending to be ill, not actual patients. I also helped run the school's free community clinic, as the Chief Communications Officer. The Brooklyn Free Clinic was, like other facilities, shut down at the start of the pandemic and has only reopened this past month for limited telemedicine visits run by a small group of senior volunteers. In other words, I have not been able to adequately learn and develop the physical, practical and interpersonal skills I will need when I eventually practice medicine, and this may continue to be the case if Covid-19 incidence rises again this fall/winter. At the same time, patients in communities across New York, including East Flatbush, have suffered from decreased access to affordable, appropriate and timely care.

17. During the pandemic, I have assisted in patient outreach efforts organized by the Downstate Student COVID Taskforce, calling patients to inform them of negative Covid-19 test results as a volunteer for NYC Health + Hospitals. Through that experience, I learned firsthand some of the vulnerabilities inherent in a piecemeal Covid-19 testing system that does not have sufficient federal support as well as the challenges of providing patient education with piecemeal knowledge of the pandemic. Some of the people I called had been waiting for their test results for two or three weeks, meaning that if they had tested positive it was too late for them to take the measures necessary to protect those around them from potential infection. Others I called already had been contacted, which is a waste of resources and could reinforce mistrust of the medical system or make patients less likely to seek care for Covid-19 symptoms or other illnesses.

18. The shortfalls resulting from the failure of the federal government to ensure all communities perform adequate testing continue. I experienced them firsthand, this fall, when I waited for over a week to learn the results of my own Covid-19 test, only to learn that the results had been lost. Because my 81-year-old father has medical conditions that put him at high risk for Covid-19 infection, namely COPD and cardiovascular disease, I depend on timely and accurate Covid-19 testing to determine whether I can return to in-person instruction when it is available and also keep my father and family members safe. Like many students, I cannot afford to step away from my studies, and should the school choose to return to in-person education before testing can provide sufficient confidence in the safety of the program, I would be forced to choose to risk my family's health, commuting over an hour via subway, in order to continue my medical education.

19. It is my understanding that the federal government has withheld from me a number of duties to public disclosure and participation to which I am entitled: 1) recent legislation passed on a bipartisan basis requires the development and implementation of a federal biosurveillance network, deadlines for which have not been met; 2) a number of reports and public disclosures that relate to the nation's preparations and response to public health emergencies, the nation's underlying public health, and Covid-19 specifically; and 3) opportunities to participate in the regulatory and rulemaking process whereby I can contribute my experience and advocate for issues relevant to public health, health justice, and medical education.

20. Given my background in public health, my activism combatting disparities in health care and access to medicines, my leadership in my medical student body, and my work in advocacy and proximity to direct care related to Covid-19, I would benefit in manifold ways

guidance instrumental to combatting the Covid-19 pandemic and other public health emergencies. To that end, I regularly participate in public health and medical convenings around the world and now online, and I engage actively in public health and health policy advocacy. I would take every advantage of opportunities afforded by law to participate in improving pandemic preparedness policy both now and going forward.

21. The federal government's failure to seek or even allow for such public input has harmed my ability to advocate for policies that could not only save lives but also improve the just and fair operation of our healthcare system.

I swear under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct.

Dated: October 24, 2020

ALEXANDRA GREENBERG