IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF IOWA

THE ARC OF IOWA; CHARMAINE ALEXANDER, individually and on behalf of C.B., a minor; JONATHAN CRAIG, individually and on behalf of E.C. and J.C., minors; MICHELLE CROFT, individually and on behalf of J.J.B., a minor; AMANDA DEVEREAUX, individually and on behalf of P.D., a minor; CARISSA FROYUM ROISE, individually and on behalf of H.J.F.R., a minor; LIDIJA GEEST, individually and on behalf of K.G., a minor; MELISSA HADDEN, individually and on behalf of V.M.H., a minor; HEATHER LYNN PRESTON, individually and on behalf of M.P. and S.P, minors; LISA HARDISTY SITHONNORATH, individually and on behalf of A.S., a minor; REBEKAH STEWART, individually and on behalf of E.M.S., a minor; and ERIN VERCANDE, individually and on behalf of S.V., a minor,

Plaintiffs,

v.

KIM REYNOLDS, in her official capacity as Governor of Iowa; ANN LEBO, in her official capacity as Director of the Iowa Department of Education; ANKENY COMMUNITY SCHOOL DISTRICT; COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT; DAVENPORT COMMUNITY SCHOOL DISTRICT; DECORAH COMMUNITY SCHOOL DISTRICT; DENVER COMMUNITY SCHOOL DISTRICT; DES MOINES PUBLIC SCHOOLS; IOWA CITY COMMUNITY SCHOOL DISTRICT; JOHNSTON COMMUNITY SCHOOL DISTRICT; LINN MAR COMMUNITY SCHOOL DISTRICT; and WATERLOO COMMUNITY SCHOOL DISTRICT,

Defendants.

Case No. 4:21-cv-264

MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

EXPEDITED RELIEF REQUESTED

COME NOW Plaintiffs and move for a preliminary injunction and temporary restraining order pursuant to Fed. R. Civ. P. Rule 65 to prevent further irreparable injury pending a final adjudication of this action.

As set forth in the accompanying Memorandum of Law in Support of Plaintiff's Motion for a Preliminary Injunction and Temporary Restraining Order, Plaintiffs' Declarations, and the Declarations of Dr. Srinivas and Dr. Waddell, Plaintiffs are likely to succeed on their claims that in their enforcement of House File 847, Defendants are discriminating against students with disabilities in violation of Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, because Plaintiffs, who have disabilities, are otherwise qualified to receive a public education, have standing to bring this action, and have been excluded from participation in or have been denied the benefits of the services, programs, or activities of a public entity or otherwise discriminated against by such entity by reason of such disability. 42 U.S.C. § 12132; 29 U.S.C. § 794(a). Plaintiffs are also likely to succeed on the merits of their claim that HF847 is preempted under the American Rescue Plan Act of 2021. Pub. L. No. 117-2, 135 Stat. 4 (2021); U.S. Const. art. VI, cl. 2. Plaintiffs will suffer irreparable injury unless an injunction issues, the balance of equities weighs heavily in Plaintiffs' favor, and the injunction serves the public interest. *Sanborn Mfg. Co., Inc. v. Campbell Hausfeld/Scott Fetzer Co.,*997 F.2d 484, 485-86 (8th Cir. 1993) (citing *Dataphase Sys., Inc. v. CL Sys., Inc.*, 640 F.2d 109, 114 (8th Cir. 1981) (*en banc*)).

A temporary restraining order is necessary to preserve the public health and to prevent irreparable injury that would result from students with disabilities endangering their health or being deprived of their education.

Date: September 3, 2021

Respectfully submitted:

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*Motion to proceed *pro hac vice* forthcoming

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CERTIFICATE OF SERVICE

I hereby certify that on this date, I electronically filed the foregoing paper with the Clerk of Court by using the CM/ECF system.

The foregoing paper will also be served along with the Complaint and Summons to all Defendants.

Date: September 3, 2021

/s/Rita Bettis Austen
Rita Bettis Austen

Declaration of Dr. Joel Waddell

I, Dr. Joel Waddell, declare as follows under penalty of perjury pursuant to 28 U.S.C. § 1746:

Background

1. I am currently a practicing pediatric infectious diseases physician at the Blank Children's Hospital in Des Moines, Iowa. At the Blank Children's Hospital, I currently serve as the Pediatric Residency Associate Program Director and as the Pediatric Residency Curriculum Committee Chair. All statements within this declaration represent my thoughts, and these statements do not necessarily represent the positions of Blank Children's Hospital, Iowa Methodist Medical Center, or UnityPoint Health.
2. I received my Bachelor of Science from East Tennessee State University in 2009 and my D.O. from Des Moines University in 2013. I completed my residency in General Pediatrics at Kansas University in 2016 and fellowship in Pediatric Infectious Diseases at the University of Missouri–Kansas City in 2019. I received three years of additional training in Pediatric Clinical Pharmacology at the University of Missouri–Kansas City. I am currently a member of the Society for Pediatric Research, the Pediatric Infectious Diseases Society, the Infectious Diseases Society of America, the Society for Healthcare Epidemiology of America, and the American Academy of Pediatrics.
3. Since completing my residency and fellowship training, I have practiced at the Blank Children's Hospital in Des Moines providing both inpatient and outpatient consultations in pediatric infectious diseases. In addition to serving as the Pediatric Residency Associate Program Director and as the Pediatric Residency Curriculum Committee Chair, I am also a member of the Pediatric Residency Scholarship Oversight Committee and the Pediatric Death Review Committee. Before beginning at the Blank Children's Hospital, I also served on various committees during my time as a resident and as a fellow. I served for two years (2017-2019) as a member of the Pediatric Infectious Diseases Society Research Affairs Committee, for two years (2017-2019) as a member of the Musculoskeletal Infection Hospital Care Committee at Children's Mercy Hospital, for two years (2014-2016) as a member of the Pediatric Hospital Ethics Committee at the Kansas University Medical Center, for three years (2013-2016) as a member of the Pediatric Medical Education Committee at the Kansas University Pediatric Residency program, and for two years (2009-

2011) as the Research Committee Chair of the Student Osteopathic Medical Association at Des Moines University.

4. My academic and medical policy work includes forty scientific presentations and invited lectures, two co-authored hospital policies and handbooks, and two co-authored publications on subjects relevant to pediatric infectious diseases. I have also appeared in nine television, newspaper, and radio interviews where I provided insight into the impact of COVID-19 on children. I spoke at the state of Iowa's annual school nursing conference discussing COVID-19 clinical presentations, treatment options, and various modalities to prevent COVID-19 infections in schools. I have provided five didactic lectures regarding COVID-19 in children at three different medical centers in Iowa. Additionally, I will be the keynote speaker at the 2021 Iowa Physiology Society annual meeting in December 2021.
5. I received the Most Outstanding Faculty Teaching Award at the Blank Children's Hospital Pediatrics Residency Program in 2021, the Teaching & Academic Excellence Award at the Blank Children's Hospital Pediatric Education Department in 2019, the Most Outstanding Fellow Teaching Award at Children's Mercy Hospital, the Most Outstanding Pediatric Resident Award at the Kansas University Pediatric Residency program in 2016, and the Resident Researcher of the Year Award at the Kansas University Pediatric Residency program in 2015.
6. My CV is attached as Exhibit A.
7. I am familiar with the state law prohibiting mask mandates in schools. In my expert opinion, this law will hurt the children of this state and their families by denying schools the ability to fashion policies for their districts that attend to the health needs of their students. If students face the prospect of going to school in areas of substantial or high risk of COVID-19 transmission, with no requirements of masks, they are forced either to attend school at risk to their health and that of their families or to stay out of school, also a risk to their physical psychological, emotional, and developmental well-being. I am particularly concerned for those students with disabilities that increase the risk of severe illness should they contract COVID-19. Given the dominance of the Delta variant in Iowa and across the United States, it is even more likely that entire classrooms, including those with students

with disabilities, could be infected with COVID-19 in the absence of vaccines or mask mandates.

8. I am not being compensated for my time reviewing materials and preparing this report.

I. Increased COVID-19 Transmission and Prevalence of the Delta Variant in Iowa

9. The beginning of this school year coincides with a dramatic increase in COVID-19 transmission. As of August 31, all but three of Iowa's ninety-nine counties were experiencing "high" levels of community COVID-19 transmission, with "high" being the most severe CDC transmission designation.[1] Between June 27 and August 31, the average daily cases per 100,000 residents in Iowa has risen sixteen-fold from two per 100,000 to thirty-three per 100,000.[2] Furthermore, the test positivity rate, an indicator of increasing COVID-19 community spread,[3] has risen seven-fold from about 2% to over 14% during this same time period.[4] Iowa is also experiencing a faster rate of increase in new COVID-19 cases than the United States as a whole; for the fourteen-day period ending on August 31, Iowa recorded a 46% increase in daily average COVID-19 cases per 100,000 residents, compared to a 18% increase in this same rate for the United States as a whole.[5]

10. Iowa's hospitals show the strain of the COVID-19 pandemic. As of August 31, the State of Iowa reported 498 COVID-19 hospitalizations, a number not seen since the 2020-2021 winter COVID-19 surge.[6] August also saw an all-time low availability of ICU beds available in Iowa. On September 2, the state of Iowa Regional Medical Coordination Center Dashboard reported only 297 available ICU beds in the state of Iowa, fewer available beds than at any point during the 2020-2021 winter COVID-19 surge.[7]

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[1] *COVID-19 Integrated County View*, Ctrs. for Disease Control & Prevention (Aug. 31, 2021 update), https://covid.cdc.gov/covid-data-tracker/#county-view (last visited Sept. 2, 2021).
[2] Mayo Found. for Medical Educ. & Res., *Iowa coronavirus map: What do the trends mean for you?*, Mayo Clinic, https://www.mayoclinic.org/coronavirus-covid-19/map/iowa (last visited Sept. 2, 2021).
[3] *See, e.g.*, *Positivity Rate Explained*, Barry-Eaton Dist. Health Dep't. (Oct. 2020), https://www.barryeatonhealth.org/sites/default/files/Positivity%20Rate%20Explained.pdf (last visited Sept. 2, 2021).
[4] Mayo Found. for Medical Educ. & Res., *supra* note 2.
[5] *Coronavirus in the U.S.: Latest Map and Case Count*, N.Y. Times (Sept. 2, 2021 update), https://www.nytimes.com/interactive/2021/us/covid-cases.html (last visited Sept. 2, 2021).
[6] *Hospitalization Analysis*, Iowa Dep't of Pub. Health, https://coronavirus.iowa.gov/pages/hospitalization-analysis (last visited Sept. 2, 2021).
[7] *Hospital Data Summary, Regional Medical Coordination Center Dashboard*, Iowa Dep't of Pub. Health, https://coronavirus.iowa.gov/pages/rmcc-data (last visited Sept. 2, 2021).

11. The COVID-19 Delta variant is estimated to account for 99.7% of COVID-19 infections in HHS Region 7, which includes Iowa, as of August 31.[8] This is relevant to the overall COVID-19 transmission landscape given that the Center for Disease Control and Prevention (CDC) estimates that the Delta variant is at least twice as transmissible as previous variants and that it could likely lead to more severe illness in adults.[9]

II. The Impact of the Delta Variant for Children

12. Pediatric COVID-19 cases comprise an increasing share of overall COVID-19 cases in the United States. While Iowa stopped updating its pediatric COVID-19 testing data on July 15,[10] the most recent available data from Iowa suggest a similar trend statewide as well. On August 16, 2021, the number of children hospitalized due to COVID-19 in the United States reached an all-time high exceeding 1,900.[11] Pediatric hospitalizations now account for 2.3% of all COVID-19-related hospitalizations, compared to less than 1% in May of 2020.[12] Similarly, pediatric COVID-19 cases represented fewer than 5% of all cases in May of 2020, but now account for over 14% of total cases.[13]

13. In Iowa, the most recent data indicate similar trends. According to the last full week of pediatric data reporting in Iowa, ending on July 8, there were nearly 50,000 cumulative childhood COVID-19 cases reported in the state.[14] Even with the gap in data reporting, Iowa still exceeds the national average in terms of cumulative COVID-19 cases per 100,000 children.[15] Since Iowa last reported pediatric COVID-19 data, the weekly number of new pediatric COVID-19 cases has increased ten-fold from fewer than 20,000 to over

[8] *COVID Data Tracker: Variant Proportions*, Ctrs. for Disease Control & Prevention (Aug. 28, 2021 update), https://covid.cdc.gov/covid-data-tracker/#variant-proportions (last visited Sept. 2, 2021).
[9] *Delta Variant: What We Know About the Science*, Ctrs. for Disease Control & Prevention (May 7, 2021 update), https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html (last visited Sept. 2, 2021).
[10] *Children and COVID-19: State Data Report: Version: 8/26/21*, Am. Acad. Pediatrics (Aug. 26, 2021 update), https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/ (last visited Sept. 2, 2021).
[11] Carolyn Crist, *U.S. Reports Record COVID Hospitalizations of Children*, WebMD (Aug. 16, 2021), https://www.webmd.com/lung/news/20210816/u-s-reports-record-covid-hospitalizations-of-children (last visited Sept. 2, 2021).
[12] *Children and COVID-19: State Data Report*, *supra* note 11, at 16, 20.
[13] *Id*. at 12, 15.
[14] *Id*. at 25.
[15] *Id.*

203,962 as of August 26.[16] It is clear from the available data that COVID-19 currently presents as acute threat to children in Iowa.

III. The Availability of Vaccines for Children and Overall Vaccination Rates in Iowa

14. Children in Iowa are vulnerable to the Delta variant given the unavailability of vaccines from children under the age of twelve and the low vaccination rate for children twelve to nineteen years old. None of the three available COVID-19 vaccines have been approved, for emergency use or otherwise, for children under the age of twelve.[17] As of September 2, only about 30% of children aged twelve to fifteen were fully vaccinated, only about 39% of children aged sixteen and seventeen were fully vaccinated, and only about 40% of adolescents aged eighteen and nineteen were fully vaccinated in Iowa.[18] Nationally, 64% of adults above the age of eighteen were fully vaccinated as of September 2, underscoring the particularly low vaccine coverage for Iowa minors.[19]
15. In addition, as with adults, some children with cancer, immunodeficiencies, and those receiving immunosuppressive medications cannot mount an appropriate immune response to COVID-19 vaccines. Therefore, they are less protected from COVID-19 vaccination.
16. According to the CDC, unvaccinated people are much more likely to contract, transmit, and experience severe symptomatic illness from the Delta variant than their vaccinated counterparts.[20] In light of the data on pediatric vaccination rates and the unavailability of vaccines to the youngest school-aged children, children account for a disproportionate share of Americans to whom the Delta variant poses the greatest risk.

[16] *Id*. at 9.
[17] *Covid-19 Vaccines for Children and Teens,* Ctrs. for Disease Control & Prevention (Aug. 17, 2021 update), https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html (last visited Sept. 2, 2021).
[18] *Fully Vaccinated Demographics*, Iowa Dep't of Pub. Health, https://coronavirus.iowa.gov/pages/vaccineinformation (last visited Sept. 2, 2021).
[19] *See How Vaccinations Are Going in Your County and State*, N.Y. Times (Sept. 1, 2021 update), https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html (last visited Sept. 2, 2021).
[19] *Hospitalization Analysis*, Iowa Dep't of Pub. Health, https://coronavirus.iowa.gov/pages/hospitalization-analysis (last visited Sept. 2, 2021).
[20] *Delta Variant: What We Know About the Science*, Ctrs. for Disease Control & Prevention (Aug. 27, 2021 update), https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html (last visited Sept. 2, 2021).

IV. Conditions That Can Put Children at Greater Risk of Severe Illness from COVID-19

17. As noted above, children are particularly vulnerable to COVID-19 as a result of vaccination rates within this population. Of greatest concern are those children who are not or cannot be vaccinated who have underlying medical conditions that increase their risk for severe illness as a result of COVID-19 infection. According to the CDC, "children with medical complexity, with genetic, neurologic, metabolic conditions, or with congenital heart disease," as well as "children with obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression" may fall into this category.[21]

18. Most if not all of the children with these conditions are disabled within the meaning of the Americans with Disabilities Act (the ADA).[22] The ADA defines disability as "a physical or mental impairment that substantially limits one or more major life activities of such individual."[23] Major life activities for purposes of the Act "include but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working;" a major life activity "also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions."[24] Conditions such as asthma, chronic lung disease, diabetes, sickle cell disease, and congenital heart disease by definition substantially limit a major bodily function.

19. These are not the only children at risk of grave harm. Individuals with intellectual disabilities are also at increased risk of contracting COVID-19 and of dying from COVID-19 infection. A recent study published in the New England Journal of Medicine—working with a data set of 64,414,495 patients across more than 500 U.S. healthcare systems, of which "127,003 were patients with intellectual disabilities and 64,287,492 were patients without intellectual disabilities"—concluded that "intellectual disability was the strongest

[21] *People with Certain Medical Conditions*, Ctrs. for Disease Control & Prevention (Aug. 20, 2021 update), https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html (last visited Sept. 2, 2021).
[22] 42 U.S.C. § 12101 *et seq*.
[23] 42 U.S.C. § 12102(1).
[24] 42 U.S.C. §§ 12102(2)(A)-(B).

independent risk factor for presenting with a Covid-19 diagnosis and the strongest independent risk factor other than age for Covid-19 mortality."[25] The study found individuals with intellectual disabilities were more likely to contract COVID; if diagnosed with COVID, more likely to be admitted to the hospital; and more likely to die following admission.[26] The risks reflect the risks associated with intellectual disability itself, as well as comorbidities that in the study were overrepresented among those with intellectual disabilities. Notably, the odds of mortality among those with intellectual disabilities in the study were "significantly higher than other conditions such as congestive heart failure, kidney disease, and lung disease."[27]

20. During the 2020-2021 school year, the families of many of my patients have expressed significant concerns about their children being exposed to COVID-19 in school. However, they are even more concerned about the 2021-2022 school year due to the Delta variant and lack of mask mandates. The parents of a young child (under the age of twelve) told me they lie awake every night trying to balance the risks of sending their boy to school. The child has a genetic immunodeficiency. Therefore, he is at higher risks of various infections and their complications, including more severe outcomes from COVID-19. These parents are anguished because they know how healthy and important in-person school is for their boy, but they fully understand the likelihood of their child contracting COVID-19 from their unvaccinated peers without masks. Another family of a young girl with leukemia has expressed similar concerns. They no longer believe that our schools are a safe place for their child. I have been caring for a teenage young lady who is on various immunosuppressant medications due to a rheumatologic condition. While she has been vaccinated against COVID-19, she is less likely to be protected from COVID-19 infection. I have sat with the mother of this patient as she cries not seeing a safe avenue for in-person school for her daughter. I have also had to sit with many distraught families of previously healthy children who require hospitalization with post-infectious complications of COVID-19 called Multisystem Inflammatory Syndrome in Children (MIS-C). With MIS-

[25] Jonathan Gleason et. al., *Commentary: The Devastating Impact of Covid-19 on Individuals with Intellectual Disabilities in the United States*, New Eng. J. Med. (Mar. 5, 2021), https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0051 (last visited Sept. 2, 2021).
[26] *Id.*
[27] *Id.*

C, children often require continuous infusions of medications that help their heart beat strong enough to maintain life. Several of these parents have looked me in the eyes while crying and asked, "could we have done something to prevent this from happening?" If the appropriate risk mitigation steps are not taken in the schools of Iowa, we will almost surely see more cases of MIS-C and other complications of COVID-19 in children this school year compared to last year.

21. Finally, when we think about the risk to children in the state, we can't ignore the risk of children developing what has come to be known as long COVID, where symptoms remain months after an initial COVID diagnosis. While study is essential to know the scope of long COVID in children, with current estimates varying significantly, there are increasing concerns about the long-term impact of COVID even among the asymptomatic.[28]

V. CDC and State Department of Health Recommendations on Masking in Schools and the Efficacy of Masking for Reducing COVID-19 Transmission

22. The CDC recommends "universal indoor masking for all students, staff, teachers, and visitors to K-12 schools, regardless of vaccination status."[29] Underlying the CDC guidance are concerns about "the highly transmissible nature of this variant," the ineligibility of children under twelve for the vaccine, and low levels of vaccination among youth ages twelve to seventeen, all factors present in our state at this time.[30]

23. Leading medical organizations, including the American Academy of Pediatrics and the American Medical Association, similarly recommend universal masking as part of school openings.[31]

24. In addition to national organizations, the local health departments in each of Iowa's three most populous counties (Polk, Linn, and Scott counties) all recommend universal mask-wearing in indoor settings. The Scott County Health Department simply recommends "[m]asking of all in indoor spaces," and the Polk County Health Department and the Linn

[28] *See, e.g.*, Dyani Lewis, *Long COVID and Kids: Scientists Race to Find Answers*, 595 Nature 482 (2021).
[29] *Guidance for Covid-19 Prevention in K-12 Schools*, Ctrs. for Disease Control & Prevention (Aug. 5, 2021 update), https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html (last visited Sept. 2, 2021).
[30] *Id.*
[31] *See, e.g.*, *American Academy of Pediatrics Updates Recommendations for Opening Schools in Fall 2021*, Am. Acad. Pediatrics (July 19, 2021), https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-updates-recommendations-for-opening-schools-in-fall-2021/.

County Health Department both explicitly state that schools fall under their universal mask-wearing recommendations.[32] The Iowa Medical Society and the Iowa Chapter of the American Academy of Pediatrics both recommend universal indoor masking by all students (age two and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.[33]

25. Recent studies have confirmed that wearing masks is one of the most powerful tools to thwart the transmission of COVID-19 in indoor settings, such as schools. Researchers at Duke University conducted a study on COVID-19 transmission within schools following "Plan A" which "provided full, in-person instruction, masking, and minimal physical distancing."[34] Analysis conducted by Duke University researchers using data from North Carolina K-12 schools —data that included more than 1,280,000 students and 160,000 staff—found that "there is very limited within-school transmission of COVID-19 in schools participating in Plan A," leading the researchers to conclude that "wearing masks is an effective strategy to prevent in-school COVID-19 transmission."[35]

26. This study confirms what the CDC and other studies have reported. The CDC has stated, "Experimental and epidemiological data support community masking to reduce the spread" of the Delta variant.[36] A recent literature review concluded that "nonmedical masks have been effective in reducing transmission of respiratory viruses; and places and time periods

[32] *Quad Cities COVID-19 Coalition: August 19 Press Release*, Scott Cnty. (Aug. 19, 2021), https://www.scottcountyiowa.gov/sites/default/files/attachments/posts/20210819_COVID-19_Update_on_Public_Health_Response.pdf (Scott County); *COVID-19 cases and hospitalizations are surging: It is time for our community to step up and do the right thing*, Polk Cnty. (Aug. 24, 2021), https://www.polkcountyiowa.gov/health-department/news-and-press-releases/covid-19-cases-and-hospitalizations-are-surging-it-is-time-for-our-community-to-step-up-and-do-the-right-thing/ (Polk County); Grace King, *Masks should be mandated to be worn in schools, Linn County board of health says*, Gazette (Aug. 30, 2021), https://www.thegazette.com/k/masks-should-be-mandated-to-be-worn-in-schools-linn-county-board-of-health-says/ (last visited Sept. 2, 2021).

[33] Sydney Maras, *IMS & IA AAP: Back to School Face Mask Usage Statement*, Iowa Medical Society (Aug. 19, 2021), https://www.iowamedical.org/news/10941537 (last visited Sept. 2, 2021).

[34] *The ABCs of North Carolina's Plan A*, ABC Science Collaborative (July 1, 2021), https://abcsciencecollaborative.org/the-abcs-of-north-carolinas-plan-a/ (last visited Sept. 2, 2021).

[35] Letter from Danny Benjamin & Kanecia Zimmerman to Joint Legislative Education Oversight Committee et al. (June 30, 2021), https://abcsciencecollaborative.org/wp-content/uploads/2021/06/ABCs-Final-Report-June-2021.06-esig-DB-KZ-6-29-21.pdf (last visited Sept. 2, 2021).

[36] *Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2*, Ctrs. for Disease Control & Prevention (May 7, 2021 update), https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html#anchor_1619456988446 (last visited Sept. 2, 2021).

where mask usage is required or widespread have shown substantially lower community transmission."[37]

27. Masking is also critical for the health of those who, for reasons of disability, cannot mask. Those include people who struggle to take a mask off and on, whether because of motor skills or cognitive issues; people with sensory processing disorders; and people with facial deformities incompatible with a mask, among others.[38]

28. As noted above, families that I worked with and all of the children not vaccinated are at great risk for a COVID-19 infection. Given the rise in pediatric infections (and adult infections) due to the Delta variant of COVID-19, in my expert opinion, the only safe course at this time is universal masking for children for safe attendance at school and school-related functions until our public health officials declare a safe level of population-wide vaccination. As a pediatric infectious diseases physician, I am concerned about all children but particularly worried about those children with complex medical conditions and/or disabilities since the latter group could more likely sustain severe illness or even death. The risk of death is low overall, but certainly elevated for the vulnerable group. Any severe illness or death is unacceptable for a preventable disease.

VI. The Necessity of Allowing Iowa Schools to Set Their Own Mask Policies

29. Iowa's Mask Mandate Prohibition denies school districts the ability to require masks to protect their students and staff. In communities where COVID-19 is prevalent, parents with children with conditions that can make them vulnerable to severe illness in particular will face a terrible dilemma of whether to risk their children's health and even life, or to keep the children out of school. That is not a decision they should be forced to make, when we have the option of masks to protect the safety of those in the school.

30. My concern is greatest for these children, but it does not stop there. No child should risk serious illness if we can prevent it.

[37] Howard et. al., *An evidence review of face masks against COVID-19*, 118 PNAS 1, 1-12 (2021); Cheng, *et al.*, *Face masks effectively limit the probability of SARS-CoV-2 transmission*, 372 Science 1439, 1439-1443 (2021).
[38] Doron Dorfman & Mical Raz, *Mask Exemptions During the COVID-19 Pandemic—A New Frontier for Clinicians*, JAMA Health Forum (July 10, 2020), https://jamanetwork.com/journals/jama-health-forum/fullarticle/2768376?resultClick=1.

31. Without a mask requirement, children who chose to wear a mask will inevitably be subject to a multitude of negative psychological effects, such as bullying and feeling ostracized from their peers. Therefore, in the absence of mask mandates, we are not really giving Iowa's children a fair choice. We are telling them they have to choose between their physical health and emotional/psychological health.
32. And it's not just the children. Children who catch the virus at school will bring it home, risking their families' health and security. Without mask requirements, it is quite possible that schools in Iowa could become hotspots for COVID-19 outbreaks, which then increase the community spread of disease throughout our state. This is particularly concerning given the state's low vaccination rates and high rates of comorbidities in the adult population.
33. In my opinion, the state cannot in good conscience let this policy stand given the threat it poses to children and their families.

I swear under the 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 2nd day of September 2021, at Clive, Iowa. 6:31 PM

Joel Waddell D.O.

EXHIBIT A

Curriculum Vitae
Joel Waddell, D. O.

Date of Preparation: 08/28/2021

Citizenship Status

Country of Citizenship	Type of Visa	Work Authorization End Date
USA		

EDUCATION

- **Baccalaureate Degree**

Year	Degree	Institution	City, State
2004-2009	Bachelor of Science	East Tennessee State University	Johnson City, TN

- **Graduate Degrees (Masters/Doctorate)**

Year	Degree	Institution	City, State
2009-2013	D.O.	Des Moines University	Des Moines, IA

- **Residency/Fellowship Training**

Year	Specialty	Institution	City, State
2013-2016	General Pediatrics	Kansas University	Kansas City, KS
2016-2019	Pediatric Clinical Pharmacy	University of Missouri-Kansas	Kansas City, MO
2016-2019	Pediatric Infectious Diseases	City/Children's Mercy Hospital	

Practice/Employment History (starting with most recent)

Years	Practice Organization/Employer	City, State
2019-Present	Blank Children's Hospital	Des Moines, IA

Certification and Licensure

- **Certifications:**

Board	Initial Year	Most Recent Cert. Yr.	Certificate No.
American Board of Pediatrics	2016	2016	118135
American Board of Pediatrics	2019	2019	1747

- **Medical Licensure (current)**

State	Initial Date	License No.
Iowa	2019	DO-05386

Leadership Positions

Years	Position
2021 – Present	*Pediatric Residency Associate Program Director* Blank Children's Hospital, Des Moines, IA
2021 – Present	*Pediatric Residency Curriculum Committee Chair* Blank Children's Hospital, Des Moines, IA
2020 – Present	*Pediatric Residency Scholarship Oversight Committee Member* Blank Children's Hospital, Des Moines, IA
2020 – Present	*Pediatric Death Review Committee Member* Blank Children's Hospital, Des Moines, IA
2017 – 2019	*Musculoskeletal Infection Hospital Care Committee Member* Children's Mercy Hospital, Kansas City, MO
2017 – 2019	*Pediatric Infectious Diseases Society Research Affairs Committee Member*
2016 – 2019	*Fellow Representative of Graduate Medical Education Committee* Children's Mercy Hospital, Kansas City, MO
2015 – 2016	*Resident Representative of Clinical Learning Environment Review Program* Kansas University Pediatric Residency, Kansas City, KS
2014 – 2016	*Resident Representative of Pediatric Hospital Ethics Committee* Kansas University Medical Center, Kansas City, KS
2014 – 2016	*Clinical Skills Preceptor for Medical Students* Kansas University School of Medicine, Kansas City, KS
2013 – 2016	*Resident Representative of Pediatric Medical Education Committee* Kansas University Pediatric Residency, Kansas City, KS
2009 – 2011	*Research Committee Chair of Student Osteopathic Medical Association* Des Moines University, Des Moines, IA

Professional Affiliations and Memberships (currently only)

Organization	
2017 – Present	Society for Pediatric Research
2016 – Present	Pediatric Infectious Diseases Society
2016 – Present	Infectious Diseases Society of America
2016 – Present	The Society for Healthcare Epidemiology of America
2013 – Present	American Academy of Pediatrics

Honors and Awards (if any)

2021	*Most Outstanding Faculty Teaching Award* Blank Children's Hospital Pediatrics Residency, Des Moines, IA
2019	*Teaching & Academic Excellence Award* Blank Children's Hospital Pediatric Education Department, Des Moines, IA
2019	*Most Outstanding Fellow Teaching Award Recipient* Children's Mercy Hospital Graduate Medical Education, Kansas City, MO
2018	*Most Outstanding Fellow Teaching Award Nominee* Children's Mercy Hospital Graduate Medical Education, Kansas City, MO
2017	*Most Outstanding Fellow Teaching Award Nominee* Children's Mercy Hospital Graduate Medical Education, Kansas City, MO
2016	*Excellence in Teaching Award: Most Outstanding Pediatric Resident* Kansas University School of Medicine, Kansas City, KS
2016	*Most Outstanding Pediatric Resident* Kansas University Pediatric Residency, Kansas City, KS
2015	*Excellence in Residency Award Nominee: Exceptional Student Mentoring* Kansas University School of Medicine, Kansas City, KS
2015	*Resident Researcher of the Year Award* Kansas University Pediatric Residency, Kansas City, KS
2014	*Pediatric Hematology/Oncology Intern of the Year Award* Kansas University Pediatric Residency, Kansas City, KS

Publications and Presentations (if any)

- **Papers Published or In Press**

Kathryn E. Kyler, Brian R Lee, Earl F Glynn, Joel P Waddell, Mark A Hoffman, and Jennifer L Goldman. Clinical outcome and antibiotic dosing differences by weight in children with acute osteomyelitis. Hospital Pediatrics. Accepted on 4/27/2021.

Television Interview: Channel 8 KCCI News, Des Moines, IA. *COVID-19 Delta variant, upcoming school semester in Iowa, masks, and vaccines*. August 27, 2021

Television Interview: Channel 8 KCCI News, Des Moines, IA. *RSV, other illnesses keep Blank Children's Hospital full, doctor says masks should be worn this fall*. July 19, 2021.

Radio Interview: Iowa Public Radio – Talk of Iowa: *Vaccine Offers Children 'Return To Normalcy,' Iowa Doctors Say*. May 13, 2021.

Newspaper Interview: Des Moines Register, Des Moines, IA. *COVID vaccine will soon be offered to kids ages 12-15 — but will they come in for the shots?* May 11, 2021.

Radio Interview: WHO Radio, Des Moines, IA. *COVID-19 vaccine among adolescents*. May 6, 2021.

Newspaper Interview: Des Moines Register, Des Moines, IA. *Iowa doctor: 'It's going to be extremely difficult' to get COVID herd immunity if kids can't be vaccinated*. April 28, 2021.

Newspaper Interview: Des Moines Register, Des Moines, IA. *COVID-19 rate in kids may be higher than known, experts say, and until they can be vaccinated, pandemic may linger*. April 25, 2021.

Television Interview: Channel 8 KCCI News, Des Moines, IA. *What is PMIS? Rare illness linked to COVID-19 comes to Iowa*. May 18, 2020.

Television Interview: Channel 13 WHO News: *MIS-C among children in Iowa*. May 18, 2020.

Waddell, J. and McCulloh, R. "Pertussis." From: Ferri's Clinical Advisor. 2018.

Invasive mucormycosis management: mucorales PCR provides important, novel diagnostic information (poster presentation). IDWeek™2018. San Francisco, CA. October 2018.

Coauthor of hospital's outpatient antibiotic handbook. Children's Mercy Hospital. Kansas City, MO. August 2018.

Clinical course and antibiotic dosing in healthy vs non-healthy weight children with osteomyelitis (poster presentation). 2018 St. Jude/PIDS Pediatric Infectious Diseases Research Conference. Memphis, TN. March 2018.

Coauthor of hospital's outbreak/suspected outbreak investigation policy. Children's Mercy Hospital. Kansas City, MO. January 2018.

- **Scientific Presentations/Invited Lectures**

2021	Blank Children's Hospital, Des Moines, IA: Pediatric Grand Rounds Topic: COVID-19 vaccines in children
2021	Greater Regional Medical Center, Creston, IA: Lunch and Learn Topic: COVID-19 in children
2021	State of Iowa Annual School Nursing Conference, Des Moines, IA: Topic: COVID-19 in children
2021	Blank Children's Hospital, Des Moines, IA: Pediatric Residency didactic lecture series Topic: COVID-19 associated Multisystem inflammatory syndrome in children (MIS-C)
2021	Blank Children's Hospital, Des Moines, IA: Webinar for Blank Children's Hospital Employees Topic: COVID-19 pandemic and vaccines
2021	Clark County Hospital, Osceola, IA: Lunch and Learn Topic: COVID-19 pandemic and vaccines
2021	Blank Children's Hospital, Des Moines, IA: Hospital employee open forum Topic: Q&A session regarding COVID-19 vaccines
2021	Blank Children's Hospital, Des Moines, IA: Pediatric Residency board review lecture series Topic: Pediatric infectious diseases
2021	Blank Children's Hospital, Des Moines, IA: Pediatric Residency didactic lecture series Topic: Cervical lymphadenitis and skin/soft tissue infections
2021	Broadlawns Medical Center, Des Moines, IA: Family Medicine Residency didactic lecture series Topic: Top 10 outpatient pediatric infectious diseases
2020	Blank Children's Hospital, Des Moines, IA: Pediatric Grand Rounds Topic: Top 10 Vaccine Myths
2020	Blank Children's Hospital, Des Moines, IA: Clinical Pathology Conference Topic: Potts Puffy Tumor
2020	Blank Children's Hospital, Des Moines, IA: Pediatric Residency didactic lecture series Topic: Top 10 general outpatient pediatric infectious diseases
2020	Blank Children's Hospital, Des Moines, IA: Pediatric Residency didactic lecture series Topic: Infections in immunocompromised hosts
2020	Iowa Lutheran Hospital, Des Moines, IA: Family Medicine Residency didactic lecture series Topic: Top 10 general outpatient pediatric infectious diseases
2019	Blank Children's Hospital, Des Moines, IA: Pediatric Residency didactic lecture series Topic: Bugs and Drugs
2019	Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Fellows' didactic lecture series

Topic: Congenital infections

2019 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Fellows' didactic lecture series
Topic: Recurrent fevers

2019 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Fellows' didactic lecture series
Topic: Gastroenteritis

2018 Progressive disseminated histoplasmosis of infancy (platform presentation). Kansas City Infectious Diseases Society. Kansas City, KS. September 2018.

2018 Children's Mercy Hospital, Clinical Pharmacology Mini Masters Course, Kansas City, MO.
Topic: Utilizing big data resources to generate pharmacologic hypotheses

2018 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Journal Club
Topic: Pharmacokinetic cefazolin modeling in bariatric surgery patients

2018 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Fellows' didactic lecture series
Topic: Zoonoses

2017 Comparative analysis of initial antibiotic dosing among healthy weight, overweight, and obese children with osteomyelitis (poster presentation). IDWeek™2017. San Diego, CA. October 2017.

2017 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Fellows' didactic lecture series
Topic: Viral CNS infections

2017 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Fellows' didactic lecture series
Topic: Bacterial CNS infections

2017 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Journal Club
Topic: Cellulitis, cephalexin, & obesity

2017 University of Missouri-Kansas City School of Pharmacy, Kansas City, MO: Second year pharmacy student lecture series
Topic: Pediatric community-acquired pneumonia

2017 Children's Mercy Hospital, General Pediatric and Medicine/Pediatric Residents, Kansas City, MO: Core resident educational lecture series
Topic: Bugs and drugs

2017 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Research Conference
Topic: Utilizing informatics-based research to answer questions regarding appropriate antibiotic dosing among obese children

2017 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Fellows' didactic lecture series

Topic: Antibiotic resistance mechanisms – a three part series

2016 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Journal Club
Topic: Fever in returning traveler

2016 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Journal Club
Topic: Impact of reported beta-lactam allergy on inpatient outcomes multicenter prospective cohort study

2016 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Journal Club
Topic: Antimicrobial dosing and pediatric obesity: murky waters

2016 Kansas University, Department of Pediatrics, Kansas City, KS: Senior Resident Conference
Topic: Improving resident research in an attempt to further evidence-based medicine within pediatrics

2015 Improving pediatric immunization rates in the inpatient setting: a hospital-based intervention (poster presentation). Academic Pediatric Association Region VI Fall Meeting. Kansas City, KS. September 2015.

2015 Children's Mercy Hospital, Infectious Diseases Department, Kansas City, MO: Laboratory Presentation
Topic: Ceftolozane/tazobactam activity against *Pseudomonas aeruginosa* strains in pediatric cystic fibrosis patients

2015 Kansas University, Department of Pediatrics, Kansas City, KS: Neonatology Conference
Topic: Short & long term management of neonatal HIV

2014 Kansas University, Department of Pediatrics, Kansas City, KS: Board Prep lecture series
Topic: Presented various COMLEX Step 1 topics to incoming 1st year pediatric residents

2013 Kansas University, Department of Pediatrics, Kansas City, KS: Center for Child Health & Development Lecture Series
Topic: Congenital cytomegalovirus infections-neurodevelopmental/behavioral outcomes

2013 Kansas University, Department of Pediatrics, Kansas City, KS: Neonatology Conference
Topic: Neonatal bacterial meningitis

Declaration of Dr. Megan Srinivas

I, Megan Srinivas, declare as follows under penalty of perjury pursuant to 28 U.S.C. § 1746:

Background

1. I am currently an infectious diseases physician, clinical instructor, and fifth-year translational health policy research fellow at the University of North Carolina School of Medicine in Chapel Hill, North Carolina. Additionally, I currently serve as the infectious disease consultant for Broadlawns Medical Center in Des Moines, Iowa.
2. I am licensed to practice medicine in Iowa and North Carolina. I hold degrees from Harvard University (A.B. cum laude, Human Evolutionary Biology, 2009), Carver College of Medicine at the University of Iowa (MD, 2014); and Harvard University's School of Public Health (MPH, Global Health & Health Policy, 2014). I completed my residency in Internal Medicine at Johns Hopkins School of Medicine (2017) and my fellowship in Infectious Disease at the University of North Carolina (2019). I also hold two board certifications with the American Board of Internal Medicine in 1) Internal Medicine and 2) Infectious Disease.
3. I worked for 2.5 years at the Fort Dodge Community Health Center as its only infectious diseases and internal medicine physician (January 2018-July 2020). I also have been providing telehealth Hepatitis C care to rural Iowans through Iowa's Project ECHO since March 2019.
4. I have extensive work and research experience in the areas of infectious disease and public health and have served on numerous state and national boards, committees, and panels. Most relevant to the this case, I currently sit on the Infectious Disease Society of America (IDSA) Public Health Advisory Board, which represents all infectious disease providers in the nation. I am also a national delegate to the American Medical Association (AMA), which represents all physicians in the United States. I sit on the AMA's 12-person national Council on Medical

Services and am one of the leaders of the organization's Mask Up COVID Campaign. Additionally, I sit on the Iowa Board of Directors for the National Alliance on Mental Illness (NAMI) and delivered a statewide talk for NAMI in May 2020 on the impact of the novel coronavirus SARS-CoV-2 (hereinafter, "COVID-19") on mental health.

5. In March 2020, I co-founded the COVID-19 Health Animation Project (CHAP), to help address the racialized disparities in COVID-19 mortality and morbidity in the US. CHAP creates culturally-informed health messaging videos in various languages to deliver COVID-19 public health education to marginalized communities. I recently co-lead a CHAP team that collaborated with child psychologists and mental health professionals to focus on educating caregivers on the anxiety/stress facing children during the COVID-19 pandemic and how these issues can be effectively addressed. CHAP received a grant to pursue this project from the Atlantic Institute based at the Rhodes Trust in the University of Oxford and we have been asked by UNICEF to translate CHAP's mental health videos into Spanish so UNICEF has the opportunity to distribute both the English and Spanish version in the Americas.
6. I have given presentations on and authored or co-authored numerous medical and scientific publications and policy papers on infectious diseases and public health, as well as specifically on COVID-19 and its effects on rural areas and communities at-large.
7. My detailed curriculum vitae is attached as Exhibit A.
8. If called as a witness, I could and would testify competently to the matters set forth below.
9. I am familiar with the provision of Iowa Law recently passed that is known as HF 847 or the "Mask Mandate Ban." In my expert opinion, this provision will hurt the children of this state and their families by denying schools the ability to fashion policies for their districts that attend to the health needs of their students. If students face the prospect of going to school in areas of

substantial or high risk of COVID-19 transmission, with no requirements of masks, they are forced either to attend school at risk to their health and that of their families or to stay out of school, at risk to their well-being. I am especially concerned for those students with disabilities that are at an increased risk for complications from COVID-19.

10. I am not being compensated for my time reviewing materials and preparing this report.

Increased COVID-19 Transmission and Prevalence of the Delta Variant in Iowa

11. Vaccination rates across Iowa remain low, with only 52% of the population fully vaccinated.[1]

12. The rate is even lower among children; as of August 25, only 30% of those twelve to fifteen are vaccinated, and 37% of sixteen to seventeen year-olds.[2]

13. Iowa is seeing the most hospitalizations since January 2021.[3]

14. More than half of the new cases, 56%, are people younger than 40, and 17% are younger than seventeen. Those age groups also have the lowest vaccination rates.[4] Data released August 31 shows 22% of new cases in Iowa last week, after one week of school for many, are in school-age children.[5]

15. Each infected individual will, on average, infect six to seven others.[6] There is a median latency to a detectable viral load of four days with the Delta variant rather than six days with the variant

[1] *See How Vaccinations Are Going in Your County and State*, N.Y. Times (Sept. 1, 2021 update), https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html (last visited Sept. 2, 2021).
[2] Nick Coltrain, *Iowa COVID hospitalizations highest since January, 25% increase since last week to nearly 500*, Des Moines Reg. (Aug. 26, 2021), https://www.desmoinesregister.com/story/news/health/2021/08/26/iowa-covid-19-hospitalization-rate-positive-cases-surges-delta-variant/5541193001/ (last visited Sept. 2, 2021).
[3] *Id.*
[4] *Id.*
[5] Tim Webber, *Children make up nearly a quarter of new COVID-19 cases in Iowa*, Des Moines Reg. (Sept. 1, 2021), https://www.desmoinesregister.com/story/news/health/2021/09/01/covid-19-iowa-testing-data-shows-kids-make-up-22-percent-cases/8167419002/.
[6] Michaeleen Doucleff, *The Delta Variant Isn't as Contagious as Chicken Pox. But It's Still Highly Contagious*, NPR (Aug. 11, 2021), https://www.npr.org/sections/goatsandsoda/2021/08/11/1026190062/covid-delta-variant-transmissioncdc-chickenpox (last visited Sept. 2, 2021).

originally dominant in the US.[7] This suggests very rapid dissemination and hyperlocal outbreaks.[8]

16. As of August 30, the data on rolling average hospitalizations shows approximately 633 total hospitalized with confirmed or suspected COVID-19 diagnosis, and this number remains on an upward trajectory.[9]

17. The COVID-19 Delta variant is estimated to account for 99.7% of COVID-19 infections in HHS Region 7, which includes Iowa, as of August 15.[10] This is relevant to the overall COVID-19 transmission landscape given that the Centers for Disease Control and Prevention (CDC) estimates that the Delta variant is at least twice as transmissible as previous variants and that it could likely lead to more severe illness.[11]

The Spread of COVID-19 in Children

18. The Iowa Department of Public Health (hereinafter "IDPH") and IDPH medical director, Dr. Pedati, have tried to downplay the risk of COVID-19 transmission to children, stating that a paucity of early data equated to no transmission. However, now that we are seeing the emergence of significant data about children and COVID-19, there are some inherent truths that cannot be ignored: 1) children can contract COVID-19; 2) although the limited data demonstrate that children are less likely to die from COVID-19, they can still suffer long-term

[7] Baisheng Li et al., *Viral infection and transmission in a large well-traced outbreak caused by the Delta SARS-CoV-2 variant*, medRxiv (July 12, 2021), https://www.medrxiv.org/content/10.1101/2021.07.07.21260122v1 (last visited Sept. 2, 2021).
[8] Kathy Katella, *5 Things to Know About the Delta Variant*, Yale Medicine (Aug. 26, 2021), https://www.yalemedicine.org/news/5-things-to-know-delta-variant-covid (last visited Sept. 2, 2021).
[9] *Iowa Hospitals and COVID-19,* Iowa COVID-19 Tracker, https://iowacovid19tracker.org/hospitals/ (last visited Sept. 2, 2021).
[10] *COVID Data Tracker: Variant Proportions*, Ctrs. for Disease Control & Prevention (Aug. 28, 2021 update), https://covid.cdc.gov/covid-data-tracker/#variant-proportions (last visited Sept. 2, 2021).
[11] *Delta Variant: What We Know About the Science*, Ctrs. for Disease Control & Prevention (May 7, 2021 update), https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html.

and even permanent damage from infection; and 3) children transmit the infection to other children and adults.

19. Children of all ages are fully capable of contracting COVID-19. Per a recent report by the American Academy of Pediatrics (hereinafter, "AAP"), as of August 26, 2021, more than 4.8 million children have been diagnosed with COVID-19, representing 14.8% of all cases in the US.[12] Between August 19-26, 2021, 203,962 children were diagnosed with COVID-19, representing 22.4% of all new cases.[13] And this is prior to school starting in most places, which will hasten the spread in this vulnerable age group.

20. A Centers for Disease Control and Prevention (hereinafter, "CDC") case study analyzed the infection attack rate in a weeklong sleep-away camp during June 2020 in Georgia.[14] The CDC found that of the 597 people attending the camp, 260 contracted COVID-19.[15] The highest rate of infection among the campers was amongst the youngest children between six to ten years of age (51% attack rate in this group as compared to 33% in campers of ages eighteen to twenty one).[16] These findings demonstrate that transmission among children is happening at significantly high rates. This may be behaviorally-based, which is a critical factor in the spread of COVID-19.

21. Children infected with COVID-19 are fully capable of transmitting the virus to others. A study published in the Journal of the American Medical Association (hereinafter, "JAMA") on July 30, 2020, studied the contagiousness of children by estimating the amount of nasopharyngeal

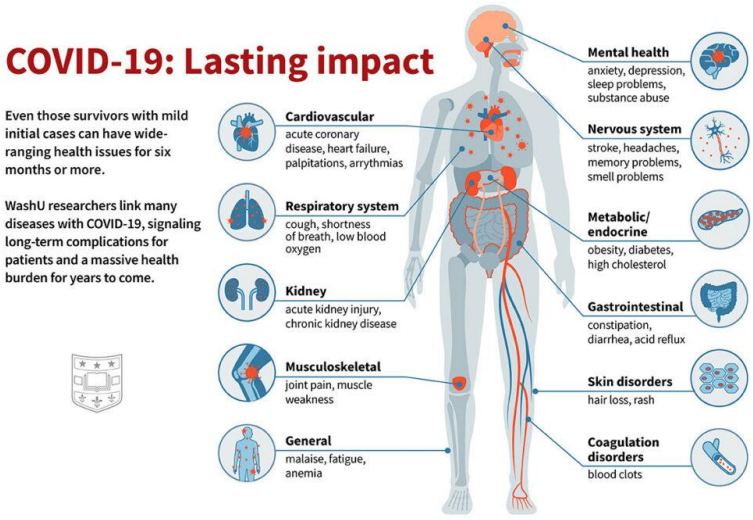
[12] *Children and COVID-19: State Data Report: Version: 8/26/21*, Am. Acad. Pediatrics (Aug. 26, 2021 update), https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/ (last visited Sept. 2, 2021).
[13] *Id.*
[14] Christine M. Szablewski et al., *SARS-CoV-2 Transmission and Infection Among Attendees of an Overnight Camp — Georgia, June 2020*, Morbidity & Mortality Weekly Rep. (Aug. 7, 2020), https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6931e1-H.pdf.
[15] *Id.*
[16] *Id.*

viral shedding occurring at various age groups.[17] They found that children younger than five years of age with mild to moderate symptoms of COVID-19 carry higher amounts of SARS-CoV-2 viral material in the nasopharynx than adults, suggesting that they may be more contagious and, thus, more effective at transmitting the virus than adults.[18] Children between the ages of five and seventeen years appeared to have a similar amount of viral material as adults (here classified as eighteen years of age or older).[19]

22. Long COVID (post-acute sequelae of COVID-19, or "PASC") can manifest as chronically disabling fatigue, headache, difficulty concentrating, insomnia and other multisystemic symptoms following even mild COVID infection (image below illustrates potential manifestations of long COVID).[20] Moreover, a *Nature* study published in April 2021 demonstrated that COVID-19 survivors had a 60% increased risk of death in the six months following illness than the general population.[21] Hospitalized survivors had a 50% increased risk of death in the six months following recovery as compared to influenza survivors.

Figure 1: Long-Lasting COVID-19 Impacts[22]

[17] Taylor Heald-Sargent, William J. Muller, & Xiaotian Zheng, *Age-Related Differences in Nasopharyngeal Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Levels in Patients With Mild to Moderate Coronavirus Disease 2019 (COVID-19)*, JAMA Pediatrics (July 30, 2020), https://jamanetwork.com/journals/jamapediatrics/fullarticle/2768952 (last visited Sept. 2, 2021).
[18] *Id.*
[19] *Id.*
[20] Julia Evangelou Strait, *Among COVID-19 survivors, an increased risk of death, serious illness*, Wash. Univ. in St. Louis (Apr. 22, 2021), https://source.wustl.edu/2021/04/among-covid-19-survivors-an-increased-risk-of-death-serious-illness/ (last visited Sept. 2, 2021).
[21] Ziyad Al-Aly, Yan Xie & Benjamin Bowe, *High-dimensional characterization of post-acute sequelae of COVID-19*, Nature (Apr. 22, 2021), https://www.nature.com/articles/s41586-021-03553-9 (last visited Sept. 2, 2021).
[22] *Strait, supra* note 21.



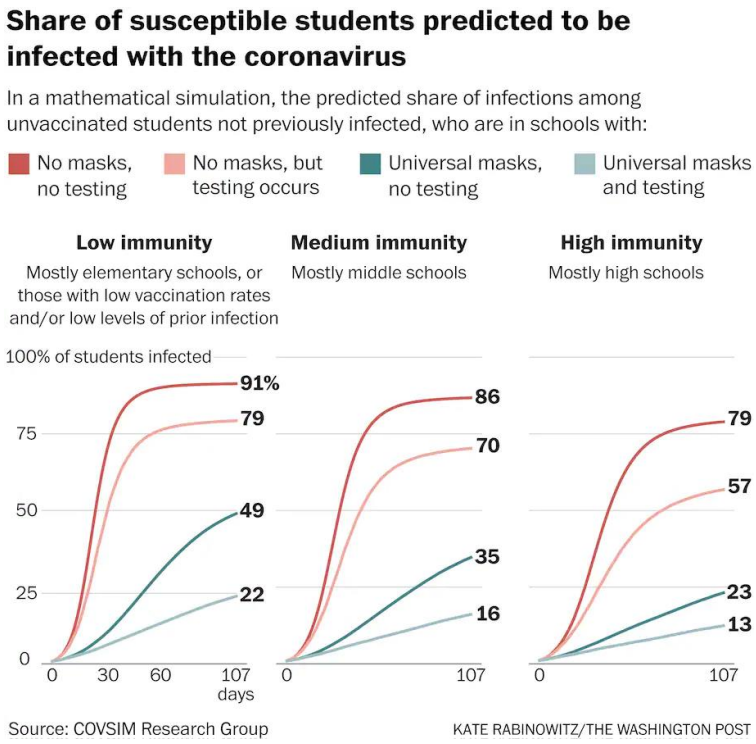
23. In the meantime, masks matter. Converging experimental, epidemiological, and modeling evidence consistent with the efficacy of masks in mitigating COVID transmission[23] stand diametrically opposed to the ban on mask mandates at a time when we desperately need to ensure compliance with masking, social distancing, and vaccinations.

24. *The Washington Post* adapted the graphic below from a CDC-funded study demonstrating the impact of different mitigation strategies on spread of COVID within schools.[24] Elementary schools where students are still ineligible for vaccination are the most vulnerable. And in such schools, when universal masking and regular testing/randomized screenings are not being implemented (as is occurring in Iowa), 91% of students will likely be infected within the first 3 months. Even with schools where immunity via vaccines is more prevalent (middle and high schools), there is still a significant risk when mitigation is not appropriately used. Ultimately,

[23] Howard et. al., *An evidence review of face masks against COVID-19*, 118 PNAS 1, 1-12 (2021); Cheng, et al., *Face masks effectively limit the probability of SARS-CoV-2 transmission*, 372 Science 1439, 1439-1443 (2021).
[24] Ariana Eunjung Cha, *A Calif. elementary school teacher took off her mask for a read-aloud. Within days, half her class was positive for delta.,* Wash. Post (Aug. 28, 2021), https://www.washingtonpost.com/health/2021/08/28/delta-variant-unvaccinated-children-elementary-schools/.

the study shows a harrowing prediction that 75% of all students (elementary through high school) will likely be infected within 3 months without appropriate mitigation.[25]

Figure 2: Student Susceptibility[26]



25. Children are not the only ones at risk of infection with in-person learning. The educators, custodians, bus drivers, and all school staff are at significant risk of illness. Moreover, while children may be asymptomatic or pauci-symptomatic from infection, they can still transmit to others, including bringing the virus home to vulnerable caregivers and family members. From

[25] These numbers, highlighted by the Washington Post, were derived from an academic study. *See* Yiwei Zhang et al., *COVID-19 Projections for K12 Schools in Fall 2021: Significant Transmission without Interventions*, medRxiv (Aug. 11, 2021), https://www.medrxiv.org/content/10.1101/2021.08.10.21261726v1.full.
[26] Cha, *supra* note 26.

March 1, 2020 to April 30, 2021 (prior to the onset of the more virulent delta variant), more than 1.5 million children lost a caregiver to COVID-19 globally.[27]

26. Although many schools in Iowa have only been in session for one week, COVID-19 activity in schools is already rampant (47 different schools documented as of August 31, 2021), numbers that will likely significantly worsen given inadequate notification of exposures and the lack of quarantine for those exposed.[28]

Conditions That Can Put Children at Greater Risk of Severe Illness from COVID-19

27. The CDC has suggested higher risk for COVID complications in children who are medically complex, have genetic, neurologic, or metabolic conditions, congenital heart disease or, like in adults, chronic obesity, diabetes, asthma or chronic lung disease, sickle cell disease, and immunosuppression.[29] I have reviewed the declarations of the plaintiffs in this case including their ages and diagnoses. All qualify as higher risk per the CDC. Any child who is medically complex (i.e. M.P., S.P., S.V., P.D., E.M.S, V.M.H., N.R.), has Down Syndrome (i.e. A.S., E.C.), has moderate to severe asthma (i.e. C.B, K.G., J.J.B.), as well as any child with chronic heart or lung disease (i.e. M.P., H.J.F.R., V.M.H.) is vulnerable to poorer clinical outcomes with COVID.

28. The American Academy of Pediatrics strongly recommends in-person learning for the mental, emotional, and physical health of children, but emphasizes the critical importance of universal

[27] Susan D. Hills et al., *Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modelling study*, Lancet (July 20, 2021), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01253-8/fulltext (last visited Sept. 2, 2021).
[28] *COVID-19 in Our Schools*, Iowa COVID-19 Tracker, https://iowacovid19tracker.org/covid-19-in-our-schools/ (last visited Sept. 2, 2021).
[29] *People with Certain Medical Conditions*, Ctrs. for Disease Control & Prevention (Aug. 20, 2021 update), https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html (last visited Sept. 2, 2021).

masking (in children > two years) regardless of vaccination status.[30] These are children who have need for in-person instruction. *And* in many school districts, even nominally equivalent educational services are not available through remote learning. The failure to allow local entities to implement universal masking policies will have disproportionate impact on these students.

Public Health Guidance on Masking to Reduce COVID-19 Transmission in Schools

29. Ways to mitigate the spread of COVID-19 in schools includes i) universal masking; ii) spacing of three feet with masking or at least 6 feet without masking; iii) testing with isolation and quarantine for positive and exposed individuals, respectively; and iv) maximizing proper ventilation of enclosed spaces.

30. The Delta variant is highly transmissible, which makes masking even more important. In a recent study it was found that while vaccines are effective against the Delta variant, infection risk remains elevated among unvaccinated persons in schools. In addition to vaccination, strict adherence to multiple nonpharmaceutical prevention strategies, including masking, are important to ensure safe school instruction.

31. From May 23 to June 12, 2021, 26 laboratory-confirmed COVID-19 cases occurred among Marin County, California, elementary school students and their contacts following exposure to an unvaccinated infected teacher. There was a 50% infection rate in an elementary classroom where all were masked *except* for the infected teacher who removed her mask for only a short period of time each day.[31] This study demonstrates that the mask is most valuable in preventing

[30] *American Academy of Pediatrics Updates Recommendations for Opening Schools in Fall 2021*, Am. Acad. Pediatrics (July 19, 2021), https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-updates-recommendations-for-opening-schools-in-fall-2021/.

[31] Tracy Lam-Hine et al., *Outbreak Associated with SARS-CoV-2 B.1.617.2 (Delta) Variant in an Elementary School — Marin County, California, May–June 2021*, Morbidity & Mortality Weekly Rep. (Sept. 3, 2021), https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7035e2-H.pdf.

spread when the infected individual is wearing a mask. It also emphasizes the importance of universal masking in those who are medically able in order to prevent spread to vulnerable students and staff. Additionally, this case study shows that rapid spread within a school and to pediatric populations is possible, especially with the increased infectiousness of the delta variant.

32. The American Medical Association, American Academy of Pediatrics, Infectious Disease Society of America, American Academy of Family Physicians, and CDC all strongly endorse return to in-person learning *only* in the setting of appropriate public health mitigation, including universal masking.[32] The CDC specifically states that there are no known adverse effects from mask use.[33]

The Importance of Allowing Schools to Set Their Own Mask Policies

33. With significant inter-county differences in cases, test positivity, vaccinations, and health resources, local authorities, including school districts, should be able to decide, based on the dynamics of this pandemic, how to move on implementing mask mandates and other public health policies to help prevent, contain, and mitigate this disease. While it is generally true that the entire state of Iowa is facing a COVID surge, to illustrate the variation in impact over a single snapshot in time, observe that in Polk County, there are currently 1,427 cases per 100,000, in Linn County, 699 per 100,000 cases, and in Black Hawk County, 353 per 100,000 cases.[34]

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[32] See, e.g., *American Academy of Pediatrics Updates Recommendations for Opening Schools in Fall 2021*, Am. Acad. Pediatrics (July 19, 2021), https://www.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-updates-recommendations-for-opening-schools-in-fall-2021/.
[33] *Use of Cloth Masks to Control the Spread of SARS-CoV-2*, Ctrs. for Disease Control & Prevention (May 7, 2021), https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html.
[34] *COVID-19 Integrated County View*, Ctrs. for Disease Control & Prevention (Sept. 2, 2021 update), https://covid.cdc.gov/covid-data-tracker/#county-view (last visited Sept. 2, 2021).

34. Local districts and the boards which serve them need to be able to take action to protect their students and staff, including implementation of mask requirements.

I swear under the 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 __3rd_ day of September 2021, at _, Iowa.

Megan L. Srinivas

_____

Megan L. Srinivas, MD MPH

MEGAN L. SRINIVAS, MD MPH
mls329@mail.harvard.edu; Ph. (515)269-9118

EXHIBIT A

EDUCATION/TRAINING

UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE – Infectious diseases physician/clinical instructor and NC TraCS translational health policy research fellow. Completed clinical ID fellowship June 2019. Recipient of NIH T32 grant for STIs/HIV 2019-2020 and NCATS Translational TL1 grant for 2020-2021. 2020 Atlantic Fellow for Health Equity. 2018 New Leaders Council Fellow. Recipient of two 2020 Atlantic Philanthropies Solidary Grant. Asian Pacific American Institute for Congressional Studies (APAICS) 2018 National Leadership Academy. Recipient of Asian and Latino Coalition 2019 Leadership Award. 2020 Girl Scouts of Iowa Inspiring Women of the Year Award. InStyle Magazine's "Bad Ass Women" 2020 Award (featured in August 2020 issue). 2021 Emerge Iowa DAWN Activist Award. 2021 Business Record 40 Under 40 in Iowa Award. 2021 National Minority Quality Forum 40 under 40 Health Leaders in the United States. June 2017 – ongoing.

JOHNS HOPKINS SCHOOL OF MEDICINE – Johns Hopkins Bayview Medical Center Internal Medicine Residency Program. American College of Physicians 2015 National Poster Winner. Tel Aviv University Advanced Epidemiology 2015 Summer Fellow. President of Maryland American Medical Association (AMA) Resident/Fellow Section. National resident/fellow delegate to the AMA. Paul Lietman Global Health Fellowship 2016 recipient. Caucus Fellow for Hillary Clinton 2016 campaign. National Delegate to 2016 Democratic National Convention. June 2014 – June 2017.

HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH – Class of 2014 MPH global health. Student government MPH rep. Student rep to Committee on Admissions and Degrees. David Rockefeller Center for Latin American Studies research grant winner.

UNIVERSITY OF IOWA COLLEGE OF MEDICINE – Class of 2014 MD. Teaching Distinction track. 2010 Minority Health and Disparities International Research Training Fellowship winner. Barry Goldman Fellowship recipient.

HARVARD UNIVERSITY – Class of 2009 AB *cum laude* Human Evolutionary Bio. 3 minors: Global Health Policy, Spanish, Latin American Studies. Thomas T. Hoopes Prize for Excellence in Undergraduate Work (top undergraduate student award at Harvard), David Rockefeller Center for Latin American Studies Grant, David Roux Fund award, Goelet Fund award, Alex G. Booth award, Harvard Intl Innovation Grant, Americorps Student Leader in Service scholarship, Justine Magazine Women's 2006 Role Model award.

FORT DODGE SENIOR HIGH – 2005 Valedictorian. USA Today 1st All-Academic Team, Coca-Cola National Scholar, National Toyota Community Scholar, National Merit Scholar, World Food Prize Foundation John Chrystal International Intern Award, Sports Illustrated Magazine's All-American Teen Award, President Hoover Uncommon Student Award, National Junior Science and Humanities Symposium Winner, Intel International Science and Engineering Fair Prize Winner, 4-year Varsity Letter-Winner and Captain of tennis team, 3-year National Congressional Debate Finalist and Captain of Speech and Debate team.

BOARD CERTIFICATION/MEDICAL LICENSURE

AMERICAN BOARD OF INTERNAL MEDICINE INFECTIOUS DISEASE BOARD CERTIFICATION - December 2019
AMERICAN BOARD OF INTERNAL MEDICINE BOARD CERTIFICATION - October 2017
NATIONAL BOARD OF MEDICAL EXAMINERS - May 2016
State Licensures: Iowa, North Carolina

WORK AND RESEARCH EXPERIENCE

AMERICAN MEDICAL ASSOCIATION (AMA)/CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) Remote
Project First Line Podcast Host. Podcast focused on the intersection of infection prevention and control and health equity titled, "Stories of Care with Dr. Srinivas." Launching in fall 2021. June 2021 – ongoing.

COVID HEALTH ANIMATION PROJECT (CHAP) Virtual
Co-founder and health expert for collaborative effort that produces culturally-informed health messaging on COVID to help address racialized disparities. Designed and created videos to improve COVID Vaccine clinical trial recruitment for Novavax trials at UNC. Funded by two separate 2020 Atlantic Philanthropies Solidarity Grants. (https://www.cfrontiers.co/chap). March 2020 – ongoing.

UNIVERSITY OF NORTH CAROLINA INSTITUTE OF GLOBAL HEALTH AND INFECTIOUS DISEASE Chapel Hill, NC, USA
Infectious diseases physician/clinical instructor. NC prison system HIV & general infectious disease telehealth provider. Inpatient infectious disease physician. Translational health policy researcher. July 2019 – ongoing

WORLD HEALTH ORGANIZATION SEXUAL & REPRODUCTIVE HEALTH RESEARCH Virtual & Nairobi, Kenya
Co-organizer/researcher. Co-led a WHO project using social innovation/crowdsourcing to create a harmonized global instrument for sexual health research in HICs and LMICs. Aug 2019 – ongoing.

PROJECT ECHO – IOWA Des Moines, IA, USA
Infectious Disease Physician Expert. Project ECHO uses telehealth to extend clinical reach to underserved & rural communities. Working to increase diagnosis & linkage to care for Hepatitis C in rural areas where specialist care is not available. March 2019-ongoing.

MEDICAID/TITLE X STI RESEARCH Chapel Hill, NC, USA
Principal Investigator. Investigating reproductive health restrictions in Medicaid and Title X funding and their impact on creation of health care deserts and STI rates. Received 2019-2021 NIH T32 grant and 2020-2021 NIH TL1 grant to fund research. December 2018 – ongoing.

FORT DODGE COMMUNITY HEALTH CENTER Fort Dodge, IA, USA
Infectious Disease and Internal Medicine Physician. Employed by rural federally-qualified health center as both the only infectious diseases and internal medicine physician. January 2018-July 2020.

INDIAN MINISTRY OF HEALTH HIV/AIDS RESEARCH Bangalore, India
Researcher and PI. Funded by Barry Goldman Fellowship. Mapped HIV incidence in the state of Karnataka over a 6-year period. January 2014 – June 2014.

BRAZILIAN MINISTRY OF HEALTH HIV/AIDS RESEARCH Fortaleza, Brazil
Research Collaborator. Collaboration between Harvard research team and Brazilian government officials. Funded by Harvard's David Rockefeller Center for Latin American Studies grant. Worked with govt officials and NGOs to assess level of stigma and discrimination against HIV/AIDS in healthcare workers and its effects on HIV testing. Jan 2013 – May 2013.

HONDURAS PARASITOLOGY RESEARCH Tegucigalpa, Honduras and Iowa City, IA, USA
Researcher. Member of National Dengue Taskforce during summer 2010 outbreak. Analyzed clinical presentation of leishmaniasis in relation to species. Health educator training on dengue/malaria prevention, diagnosis, treatment. May – Aug 2010.

MALARIA POLICY RESEARCH Amazon Basin, Peru and Cambridge, MA, USA
Principal Investigator. Harvard's 2009 Thomas Temple Hoopes Prize winner. Analyzed factors contributing to the evolution of drug resistance in malaria parasites in Peru. Crafted health policy recommendations adopted by Peruvian govt. May 2007 – May 2009.

INDIAN INSTITUTE OF SCIENCE Bangalore, India
Research Fellow. Mathematical modeling to generate estimate of effective HIV population in an individual. June - Aug 2007

WEIZMANN INSTITUTE OF SCIENCE Rehovot, Israel
Researcher. Investigated conformational changes in glycoproteins-41 and -120 & their role in HIV virulence. June - July 2005.

NATIONAL ANIMAL DISEASE CENTER, US DEPT. OF AGRICULTURE Ames, IA, USA
Research Fellow. Developed novel diagnostic approach to detect the transmissible spongiform encephalopathic prion (causal agent of Mad Cow Disease and its counterparts in other species) content in paraffin-embedded tissues. June 2004-June 2005.

INTERNATIONAL CENTER OF INSECT PHYSIOLOGY AND ECOLOGY Mbita, Kenya
Research Intern. World Food Prize Foundation intern; John Chrystal Award winner for outstanding work on hunger issues. Analyzed the role of education on house-hold food security in rural Africa. June-August 2003.

LEADERSHIP AND PUBLIC SERVICE

IOWA'S BIDEN COVID RESPONSE COUNCIL August-November 2020
Chair. Worked with President Biden's Iowa campaign team to chair this group on their COVID response. Traveled Iowa representing the group and discussing the issues surrounding COVID and the policies needed to address the pandemic.

COVID PUBLIC HEALTH EDUCATION March 2020-ongoing
Educating the public on safety measures & latest research during the pandemic. Using social media (Twitter, Instagram, and Facebook) and traditional media (television, radio, and newspaper). Invited speaker for local, national, and international panels and media.

ATLANTIC FELLOW FOR HEALTH EQUITY January 2020-ongoing
Selected as part of 2020 cohort for the Atlantic Institute's health equity fellowship based at George Washington University in the US. Program selects 20 fellows internationally each year to learn about leadership in the health equity sphere and collaborate on projects addressing disparities.

INFECTIOUS DISEASE SOCIETY OF AMERICA's (IDSA) PUBLIC HEALTH ADVISORY BOARD October 2019-ongoing
IDSA represents all infectious disease providers in the nation. Selected to sit on the IDSA's public health board, which makes public health policy decisions for the organization and advocates directly with policymakers.

IOWA SUPREME COURT'S ACCESS TO JUSTICE COMMISSION September 2019-ongoing
Appointed to the commission by the Iowa Supreme Court. Addressing the social determinants of justice and improving access to the legal system for vulnerable populations. Serving on the Rural Access Committee and on the Executive Board.

AMERICAN MEDICAL ASSOCIATION September 2009 – ongoing
RFS Councilor to AMA Council on Medical Service & National Delegate to AMA House of Delegates
Elected by residents/fellow membership as a national delegate, helping craft AMA policies on US healthcare. Elected as the resident/fellow member on the 12-person national Council on Medical Service, which focuses on the social & economic policies impacting medicine.

AMERICAN COLLEGE OF PHYSICIANS December 2014 – ongoing
Former resident physician rep on Maryland Health Policy Committee and current physician member.

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) IOWA BOARD OF DIRECTORS February 2019-ongoing
Board member of Iowa branch of NAMI, a non-profit that centers on mental illness. We work to fight stigma about mental health, educate the public on illness, and advocate for resources/access to treatment for patients and families.

ASIAN AND LATINO COALITION BOARD OF DIRECTORS January 2019- January 2020
Board member of this Iowa organization focused on advocating for diversity and inclusion in the state.

2018 DEMOCRATIC NOMINEE FOR IOWA STATE HOUSE OF REPRESENTATIVES – DISTRICT 9 January-November 2018
Received multiple state and national endorsements. One of the highest non-incumbent fundraisers in the state. Won democratic primary June 5, 2018. Lost general election by 384 votes.

2018 NEW LEADERS COUNCIL (NLC) FELLOWSHIP January -May 2018
Selected as a fellow for the NLC, which focuses on creating a pipeline of progressive leaders for the future in both the political arena and in local communities. Undergoing trainings to develop these skills and connect with local, state, and national policy leaders.

2016 WORLD FOOD PRIZE SYMPOSIUM October 14, 2016
Featured speaker at the 2016 Laureate Ceremony alongside former President of Malawi Joyce Banda, President Ameen Gurib-Fakim of Mauritius, US Secretary of Agriculture Thomas Vilsack, and Iowa Governor Terry Branstad.

2016 DEMOCRATIC NATIONAL CONVENTION February – July 2016
Elected by the constituents of Iowa's 4th Congressional District as National Delegate to the 2016 DNC in Philadelphia, PA in July 2016.

2016 IOWA CAUCUS FELLOW FOR SECRETARY HILLARY CLINTON January – February 2016
Grassroots organizer in Iowa. Organized events w/ Sec Clinton, President Clinton, Rep Giffords, Cecile Richards, & other celebrity supporters.

HARVARD 5th REUNION, CLASS OF 2009 August 2013-June 2014
Co-Chair Harvard University, Boston, MA, USA
Selected by committee of peers to co-organize & host 5th reunion. Highest 5th year reunion attendance & fundraising in Harvard's history.

HARVARD SCHOOL OF PUBLIC HEALTH STUDENT GOVERNMENT September 2012 – June 2013
MPH Co-Representative, Student Representative to the Admissions Committee Harvard University, Boston, MA, USA
Elected by peers. Worked on curriculum & admissions criteria reform, student advocacy issues. Member of admissions deliberations.

UNIVERSITY OF IOWA COLLEGE OF MEDICINE STUDENT GOVERNMENT May 2010-May 2012
Executive Council for Grad/Professional Students; **Activities Committee Chair; Diversity Committee** Iowa City, IA, USA
Elected by peers. Helped to address diversity and cultural competency issues via hosting events and helping with curriculum changes.

AMERICORPS STUDENT LEADERS IN SERVICE October 2007-June 2008
Student Leader Harvard University, Cambridge, MA, USA
Underwent special trainings with select group of other Harvard campus leaders in public service. Public service scholarship recipient.

PEER HEALTH EXCHANGE Boston, MA, USA
Co-Coordinator and Co-Founder on the Harvard Campus; Health Educator March 2006-June 2009
Co-founded organization's branch at Harvard and Boston. Trained 50 college students to teach comprehensive health curriculum in socioeconomically disadvantaged high schools in Boston. Reached >600 students annually between 2006-2009.

HARVARD MODEL CONGRESS September 2005-June 2009
Executive Board Member Boston, MA and San Francisco, CA, USA; Athens, Greece; Bangkok, Thailand
Organized and presided over committees at four annual conferences for high school students from around the world. Taught students about domestic and international political and judicial processes via government simulations and direct mentoring in high schools.

HARVARD UNDERGRADUATE COUNCIL September 2005 – September 2006
Student Representative Harvard University, Cambridge, MA, USA
Elected by peers to the Harvard student government. Worked jointly with Dean's office for curricular reform and student advocacy.

IOWA STATE BOARD OF EDUCATION May 2003-May 2005
Board Member Des Moines, IA, USA
Selected and appointed by former Governor Tom Vilsack as first student member on the board. Re-appointed for second term. Responsible for reflecting student opinion and making decisions regarding the education laws and policies throughout the state.

SELECTED PUBLICATIONS/POLICY PAPERS (*denotes first authors)

1. ***Srinivas ML**, Shim H, Jones DL, et al (2021). "The importance of data accuracy and transparency for policy-making during a public health crisis: a case study in the state of Iowa." Accepted to IDWeek, October 2021, with publication in OFID.
2. ***Srinivas ML**, Yang EJ, Lin FC, Tang W, Tucker JD (2021). "Impact of Defunding Family Planning Health Centers on Gonorrhea and Chlamydia Cases in Iowa: A Longitudinal Spatiotemporal Analysis of 2000 to 2018." Oral Presentation at IUSTI's STI & HIV World Congress 2021, Virtual and Berlin, Germany, Jul 2021.
3. Gonsalves L, Hunter EC, Tucker JD, **Srinivas ML**, Giatu E, Mercer CH, Bajos N, Collins D (2021). "Cognitive Testing of a Survey Instrument to Assess Sexual Practices, Behaviours,, and Health Outcomes: a Multi-country Study Protocol." *Reproductive Health*. In press.
4. *Grijalva R, *Makhlouf MD, ***Srinivas, ML**, *Lopez G. "An equitable distribution of COVID-19 vaccine must include noncitizens." *The Hill*, 26 Jan 2021. https://thehill.com/blogs/congress-blog/healthcare/535901-an-equitable-distribution-of-covid-19-vaccine-must-include
5. ***Srinivas ML**, *Ritchwood TD et al. (2021). "Social innovation in sexual health: a scoping review to end the HIV epidemic." *Sexual Health*. 2021 Mar; 18(1):5-12. doi: 10.1071/SH20030
6. *Kpokiri EE, *Wu D, ***Srinivas ML**, et al. (2021). "Development of an international sexual and reproductive health survey instrument: results from a pilot WHO/HRP consultative Delphi process." *Sexually Transmitted Infections*. In press.
7. ***Srinivas ML**, Yang EJ, et al. (2020) "Impact of defunding family planning health centers on sexually transmitted infection rates." Presented at *IDWeek*, Oct. 2020, Philadelphia, PA, USA.
8. ***Srinivas, Megan L.** "We Don't Have the Data We Need to Reopen Iowa." *Des Moines Register*, 30 Apr. 2020, www.desmoinesregister.com/story/opinion/columnists/iowa-view/2020/04/30/infectious-disease-doctor-we-do-not-have-enough-data-reopen-iowa/3048415001/.
9. ***Srinivas, Megan L**. "Rural America Is Not Ready for COVID-19." *Des Moines Register*, 2020, www.desmoinesregister.com/story/opinion/columnists/2020/04/07/rural-america-not-ready-covid-19/2952724001/.
10. ***Srinivas, ML** et al.. (2020) "Social innovation in diagnostics: three case studies." *Infectious Diseases of Poverty*. 9(1):20. doi: 10.1186/s40249-020-0633-6.
11. *Lachiewicz AM and **Srinivas, ML**. (2019) "Varicella-zoster virus post-exposure management and prophylaxis: A review." *Preventive Medicine Reports*. doi: 10.1016/j.pmedr.2019.101016.
12. *DeFelice, DS, **Srinivas, ML**, Wobker, SE, and Parr, JB. (2018) "Going bone deep: osseous Rosai-Dorfman Disease in an adult with recurrent, culture-negative osteomyelitis." *Case Reports in Infectious Diseases*, vol 2018. doi: 10.1155/2018/6151738
13. "*Gun Violence as a Public Health Crisis*." (2016) – co-wrote and co-lead the effort to pass the resolution establishing the AMA policy on gun violence in June 2016.
14. ***Srinivas, Megan L**. (2015): "Mycophenolate-Induced Disseminated TB in a PPD-Negative Patient." American College of Physicians 2015 National Meeting Poster Competition, Boston, MA, USA. – 1st place winning poster in National Competition.
15. ***Srinivas, Megan L**. (2009): "*Evolution and Malaria: A Battle for Survival"* – Thomas T. Hoopes award-winning thesis on evolution of drug-resistance in malaria. Bound and available in the Harvard University library system.
16. *Kunkle, RA.,Nicholson, EM, Lebepe-Mazur, S, Orcutt, DL, **Srinivas, ML**, et al., (2008): "Western-blot Detection of PrP^{Sc} in Archived Paraffin-Embedded Brainstem from Scrapie-affected Sheep." *Journal of Veterinary Diagnostics*. 20(4): pp. 522-526.
17. ***Srinivas, Megan L**., (2007): "Development and Standardization of a Novel Approach to Detect the Transmissible Spongiform Encephalopathic Prion Content in Paraffin-Embedded Tissues," *Proceedings of the 25th National Army Science Conference*.
18. *Bussey, M., *Klapper, J., and ***Srinivas, M**., (2005): "Isolation, Purification, and Identification of the Structure of the TrpST42 Peptide Chain of gp41 in HIV-1," *Sci Reports*, 37th Intl Summer Sci Inst, Weizmann Inst Science, Rehovot, Israel. pp B11:1–6.
19. ***Srinivas M.L**. (2003): *"Analysis of the Influence of Education on Household Food Security in Rural Africa"* – John Chrystal Award-winning thesis on research conducted while at the International Center of Insect Physiology and Ecology, Kenya. http://www.worldfoodprize.org/Youthinstitute/03brinterns/papers/srinivas.pdf

DECLARATION OF JONATHAN CRAIG

COMES NOW, Johnathan Craig and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name is Johnathan Craig, and I am over 18 years old. I have personal knowledge of the facts as stated herein.
2. I am the father of E.C., who is five years old and is in kindergarten and has been diagnosed with Down's syndrome, chronic seizures, and chronic respiratory problems. *See* Exhibit A (Letter from Doctor Lisa Menzies). These conditions put her at higher risk for severe complications if she were to become infected with COVID-19. E.C. is in a wheelchair and is nonverbal.
3. I am also the father of J.C., who is eleven years old and is in fifth grade and has been diagnosed with sickle cell anemia and functional asplenia and has a compromised immune system. *See* Exhibit B (Letter from Doctor Lisa Menzies). These conditions put him at higher risk for severe complications if he were to become infected with COVID-19.
4. I also have two other children who are not disabled and do not have health conditions that put them at greater risk for severe complications should they contract COVID-19—A.C., who is eight years old and in third grade, and A.C., who is five years old and in kindergarten.
5. Because all my children are under the age of twelve, they are not eligible to receive any of the currently authorized COVID-19 vaccines.

6. Last year, my children attended school at the Urbandale School District. We have moved to Waterloo in Black Hawk County, Iowa, and this year they would be attending the Waterloo School District.
7. My children, E.C. and J.C., receive disability supports, services, and accommodations, and J.C. has a 504 plan.
8. The medical provider for my children recommends having J.C. do remote learning due to his medical complexities and a lack of mask or vaccine mandate in school. *See* Exhibit B (Letter from Doctor Lisa Menzies). For E.C., my children's medical provider recommends having her do distance learning at this time, considering the "high risk of severe complications from infection with SARS-CoV-2 infection" due to being "a medically complex child" and the lack of a vaccine for her age group. *See* Exhibit A (Letter from Doctor Lisa Menzies). For my children with no medical conditions, the children's doctor recommends that they do remote learning as well due to the siblings' medical complexities, the lack of a mask mandate or vaccine mandate at school, and the current level of the Delta variant of COVID-19 and the increased infectivity and severity of disease seen in children related to the variant. *See* Exhibits C and D (Letters from Doctor Lisa Menzies).
9. The Waterloo School District for the upcoming school year is offering a 100% remote learning option. The remote learning option does not provide the necessary supports, services, and accommodations for my disabled children, including direct instruction and socialization with peers.
10. My child, J.C., utilized the 100% remote option last year. My child struggled to get the academic help he needed and suffered in terms of his emotional and mental health. He

also fell behind in both reading and math. My child, E.C., attended neither in-person nor 100% online learning last year and was held back due to her health issues and the challenges online learning presented. In-person instruction provides the best mode of instruction for my children's needs.

11. Last year, the Waterloo School District had a mask mandate until the mask mandate ban went into effect. Once the ban went into effect, most teachers and students no longer wore masks.

12. Since the start of school, most teachers and students are not wearing masks at school. There is no social distancing in the classrooms or in the lunchroom.

13. As of August 30, 2021, the Waterloo School District's COVID-19 dashboard shows 12 students and 6 teachers are positive for COVID-19 in all elementary schools. The dashboard shows that 59 students and less than 6 teachers are quarantining due to exposure to someone who tested positive for COVID-19 in all elementary schools.

14. For this school year, we have made the difficult decision to again keep our children at home and do remote learning. I work both in-person and remotely while my wife is staying home with the children to assist with online learning. Like last year, J.C. does not have the socialization he needs with online learning and has difficulty focusing for long periods of time. I fear he may fall further behind this year. Although E.C. has been issued a school computer, she has been unable do to online learning due to the extent of her disabilities.

15. My wife and I have been forced to choose between our children's education and their health.

16. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my children.

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.

Dates this 3 day of September 2021, at Waterloo, Iowa.

Jonathan Craig, Plaintiff

DECLARATION OF MELISSA HADDEN

COMES NOW, Melissa Hadden and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name is Melissa Hadden, and I am over 18 years old. I have personal knowledge of the facts as stated herein.
2. I am the mother of V.M.H., who is 3 years old and is in preschool and has been diagnosed with heart disease, periventricular leukomalacia, autism, cerebral palsy, cortical digital impairments, and optic nerve hypoplasia. My child is at risk of severe illness should she contract COVID-19.
3. Because my child is under the age of 12, my child not eligible to receive any of the currently authorized Covid-19 vaccines.
4. My child attends school at the Council Bluffs School District. We live in Pottawattamie County, Iowa.
5. The doctor for my child has recommended for medical reasons that it would be best for her not to attend school in person; if services can be offered one-on-one or remotely, that would be reasonable. *See* Exhibit A (Letter from Doctor Jamie Drake).
6. The Council Bluffs School District for the upcoming school year is offering a 100% remote learning option; however, the online option is not available for preschool students.
7. My child, V.M.H., went to preschool in-person last year because masks were required at the school. In-person instruction provides the best mode of instruction for my children's needs.
8. Last year, the Council Bluffs School District had a mask mandate until the mask mandate ban went into effect. Once the ban went into effect, mask usage at school dropped off—

none of my child's teachers wore masks and very few children in the school were wearing masks.

9. At the parents' night on August 19, 2021, and the back-to-school night on August 20th, no teachers, staff, or students were wearing masks.
10. Since the start of school, no teachers, staff members, or students are wearing masks at the school. The students are not socially distanced in the classroom.
11. For this school year, I have made the difficult decision to send my child to in-person school. The school district is not offering online learning for children in preschool. I work in-person part-time. Homeschooling is not an option for our family.
12. I am diabetic, which makes me more susceptible to Covid-19 if my child were to become infected at school and bring it home.
13. As a result of Iowa's law, my child is having to take unnecessary risks to her health in order to get an education.
14. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my child.

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.

Dates this 2 day of September 2021, at Council Bluffs, Iowa.

M Hadden

Melissa Hadden, Plaintiff

DECLARATION OF CARISSA FROYUM ROISE

COMES NOW, Carissa Froyum Roise and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name is Carissa Froyum Roise, and I am over 18 years old and have personal knowledge of the facts as stated herein.
2. I am a member of the ARC of Iowa.
3. I am the mother of H.J.F.R., who is 10 years old and in fifth grade and has congenital central hypoventilation syndrome, which causes problems with breathing and requires him to use a ventilator when sleeping and sometimes during the day. These conditions put him at higher risk for severe complications if he were to become infected with COVID-19.
4. I also have two other children who are not disabled and do not have health conditions that make the them at risk of severe illness from COVID-19—I.W.F.R. who is 12 years old and in seventh grade, and L.C.F.R., who is 8 years old and in third grade.
5. Because my children are under the age of 12, my children are not eligible to receive any of the currently authorized COVID-19 vaccines.
6. My children attend school at the Denver School District. We live in Bremer County, Iowa.
7. My child, H.J.F.R., receives disability supports, services, and accommodations and requires a one-on-one nurse.
8. The Denver School District had a remote option last year. The Denver School District for the upcoming school year is not offering a 100% remote learning option. Students

with extreme medical conditions need to contact the principal for next steps regarding a medically fragile child's educational plan for the upcoming school year.

9. My children went to school in person last year because the school had a mask mandate in place. When the masked mandate ban went into effect, my children stopped attending school for the last two weeks because it was too dangerous to go to school with unmasked students, teachers, and staff considering H.J.F. R.'s medical conditions. We didn't want to put H.J.F.R. directly at risk by sending him to school, and we worried the other two children, if they went to school, could bring home the virus. In-person instruction provides the best mode of instruction for my child H.J.F.R.'s needs.
10. At a recent meeting, H.J.F.R.'s health plan was amended to include having small groups of persons working with my child, H.J.F.R., be voluntarily masked; however, the district cannot guarantee that all persons working with or coming into contact with my son be masked. My child's wearing a mask while masks are optional for staff, teachers, and children at school is not enough to protect my medically fragile child. He needs all staff, teachers, and children at the school to wear masks.
11. At back-to-school night on August 19, 2021, between 90 to 95% of persons were unmasked, including teachers, staff, parents, and students. School started on August 23, 2021, and only 4 or 5 children out of 20 to 25 children, including H.J.F.R., were wearing masks in H.J.F.R.'s classroom. Some of H.J.F.R.'s teachers are wearing masks, and some were not. The children and teachers in H.J.F.R.'s class are not socially distancing. For L.C.F.R.'s classroom, only about 2 out of 17 children were wearing masks. In terms of lunch, the students are back to eating in the lunchroom unmasked and not socially distanced.

12. I was notified after school had started that there are 9 positive cases of COVID-19 with staff and students.
13. For this school year, we have made the difficult decision to send our children back to in-person school. The district is no longer offering an online learning option this year. Both my husband and I work full-time. Therefore, homeschooling is not an option for our family.
14. Because of Iowa's law, my child is having to take unnecessary risks to his health in order to get an education.
15. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my child.

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.

Dates this 2nd day of September 2021, at Denver, Iowa.

Carissa Froyum Roise

Carissa Froyum Roise, Plaintiff

DECLARATION OF ERIN VERCANDE

COMES NOW, Erin Vercande and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name is Erin Vercande, I am a resident of Decorah, Iowa, and I am over 18 years old. I have personal knowledge of the facts as stated herein.
2. I am the mother of three children, S.V., C.V., and R.V. who attend school in the Decorah School District.
3. I am a member of the Arc Iowa.
4. S.V. is ten years old and should be enrolled in the fourth grade at Decorah Middle School.
5. C.V. is seven years old and is enrolled in first grade at John Cline Elementary School.
6. R.V. is three years old and is enrolled in preschool at Little Farmers Pre-school.
7. Because my children are under the age twelve, they are not eligible to receive any of the currently authorized COVID-19 vaccines.
8. S.V. has a brain injury, cerebral palsy, and a history of strokes and epilepsy.
9. The CDC has identified strokes and cerebrovascular diseases as risk factors for severe illness from COVID-19.
10. S.V. has a Health Plan that covers his many special needs related to his medical condition, including transfers throughout the school day. (See Attached Exhibit A).
11. S.V.'s treating doctors and specialists have informed me that because of his underlying medical conditions, he is at risk for severe complications if he contracts COVID-19. (See Attached Exhibits B and C). His neurologist has also indicated that he may also experience more severe seizures and further brain damage if he contracts COVID-19. (See Attached Exhibit C). His doctors have stated that for S.V. to return to school safely, everyone around

him should observe strict COVID-19 safety protocols and wear a mask indoors. (See Attached Exhibit B and C).

12. Because of S.V.'s medical and cognitive issues, and the fact that he is nonverbal, he cannot follow instructions easily. It is much more difficult for him to adhere to current mitigation strategies, such as wearing a mask, handwashing independently, or social distancing, so it is even more important that others wear a mask and follow CDC guidelines around him.

13. Last year we had our children enrolled in person because the school provided S.V. with the necessary accommodations to remain safe, including that all staff were required to be masked.

14. I have had phone calls with the principal and superintendent to seek these same accommodations for this school year, but my requests have been denied.

15. I am faced with an impossible choice between my child's safety and education. Because the school is not providing necessary modifications, I have had to make the extremely difficult decision to pull S.V. out of school to avoid sending him in person in an unmasked environment, which would be a very high risk given his medical conditions, as well as against the recommendations of his doctors and the CDC.

16. My husband and I are terrified of sending our children back to school, especially with all of S.V.'s health complications. We have really struggled with the decision, but we do not feel like we have any option.

17. I believe that if everyone was wearing a mask and the school was following the guidance and recommendations from the CDC, my children would be safe in school.

18. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my child.

I swear under the 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 2 day of September 2021, at Decorah, Iowa.

Erin Vercande, Plaintiff

DECLARATION OF LISA HARDISTY SITHONNORATH

COMES NOW, Lisa Hardisty Sithonnorath and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name Lisa Hardisty Sithonnorath, I am a resident of Des Moines, Iowa, and I am over 18 years old. I have personal knowledge of the facts as stated herein.
2. I am the mother of two children who attend Jefferson Elementary School in the Des Moines Public Schools.
3. J.S. is seven years old and is enrolled in the second grade.
4. A.S. is five years old and is enrolled in kindergarten.
5. Because my children are under the age of twelve, they are not eligible to receive any of the currently authorized COVID-19 vaccines.
6. A.S. is diagnosed with Down syndrome, hypothyroidism and has a previous history of viral induced asthma.
7. The CDC has identified these conditions as risk factors for severe illness from COVID-19.
8. A.S. has had an assistant who is assigned to help her with medical and cognitive issues from her Down syndrome.
9. As a pediatric doctor myself, I am aware of the risks of complications from COVID-19 for my child with Down syndrome.
10. A.S.'s treating doctor has also informed me that my child is at risk for severe complications if she contracts a COVID-19 infection. According to her doctors, to decrease her risk, everyone around her should observe strict COVID-19 safety protocols and wear a mask indoors. (See Attached Exhibit A).

11. Because of A.S.'s medical and cognitive issues, she will mimic behavior and cannot follow instructions easily. It is much more difficult for her to adhere to current mitigation strategies, such as wearing a mask, handwashing independently, or social distancing, so it is even more important that others wear a mask and follow CDC guidelines around her.

12. Last year A.S. was enrolled in the remote option and I witnessed serious negative consequences to the point that I had to hire an assistant who would come home and work with A.S. throughout the day for individualized instruction. This person is no longer available to assist us with A.S.,' remote learning, and it is difficult to find someone who could help with all of A.S. needs.

13. A.S. could not access education through virtual instruction because children with Down syndrome tend to be visual and hands on rather than verbal learners and have difficulty with focusing for long periods of time, and unfortunately, visual instruction is near impossible to accommodate for a student with Down syndrome in a remote setting. A.S. has regressed in several areas, even with significant parental involvement in both curriculum development and dedicated learning time.

14. A.S. also experienced significant expressive communication regression since she did not have everyday access to her peers at school.

15. This year Des Moines Public Schools is offering an online program through Edgenuity. This online program is pre-recorded and self-taught, and does not provide the necessary supports, services, and accommodations, including direct instruction for child with disabilities.

16. Because of A.S.'s individualized needs, this fall we believe it important to send our children back to school in person.

17. I am very anxious about sending my children to school for in person instruction and the thought that they might contract COVID-19, especially with A.S.'s medical history.

18. My son, J.S. has also been anxious about getting COVID-19 at school and exposing others in our household.

19. We also have a medically fragile family. I have asthma, which puts me at risk for severe illness from COVID-19 if our children were to bring it home from their school. My husband is a former smoker which also places him in the high-risk category.

20. I believe that if everyone was wearing a mask and the school was following the guidance and recommendations from the CDC, my children would be safe in school.

21. My child is having to take greater risks – and unnecessary risks – to get her education than other students. I think this unfair.

22. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my child.

I swear under the 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 2nd day of September 2021, at Des Moines, Iowa.

Lisa Hardisty Sithonnorath

DECLARATION OF REBEKAH STEWART

COMES NOW, Rebekah Stewart and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name is Rebekah Stewart, and I am over 18 years old. I have personal knowledge of the facts as stated herein.
2. I am a member of the ARC of Iowa.
3. E.M.S. is 10 years old and entering 4th grade and has Williams Syndrome, which is a genetic condition that results in slow growth, heart problems, gastrointestinal issues, and learning disabilities. If she needs anesthesia due to a medical issue, she would be at increased danger of going into cardiac arrest.
4. Because my child has heart problems, she meets the CDC guidelines for children who are at risk for severe complications if infected with COVID-19.
5. I also have two other children who are not disabled and do not have health conditions that make the child at risk of serious illness from COVID-19—E.M.S., who is 7 years old and in 1st grade, and L.J.S., who is 2 and a half years old.
6. Because my children are under the age of 12, my children are not eligible to receive any of the currently authorized Covid-19 vaccines.
7. My children attend school at the Linn Mar School District. We live in Linn County, Iowa.
8. The Linn-Mar School District for the upcoming school year is offering a 100% remote learning option for K-12 students through a third-party vendor, called Edmentum. For K-5 students, Edmentum uses pre-recorded videos as opposed to live teacher instruction and requires a student to be able to self-pace and relies heavily on parental guidance. The

remote learning option does not provide the necessary supports, services, and accommodations for my disabled child, including direct instruction and socialization with peers.

9. E.M.S. used the 100% online learning option last year; that program had live instruction. She was unable to keep focused, struggled with lack of socialization with peers, and had an increase in behavior problems. My child remained at baseline and did not make gains in her learning. In-person instruction provides the best mode of instruction for my child's needs.
10. Last year the Linn Mar School District had a mask mandate until the mask mandate ban went into effect. Once the ban went into effect, most teachers wore masks, but most students did not wear masks.
11. For this school year, we have made the difficult decision to send E.M.S. back to in-person school. Online learning this year poses a hardship for the family. My husband and I work hybrid where we are required to work in-person at times and sometimes remotely. The district's remote option this year does not include live teacher instruction and requires my daughter to be able to self-pace, which will be a challenge for her, and would require us to assist her more with her learning, which will be a challenge for us due to our work situations because we cannot work from home full-time.
12. I believe that if everyone was wearing a mask and the school was following the guidance and recommendations from the CDC, my children would be safe in school.
13. As a result of Iowa's law, my child is having to take unnecessary risks to her health in order to get an education.

14. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my child.

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.

Dates this 2 day of September 2021, at Cedar Rapids, Iowa.

Rebekah Stewart, Plaintiff

DECLARATION OF MICHELLE CROFT

COMES NOW, Michelle Croft and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name is Michelle Croft, and I am over 18 years old. I have personal knowledge of the facts as stated herein.
2. I am a member of the ARC of Iowa.
3. I am the mother of J.J.B., who is 9 years old and is in 4th grade. J.B. has been diagnosed with asthma, Attention Deficit/Hyperactivity Disorder ("ADHD"), and other disabilities. *See* Exhibit A (Letter from Doctor Meredith Fishbane-Gordon). The CDC considers asthma a condition that can put my child at risk of severe illness should he contract COVID-19.
4. Because J.J. B. is under the age of 12, he is not eligible to receive any of the currently authorized Covid-19 vaccines.
5. J.J.B. attends school at the Iowa City School District. We live in Johnson County, Iowa.
6. My child has a 504 plan.
7. J.J.B.'s medical provider has weighed the pros and cons of in-person and online learning, including socialization and exposure to COVID-19, while considering his health conditions. *See* Exhibit A (Letter from Doctor Meredith Fishbane-Gordon).
8. The Iowa City School District for the upcoming school year is offering a 100% remote learning option. The remote learning option does not provide the necessary supports, services, and accommodations for J.J.B., including sufficient socialization with peers.
9. J.J.B. used the 100% remote option last year up until early October of 2020. J.J.B. could not handle the number of Zoom classroom meetings that were required throughout the

day. Therefore, I had J.J.B. do a dual enrollment whereby he did math, art, PE, and library through the district's online program and did language arts, science, social studies, and music through homeschooling. In-person instruction provides the best mode of instruction for my children's needs.

10. Last year, the Iowa City School District had a mask mandate until the mask mandate ban went into effect. Once the ban went into effect, mask usage at school dropped off—on a whole about 50% of students who wore masks and most of the teachers wore masks.

11. As of August 30, 2021, the Iowa City School District's COVID-19 dashboard shows 52 students and 7 teachers in the district have tested positive for COVID-19.

12. For this school year, we have made the difficult decision to send our child back to in-person school. Online learning this year poses a hardship for the family. My husband and I both work remotely full-time. Although last year we were able to make it work, it was challenging to both assist with online learning and provide support and homeschooling while at the same time working remotely full-time. We felt we were unable to give our child the attention and support he needed during online learning and homeschooling. We worry he would fall behind if he continued with online learning or homeschooling. He would also not get the socialization he needs.

13. I believe that if everyone was wearing a mask and the school was following the guidance and recommendations from the CDC, my child would be safe in school.

14. As a result of Iowa's law, my child is having to take unnecessary risks to his health in order to get an education.

15. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my child.

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.

Dates this 2nd day of September 2021, at Iowa City, Iowa.

Michelle Croft

Michelle Croft, Plaintiff

DECLARATION OF AMANDA DEVEREAUX

COMES NOW, Amanda Devereaux and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name is Amanda Devereaux, and I am over 18 years old. I have personal knowledge of the facts as stated herein.
2. I am a member of the ARC of Iowa.
3. I am the mother of P.D., who is 5 years old and in kindergarten and has symptomatic congenital cytomegalorvirus, polymicrogyria, epilepsy, feeding delay, expressive and language delay, nonverbal, hearing loss, gross and fine motor skill delays, and uses a feeding tube. P.D. was born with a brain malformation, which was caused intellectual and developmental delays to the extent that she operates at a 1-year-old level.
4. I also have another child, A.D., who is not disabled and has no health conditions, who is 9 years old and in 3rd grade.
5. Because my children are under the age of 12, they are not eligible to receive any of the currently authorized Covid-19 vaccines.
6. My children attend school at the Ankeny School District. We live in Polk County, Iowa.
7. P.D.'s medical provider Doctor Mark Schleiss, is a pediatrician at the University of Minnesota and specializes in infectious diseases. *See* Exhibit A (Letter from Doctor Mark Schleiss). Because of P.D.'s diagnosis of symptomatic congenital cytomegalovirus, Dr. Schleiss states that P.D. 1) is at higher risk for serious and fatal COVID-19 disease, 2) has an immune system that is affected by the condition, and 3) should not be forced to stay at home and be deprived of learning. *See* Exhibit A (Letter from Doctor Mark Schleiss). In addition, Dr. Schleiss has said that unless all students are

wearing masks it is not safe for P.D.at school during the COVID-19 pandemic. *See* Exhibit A (Letter from Dr. Schleiss). Dr. Schleiss has also emphasized that there is no evidence that mask wearing has any negative impact on a child's well-being. *See* Exhibit A (Letter from Dr. Schleiss).

8. The Ankeny School District for the upcoming school year is offering a 100% remote learning option for elementary school aged students through a third-party vendor, called Edgenuity. Edgenuity uses pre-recorded videos; there is no live teacher instruction and students must be able to self-pace. This remote learning option does not provide the necessary supports, services, and accommodations P.D. needs, including direct instruction and socialization with peers. In-person instruction provides the best mode of instruction for P.D., given her needs.
9. P.D. attended school in-person last year because the Ankeny School District required masks. When the mask mandate ban went into effect for schools, I kept P.D. in school only because the persons working with her voluntarily wore masks, but I pulled A.D. out of in-person school because it was no longer safe considering the lack of a mask mandate and his sibling's medical conditions.
10. I reached out to the Ankeny School District about my concerns about masking at the school. The district agreed that persons at the school would be voluntarily masked while doing special education services with P.D. for 2 ½ hours a day for 4 days a week. P.D. would be in a smaller classroom and be socially distanced from other students. The district will not be able to do core curriculum at school due to not being able to require all students to wear masks; therefore, my husband and I would be responsible for doing core instruction at home. We do not think us doing core instruction for P.D. at home is best

for her education. We only agreed to provide core instruction at home because school is not a safe environment for P.D. without mask requirements. If the district were able to require masks, we believe P.D. should be getting her core instruction at school. We are not equipped to modify kindergarten curriculum for our child with an intellectual disability at home, and we both work full-time remotely, which makes providing the core instruction more difficult.

11. At the meet the teacher night before the beginning of school this year, teachers were wearing masks, but only about 5% of parents and students were wearing masks.

12. As of August 31, 2021, the Ankeny School District's Covid-19 dashboard shows 7 staff and 15 students district wide have tested positive for Covid-19.

13. For this school year, we have made the difficult decision to send P.D. to in-person school and have A.D. do online learning to lessen the risk that A.D. is exposed to COVID-19 and brings it home. We can't keep P.D. home because for her online learning is not an option; she can't self-pace while doing Edginuity given her multiple health conditions and developmental delays. My husband and I work full-time remotely and so we can't pick up the instruction.

14. My husband has ulcerative colitis and takes medication that suppresses his immune system, which makes him more susceptible to Covid-19 if our children were to become infected at school and bring it home.

15. I believe that if everyone was wearing a mask and the school was following the guidance and recommendations from the CDC, P.D. would be safe in school.

16. As a result of Iowa's law, my child is having to take unnecessary risks to her health in order to get an education.

17. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my child.

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.

Dates this 2nd day of September 2021, at Ankeny, Iowa.

Amanda Devereaux, Plaintiff

DECLARATION OF HEATHER LYNN PRESTON

COMES NOW, Heather Lynn Preston and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name is Heather Lynn Preston, and I am a resident of Des Moines, Iowa. I am over 18 years old and have personal knowledge of the facts as stated herein.
2. I am the mother of M.P. and S.P. who are eleven years old and are both in the sixth grade at Meredith Middle School in the Des Moines Public Schools.
3. Because my children are both under the age of twelve, they are not eligible to receive any of the currently authorized COVID-19 vaccines.
4. M.P. is diagnosed with Heterotaxy. Heterotaxy is an extremely rare condition where many organs in the body can be formed abnormally, in the wrong position, or are even missing.
5. M.P. has several medical complications because of his Heterotaxy, including significant heart defects (right atrial isomerism - bilateral right-sidedness), unbalanced complete atrioventricular septal defect (AVSD) with left ventricular dominance and right ventricular hypoplasia, D-transposition of the great arteries, pulmonary valve stenosis and twin AV node tachycardia), a lung defect (two right lungs) and an absent spleen.
6. The CDC has identified chronic heart and lung conditions such as the ones M.P. has as risk factors for severe illness from COVID-19.
7. M.P. has a 504 Plan to monitor his health conditions while at school. (See Attached Exhibit A).
8. S.P. has been diagnosed with hypertension due to small kidneys, seizures, and a range of other disabilities, including ADHD.

9. The CDC has identified chronic kidney disease as risk factor for severe illness from COVID-19.
10. S.P. has a 504 plan to address these medical concerns at school. (See Attached Exhibit B).
11. M.P.'s doctor has informed me that it is extremely dangerous for him to return to school without such precautions as following the recommended CDC guidelines of mandatory masking and regular testing in schools. According to his doctor, in order to decrease his risk, everyone around him should observe strict COVID-19 safety protocols and wear a mask indoors. (See Attached Exhibit C).
12. Last year both my children were enrolled in the remote learning option. I witnessed serious negative consequences. They both struggled greatly with mental health as well as academics with the online program. They did not receive the services they require virtually.
13. M.P has regressed in several areas, even with significant parental involvement in both curriculum development and dedicated learning time. M.P faced issues with learning online because of his ADHD since he did not have everyday access to his peers in a classroom setting. With M.P.'s medical needs, remote education is not feasible as he requires individualized attention, and his needs would not be met through online programing where an instructor is not present.
14. S.P. faced mental health issues that were exacerbated by the online learning where he was isolated from his peers.
15. Des Moines Public Schools is offering a remote learning option through a third-party provider, Edgenuity. This online program is largely pre-recorded and self-taught, and does not provide the necessary supports, services, and accommodations for my disabled

children. Furthermore, in order to assist them with this online program, either my husband or I would have to quit our jobs to teach them.

16. We have no option but to send them back to school this fall.

17. I have emailed teachers for both my children with requests to keep them safe, distanced.

18. I sought accommodations for M.P., which are in M.P.'s 504 plan, such as asking the teacher to mask and allowing M.P. to leave class five minutes early to avoid the crowded hallways. However, M.P. returned to in school learning last week and has told me his teachers are not following these accommodations.

19. I am extremely nervous about M.P. returning to school for in person instruction and the thought that he might contract COVID-19. Recently, due to this stress, I have had difficulty sleeping and have experienced debilitating spells of anxiety. I don't know if I am doing the right thing, but I feel as though I have no choice in the matter.

20. M.P. is extremely scared to return to school; he is very afraid of getting sick and potentially dying.

21. S.P. has had heightened spells of anxiety and fear with his own return to school, but also fear of what might happen to his brother if he is exposed.

22. We also have a medically fragile family. I have Type II diabetes, which puts me at risk for severe illness if I were to get COVID-19 from my children.

23. I believe that if everyone was wearing a mask and the school was following the guidance and recommendations from the CDC, my children would be safe in school.

24. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my children.

I swear under the 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 1st day of September 2021, at Des Moines, Iowa.

Heather Lynn Preston

Heather Lynn Preston, Plaintiff

DECLARATION OF LIDIJA GEEST

COMES NOW, Lidija Geest and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name is Lidija Geest, I reside in Davenport, Iowa and I am over 18 years old. I have personal knowledge of the facts as stated herein.
2. I am the mother of K.G. who is six years old and attends first grade at Adams Elementary in the Davenport Community Schools District.
3. Because my child is under the age of twelve, he is not eligible to receive any of the currently authorized COVID-19 vaccines.
4. K.G. has asthma, which the CDC has identified as a risk factors for severe illness with COVID-19.
5. K.G. has a PRN letter with the school for his inhaler. (See Attached Exhibit A). At times the school nurse must administer the inhaler; however, I have knowledge that she does not wear a mask. I requested that she be masked when administrating the inhaler, because K.G. cannot be. This request was denied.
6. His doctor has informed me that my child is at risk for severe complications if he contracts a COVID-19 infection. According to his doctor, to decrease his risk, he, and everyone around him should observe strict COVID-19 safety protocols and wear a mask indoors. (See Attached Exhibit B).
7. This year Davenport is offering a remote learning option through a third-party provider, Edgenuity. This online program is pre-recorded and self-taught, and does not provide the necessary supports, services and accommodations, including live teacher instruction. I do

not believe this option provides sufficient support, or the necessary accommodations for my child.

8. Last year K.G was remote, but his mental health suffered greatly, and this fall we have made the difficult decision to send him back in person. I am in the horrible position of deciding between my child's physical safety and mental health.
9. Prior to the start of the school year, we sought an accommodation through the teacher to have her wear a mask when at least she was working with K.G. on a one-on-one basis.
10. After his first week in person, I am even more concerned for K.G.'s health at school. He has informed me that his teacher is not wearing a mask when interacting with him one-on-one. Very few students are wearing masks in school. Furthermore, in gym class the instructor even made K.G. take off his mask to run indoors.
11. I believe that if everyone was wearing a mask and the school was following the guidance and recommendations from the CDC, my child would be safe in school.
12. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my child.

I swear under the 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 2 day of September 2021, at Davenport, Iowa.

Lidija Geest, Plaintiff

DECLARATION OF CHARMAINE ALEXANDER

COMES NOW, Charmaine Alexander and pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. My name Charmaine Alexander, I am a resident of Urbandale, Iowa, and I am over 18 years old. I have personal knowledge of the facts as stated herein.
2. I am the mother of two children, C.B. who is eleven years old and C.A. who is three years old.
3. C.B.is enrolled in the sixth grade at Summit Middle School in the Johnston Community School District.
4. Because my children are under the age of twelve, they are not eligible to receive any of the currently authorized COVID-19 vaccines.
5. C.B. has asthma, which the CDC has identified as putting him at risk of severe illness from COVID-19.
6. C.B. has a 504 plan to address his asthma as well as his attention deficit hyperactivity disorder (ADHD). (See Attached Exhibit A).
7. C.B.'s treating doctor has informed me that my child is at risk for severe complications if he contracts a COVID-19 infection.
8. Last year C.B. was enrolled in the remote option. While that had some difficulties, at least I knew my child was safe. If the school offered a remote option, I would enroll him through that for this year again.
9. However, the Johnston Community School District is not offering online or remote options this year, so I have no choice but to send C.B. back to school in person.

10. I feel like I cannot keep my own child safe. I am very anxious about sending C.B. to school for in person instruction given the risks if he contracts COVID-19, especially with his medical history.
11. After his first week in person, I am even more concerned, because C.B. has reported that a vast majority of teachers and other students are not wearing masks in the classrooms.
12. C.B. has been anxious about getting COVID-19 because others in his school are not masking, and he is afraid he would get others in our home sick.
13. There have already been at least six positive cases at the middle school, that I am aware of. However, they only notify parents if their child's specific classroom has a positive case, so we do not even have sufficient information to keep our children safe.
14. We also have a medically fragile family. I have asthma, which puts me at risk for severe illness from COVID-19.
15. I believe that if everyone was wearing a mask and the school was following the guidance and recommendations from the CDC, my child would be safe in school.
16. My child is having to take greater risks – and unnecessary risks – to get his education than other students. I think this unfair.
17. I am seeking to have HF847 blocked so that my school will be able to require universal masking as necessary to meet its obligations to my child.

I swear under the 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 2 day of September 2021, at Urbandale, Iowa.

Charmaine Alexander