IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

NANCY GIMENA HUISHA-HUISHA, et al., *Plaintiffs*, v. ALEJANDRO MAYORKAS, Secretary of Homeland Security, in his official capacity, et al., *Defendants*.	No. 1:21-CV-00100-EGS

PLAINTIFFS' MOTION FOR CLASSWIDE PRELIMINARY INJUNCTION

Pursuant to Federal Rule of Civil Procedure 65 and Local Civil Rule 65.1, and in accordance with the briefing schedule set by this Court, *see* Order (Feb. 3, 2021), Plaintiffs hereby move the Court to issue a classwide preliminary injunction enjoining the application of the Title 42 Process to Plaintiffs and Class Members.

In support of this Motion, Plaintiffs and Class Members rely upon the attached memorandum of points and authorities, the accompanying declarations, and the filings in this case. A proposed order is attached.

Pursuant to Local Civil Rule 65.1(d), Plaintiffs respectfully request oral argument on this Motion no later than 21 days after the date of this filing. The Court has already ordered that briefing on this Motion be completed by February 23, 2021. Moreover, this case involves asylum-seeking families who are subject to swift expulsion pursuant to a novel invocation of the public health provisions of Title 42 of the U.S. Code. Defendants have already expelled more than 20,000 members of families pursuant to the unlawful Title 42 Process, and more such families are being expelled every day.

Dated: February 5, 2021

Respectfully submitted,

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MEMORANDUM IN SUPPORT OF PLAINTIFFS' MOTION FOR CLASSWIDE PRELIMINARY INJUNCTION

*Automatically substituted pursuant to Federal Rule of Civil Procedure 25(d).

TABLE OF CONTENTS

TABLE OF AUTHORITIES

Cases

Statutes and Legislative History

Rules and Regulations

Other Authorities

INTRODUCTION

Plaintiffs are asylum-seeking families who fled to the United States and were apprehended by U.S. Customs and Border Protection ("CBP"). Under longstanding safeguards in the immigration statutes, they are entitled to seek humanitarian protection pursuant to specific procedures enshrined by Congress in recognition of the life-and-death stakes that are involved, as well as our international commitments. Instead, Defendants moved to summarily deport them based on an unprecedented and unlawful expulsion process, invoking the public health powers of the Centers for Disease Control and Prevention ("CDC"), specifically 42 U.S.C. § 265 (the "Title 42 Process"). Under this system, Plaintiffs—children and their parents fleeing for their lives—face expulsion without any hearing, even where, as here, they have tested negative for COVID-19, completed quarantine, or displayed no symptoms of COVID-19.

The Title 42 Process was previously preliminarily enjoined as to a certified class of unaccompanied children. *See P.J.E.S. v. Wolf*, __ F. Supp. 3d. ___, No. 20-CV-02245-EGS, 2020 WL 6770508, at *1 (D.D.C. Nov. 18, 2020) (Sullivan, J., adopting report and recommendation of Harvey, J.); *see also J.B.B.C. v. Wolf*, No. 20-CV-01509-CJN, 2020 WL 6041870 (D.D.C. June 26, 2020) (Nichols, J.). In *P.J.E.S.*, this Court held that Title 42 does not permit expulsions and that even if it did authorize some deportations, it would not override the specific asylum protections for applicable to vulnerable noncitizens seeking protection from persecution and torture. 2020 WL 6770508 at *8-13, 27-32.[1] The merits analysis in *P.J.E.S.* applies here with equal force: In both cases Defendants are relying on § 265 of the public health laws and in both cases the statutory provisions protecting asylum-seekers apply. Insofar as there are any difference on the merits between the two cases, it is that in *P.J.E.S.* there was a separate basis to find the Title 42 Process

[1] Plaintiff cites to the version of Magistrate Judge Harvey's report and recommendation in *P.J.E.S.* that is attached to this Court's preliminary injunction opinion in that case.

unlawful on the ground that it violated a statute that applies only to unaccompanied children. But that statute was only an *additional* reason why the Court in *P.J.E.S.* held that § 265 does not authorize expulsions.[2]

The remaining equitable factors also strongly favor a preliminary injunction here. As the declarations of Plaintiffs and proposed class members describe, these families are fleeing dangerous and difficult circumstances in their origin countries, including grave threats and persecution. Some family members have suffered physical violence at the hands of their persecutors. Many of these families include very small children, who are at particular risk of danger upon return. And as Plaintiffs' experts describe, there is no public health justification for barring these families from entering the United States, while keeping the borders open to transport drivers and tens of thousands of others who cross the southwest border every day.

The new Administration has not rescinded this unlawful backdoor immigration policy, meaning that vulnerable families are still being denied access to the asylum system that Congress so carefully enshrined. Because numerous families continue to face summary deportations, Plaintiffs respectfully move this Court, in conjunction with their previously filed motion for class certification, for a preliminary injunction barring the expulsion of families under the Title 42 Process.

BACKGROUND

A. The Immigration Laws' Protections for Asylum Seekers

As this Court explained in *P.J.E.S.*, Congress has prescribed longstanding protections for noncitizens seeking protection from persecution and torture. *See* 2020 WL 6770508, at *2. First,

[2] While that injunction was stayed by the D.C. Circuit, this Court has already recognized, in its Minute Order dated February 1, 2021, that the D.C. Circuit's unreasoned and non-precedential order does nothing to undermine the merits analysis of *P.J.E.S.* (or the decision by Judge Nichols in *J.B.B.C.*).

the asylum statute, 8 U.S.C. § 1158, provides that any noncitizen arriving in the United States has a right to apply for asylum, regardless of the applicant's status. *See P.J.E.S.*, 2020 WL 6770508, at *2; 8 U.S.C. § 1158(a)(1) ("[a]ny alien who is physically present in the United States or who arrives in the United States (whether or not at a designated port of arrival . . .), irrespective of such alien's status, may apply for asylum"). The asylum statute provides a narrow list of bars to asylum, none of which apply here. *See P.J.E.S.*, 2020 WL 6770508, at *30; *see also* 8 U.S.C. § 1158.

Second, the withholding of removal statute, 8 U.S.C. § 1231(b)(3), provides that noncitizens "may not" be removed to a country where their "life or freedom" would be threatened based on a protected ground. *P.J.E.S.*, 2020 WL 6770508, at *2. A grant of withholding is mandatory if the individual meets the statutory criteria. *INS v. Aguirre-Aguirre*, 526 U.S. 415, 420 (1999). Congress enacted this statute to "conform[] it to the language of Article 33 [of the 1951 U.N. Convention of Refugees]," *INS v. Stevic*, 467 U.S. 407, 421 (1984), in several respects, including by making withholding "mandatory" where the eligibility criteria are satisfied, *INS v. Cardoza-Fonseca*, 480 U.S. 421, 440 n.25 (1987), and by giving it broad application where the government seeks to return a noncitizen to a country where he fears persecution, *see Innovation Law Lab v. Wolf*, 951 F.3d 1073, 1089 (9th Cir. 2020), *cert. granted*, 141 S. Ct. 617 (2020). Congress again outlined specific and narrow bars to withholding of removal; none apply here.[3] *See* 8 U.S.C. § 1231(b)(3)(B).

[3] DHS and DOJ recently issued a final rule purporting to establish bars to eligibility for asylum and withholding of removal based on health considerations. *Security Bars and Processing*, 85 Fed. Reg. 84160-01 (Dec. 23, 2020). That rule is unlawful, but in any event the agencies have delayed its effective date, and it is currently unclear whether it will ever go into effect. *See Security Bars and Processing; Delay of Effective Date*, 86 Fed. Reg. 6847-01 (Jan. 25, 2021). Indeed, the new bar "relies upon the framework for applying bars to asylum during credible fear processing" promulgated in a separate rule, which has since been enjoined. *Id*. at 6847; *see Pangea Legal Servs. v. U.S. Dep't of Homeland Sec.*, ___ F.Supp.3d._____, No. 20-CV-9253-JD, 2021 WL 75756, at *1 (N.D. Cal. Jan. 8, 2021) (preliminarily enjoining that separate rule).

Third, protections under Convention Against Torture ("CAT") prohibit returning a noncitizen to a country where it is more likely than not that he would face torture. *P.J.E.S.*, 2020 WL 6770508, at *2. Article 3 of CAT provides that "[n]o State Party shall expel, return ('refouler') or extradite a person to another State where there are substantial grounds for believing that he would be in danger of being subjected to torture." Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment art. 3, Dec. 10, 1984, S. Treaty Doc. No. 100-20, at 20 (1988). Congress subsequently implemented Article 3 of CAT. *See* Foreign Affairs Reform and Restructuring Act of 1998 ("FARRA") § 2242(a), Pub. L. No. 105-207, Div. G. Title XXI, 112 Stat. 2681 (codified at 8 U.S.C. § 1231 note); 8 C.F.R. § 1208.16-.18 (implementing regulations). There are no bars to eligibility for CAT protection. *See, e.g.*, *Negusie v. Holder*, 555 U.S. 511, 514 (2009).

B. Immigration Laws' Treatment of Communicable Diseases

Congress has specially addressed communicable diseases in the immigration laws and "has made clear when public health concerns merit disallowing a non-citizen to remain in the United States." *P.J.E.S.*, 2020 WL 6770508, at *29. From the earliest days of immigration regulation, Congress has explicitly authorized the deportation of individuals based on public health concerns. *See* Act of Mar. 3, 1891, ch. 551, 26 Stat. 1084, 1085. Similar statutes exist today. There are several "[h]ealth-related grounds" of inadmissibility that authorize the deportation of noncitizens based on specified public health concerns, 8 U.S.C. § 1182(a)(1), including if a noncitizen is determined to have "a communicable disease of public health significance," *id.* § 1182(a)(1)(i). Immigration statutes also provide for medical examination and detention as part of immigration processing. *See id.* § 1222(a) (authorizing detention of arriving noncitizens who might have a communicable disease or are "coming from a country or have embarked at a place where any of

such diseases are prevalent or epidemic," but only "for a sufficient time to . . . subject [them] to observation and an examination"); *id.* § 1222(b) (authorizing physical and mental examination of arriving noncitizens). But, critically, these statutes do not permit summary deportation without a screening for persecution or torture. *See also P.J.E.S.*, 2020 WL 6770508, at *29 n.13 ("[W]hile quarantined, the immigration process can go forward, including medical examination under 8 U.S.C. § 1222(a) . . . and application of 8 U.S.C § 1182(a)(1)(i).").

C. The Title 42 Process

Announced by former President Trump on March 20, 2020, the Title 42 Process is a new immigration system purportedly established under the government's public health powers codified in Title 42 of the U.S. Code. The CDC, in a series of agency documents, has invoked 42 U.S.C. § 265 to bar and expel noncitizens who arrive at the border or enter the country without documents.[4] *P.J.E.S* 2020 WL 6770508, at *3 (describing establishment of Title 42 Process).

Section 265 of Title 42 was first enacted in 1893 and was later reenacted without material change in the Public Health Service Act of 1944. Act of February 15, 1893, § 7, ch. 114, 27 Stat.

[4] *See* Control of Communicable Diseases; Foreign Quarantine: Suspension of Introduction of Persons Into United States From Designated Foreign Countries or Places for Public Health Purposes, 85 Fed. Reg. 16,559 (Mar. 24, 2020) (interim final rule) (effective date Mar. 20, 2020); Control of Communicable Diseases; Foreign Quarantine: Suspension of the Right To Introduce and Prohibition of Introduction of Persons Into United States From Designated Foreign Countries or Places for Public Health Purposes, 85 Fed. Reg. 56,424 (Sept. 11, 2020) (final rule) (effective date Oct. 13, 2020); Notice of Order Under Sections 362 and 365 of the Public Health Service Act Suspending Introduction of Certain Persons From Countries Where a Communicable Disease Exists, 85 Fed. Reg. 17,060 (Mar. 26, 2020) (effective date Mar. 20, 2020); Extension of Order Under Sections 362 and 365 of the Public Health Service Act, 85 Fed. Reg. 22,424 (Apr. 22, 2020) (effective date Apr. 20, 2020); Amendment and Extension of Order Under Sections 362 and 365 of the Public Health Service Act, 85 Fed. Reg. 31,503 (May 26, 2020) (effective date May 21, 2020); Order Suspending the Right To Introduce Certain Persons From Countries Where a Quarantinable Communicable Disease Exists, 85 Fed. Reg. 65,806 (Oct. 16, 2020) (effective date Oct. 13, 2020); U.S. Customs and Border Protection and U.S. Border Patrol, "Operation Capio" Memo ("CBP Memo"), Cheung Decl., Ex. E.

449, 452; Public Health Service Act, Pub. L. 78-410, § 362, 58 Stat. 682, 704 (1944). It provides in relevant part that the Surgeon General may "prohibit . . . the introduction of persons or property" from designated places where "by reason of the existence of any communicable disease in a foreign country there is serious danger of the introduction of such disease into the United States." 42 U.S.C. § 265.[5] The penalties for violating § 265 include "a fine of not more than $1,000 or . . . imprisonment for not more than one year, or both." *Id.* § 271(a). Deportation is not an available penalty. *See id.*

Shortly after former President Trump's announcement, the CDC published an interim final rule providing that the CDC may prohibit the "introduction into the United States of persons" from foreign countries. 85 Fed. Reg. 16,559, 16,563; *see* 42 C.F.R. § 71.40(a). Pursuant to this new regulation, the CDC issued an Order to forcibly return asylum seekers back to the country from which they entered, their home country, or another location. *See* 85 Fed. Reg. 17,060, 17,067. The initial March 20 Order, which was set to expire in 30 days, was extended for an additional 30 days on April 20, 85 Fed. Reg. 22,424, and then extended indefinitely on May 20, 85 Fed. Reg. 31,503. Effective October 13, 2020, CDC replaced the interim final rule with a materially identical final rule (following a brief notice-and-comment period), and reissued the indefinite CDC Order under this final regulation. *See* 85 Fed. Reg. 56,424 (Final Rule); 85 Fed. Reg. 65,806 (CDC Order); *P.J.E.S.*, 2020 WL 6770508, at *4 ("The Final Rule . . . makes no changes to its determinations and findings as relevant for this action.").

On April 2, 2020, CBP issued a memorandum describing the agency's implementation of the Title 42 Process, an effort it calls "Operation Capio." *See* CBP Memo at 2; *P.J.E.S.*, 2020 WL 6770508, at *4. The CBP Memo makes clear that the only humanitarian protection provided under

[5] This authority of the Surgeon General has been transferred to HHS and delegated to the CDC. *See* 85 Fed. Reg. 16,559, 16,560 n.1 (explaining reorganizations and transfers of authority).

the Title 42 Process is limited to an inadequate CAT screening, and the Process does not include screenings for persecution under the asylum and withholding statutes. CBP Memo at 4. The CAT screenings, moreover, are not conducted by immigration judges, and even these limited CAT screenings are not uniformly undertaken, and when they are, they lack the most rudimentary procedural safeguards. *See* Declaration of Javier Hidalgo ("Hidalgo Decl."), ¶ 7; *see also* ECF Nos. 43-2 ¶ 7, 47-2, ¶ 7, 47-5, ¶ 7; ECF No. 5-2, ¶ 12.

Multiple news reports have indicated that Trump Administration officials—more interested in immigration restrictions than public health—forced the Title 42 Process onto CDC, over the objection of the agency's expert scientists. *See, e.g.*, *Pence Ordered Borders Closed After CDC Experts Refused*, AP News (Oct. 3, 2020), https://apnews.com/article/virus-outbreak-pandemics-public-health-new-york-health-4ef0c6c5263815a26f8aa17f6ea490ae; *CDC Officials Objected to Order Turning Away Migrants at Border*, The Wall Street Journal (Oct. 3, 2020), https://www.wsj.com/articles/cdc-officials-objected-to-order-turning-away-migrants-at-border-11601733601; *Inside the Fall of the CDC*, ProPublica (Oct. 15, 2020), https://www.propublica.org/article/inside-the-fall-of-the-cdc; *How Trump officials used COVID-19 to shut U.S. borders to migrant children*, CBS News (Nov. 2, 2020), https://www.cbsnews.com/news/trump-administration-closed-borders-migrant-children-covid-19/.

On February 2, 2021, the Biden Administration directed CDC to review the Title 42 Process, but did not rescind or pause its application to families like Plaintiffs. *See* Exec. Order on Creating a Comprehensive Regional Framework to Address the Causes of Migration, Sec. 4(a)(ii)(A) (Feb. 2, 2021), https://www.whitehouse.gov/briefing-room/presidential-actions/2021/02/02/executive-order-on-creating-a-comprehensive-regional-framework-to-

address-the-causes-of-migration-to-manage-migration-throughout-north-and-central-america-and-to-provide-safe-and-orderly-processing/. No timetable was placed on that review, and the Biden administration has continued to expel families under Title 42 in the interim, *see* ECF No. 33 (reporting expulsions of two families), except where Plaintiffs have managed to file a stay motion in time with this Court.

D. The Proposed Class

Plaintiffs have sought class certification, *see* ECF No. 23, and now seek a preliminary injunction on behalf of a proposed class of immigrant families subjected to the unlawful Title 42 Process, defined as:

> All noncitizens who (1) are or will be in the United States; (2) come to the United States as a family unit composed of at least one child under 18 years old and that child's parent or legal guardian; and (3) are or will be subjected to the Title 42 Process ("Proposed Class Members").

See ECF No. 23-1 (Plaintiffs' Memorandum in Support of Class Certification).

All Plaintiff families are fleeing dire situations in their home countries, including threats of severe persecution, torture, or death. If expelled, they and their children—some of whom are infants or toddlers—would be returned to danger. *See* ECF Nos. 17, 24, 27 (sealed declarations of Plaintiffs and proposed Class Members).

As Plaintiffs' Motion to Certify Class explains, over 20,000 members of families have been subjected to Title 42 expulsion since the policy's inception. *See* ECF No. 23-1 at 4. But, as Plaintiffs' declarations describe, the government detains and tests at least some family members for COVID-19 before expelling them. Hidalgo Decl., ¶ 4; Declaration of Allison Herre ("Herre Decl."), ¶¶ 12-14; Meza Decl., ECF No. 5-2, ¶ 9. Many of those families test negative, and many families are sometimes kept detained for weeks, giving them sufficient time to complete quarantine before expulsion. *See* Hidalgo Decl., ¶¶ 6, 8; *see also* ECF Nos. 17, 24, 27.

LEGAL STANDARD

On a motion for a preliminary injunction, a court must consider "whether (1) the plaintiff has a substantial likelihood of success on the merits; (2) the plaintiff would suffer irreparable injury were an injunction not granted; (3) an injunction would substantially injure other interested parties; and (4) the grant of an injunction would further the public interest." *Sottera, Inc. v. FDA*, 627 F.3d 891, 893 (D.C. Cir. 2010) (internal quotation marks and citation omitted). The first two prongs of the inquiry (likelihood of success and irreparable harm) are the "most critical." *Nken v. Holder*, 556 U.S. 418, 434 (2009). Where, as here, a plaintiff seeks preliminary relief on behalf of a proposed class, the Court may grant provisional certification of the class and issue classwide relief. *See P.J.E.S.*, 2020 WL 6770508, at *7; *Damus v. Nielsen*, 313 F. Supp. 3d 317, 328-35 (D.D.C. 2018) (provisionally certifying class of detained asylum seekers for purpose of granting preliminary injunction); *see also J.D. v. Azar*, 925 F.3d 1291, 1305-06 (D.C. Cir. 2019) (observing that district court had resolved pending motions for class certification and classwide preliminary injunction in tandem).

ARGUMENT

I. THE PROPOSED CLASS IS LIKELY TO SUCCEED ON THE MERITS.

Plaintiffs are likely to succeed on the merits of their challenge to the government's novel efforts to deport them under the supposed authority of 42 U.S.C. § 265. As the Court held in *P.J.E.S.*, § 265 does not authorize deportation at all. 2020 WL 6770508 at *8-13. But even if such deportations were otherwise permitted, Plaintiffs are entitled to statutory procedures and humanitarian protections, including the right to seek asylum. Those specific, later-enacted statutes must be applied here, regardless of what § 265 may authorize in general. That is precisely what

all three Judges in this District to consider the question have concluded, underscoring that Plaintiffs have a strong likelihood of success.

A. Title 42 Does Not Authorize Deportation.

The CDC's Order was issued under the purported authority of 42 U.S.C. § 265, a provision that has laid dormant in the U.S. Code for over a hundred years. Defendants claim to have discovered in this statute a source of unlimited authority to execute summary deportations as they see fit, without regard for the carefully crafted policy judgments of the Nation's immigration laws. But when an agency claims to discover "an unheralded power" lying dormant "in a long-extant statute," courts "typically greet its announcement with a measure of skepticism." *Util. Air Reg. Group v. EPA*, 573 U.S. 302, 324 (2014). And, indeed, this novel, sweeping assertion of Executive dominance in the realm of immigration exceeds the power granted by § 265. Nothing in § 265, or Title 42 more generally, purports to authorize *any* deportations, much less deportations in violation of the specific protections described below.

1. The text, context, and structure of § 265 demonstrate that it does not authorize deportations.

Section 265 authorizes the CDC to prohibit the "introduction of persons" under certain circumstances. It says nothing about any power to physically remove people from the United States. Nor does a neighboring provision laying out the "penalties" for violation of "any regulation prescribed" under § 265 make any mention of such deportation or expulsion authority. *See* 42 U.S.C. § 271. Instead, § 271 provides for fines and imprisonment of individuals for violation of public health regulations. The newly asserted power to deport, in the name of public health and independent of Congress's carefully reticulated immigration scheme, is "nowhere mentioned in the statute," which contains "not a word" about any expulsion power. *P.J.E.S.*, 2020 WL 6770508, at *9, 11, 29.

That silence speaks volumes. The Supreme Court has "long recognized that deportation is a particularly severe 'penalty.'" *Padilla v. Kentucky*, 559 U.S. 356, 365 (2010) (quoting *Fong Yue Ting v. United States*, 149 U.S. 698, 740 (1893)). Thus, the extreme exercise of governmental power involved in physically removing a person from the country is one that must be granted by Congress, as "the Constitution creates no executive prerogative to dispose of the liberty of the individual." *Valentine v. U.S. ex rel. Neidecker*, 299 U.S. 5, 9 (1936) (holding that extradition power "does not exist save as it is given by act of Congress" or treaty).

"[W]hen Congress wants to grant the power to expel individuals out of the United States, it does so plainly." *P.J.E.S.*, 2020 WL 6770508, at *9 (internal quotation marks omitted). Such powers of physical removal from the country—whether called deportation, removal, extradition, or expulsion—"in order to exist must be *affirmatively* granted" by Congress. *Valentine*, 299 U.S. at 12 (emphasis added) (rejecting argument that power to extradite U.S. citizens could be implied from provision stating that United States was not bound to extradite them). Accordingly, where Congress seeks to authorize that extraordinary physical control, it does so in explicit terms. *P.J.E.S.*, 2020 WL 6770508, at *29; *see, e.g.*, 8 U.S.C. § 1231 (immigration removals); *id.* § 1225(b)(2)(c) ("may return the alien" to contiguous country); 18 U.S.C. §§ 3185, 3186, 3196 (extradition authority). Courts do not—and, given the gravity of the asserted power, must not—lightly read an expulsion power into statutes that do not explicitly grant it. *Valentine*, 299 U.S. at 12; *cf. Util. Air Regulatory Grp.*, 573 U.S. at 324 ("We expect Congress to speak clearly if it wishes to assign to an agency decisions of vast economic and political significance.") (internal quotation marks omitted). Nowhere in Title 42 has Congress granted that power.

That is not to say that Congress has ignored public health considerations in crafting immigration policy. *See P.J.E.S.*, 2020 WL 6770508, at *11, 29. To the contrary, from the earliest

days of immigration regulation—predating the 1893 enactment of the predecessor to § 265—Congress has explicitly authorized the deportation of individuals based on public health concerns. *See* Act of Mar. 3, 1891, ch. 551, 26 Stat. 1084, 1085. And similar statutes exist today. *See* 8 U.S.C. § 1182(a)(1) ("[h]ealth-related grounds" of inadmissibility, including communicable diseases); 8 U.S.C. § 1222 (medical detention and examination as part of immigration processing). Because courts "presume differences in language like this convey differences in meaning[,]" particularly where contemporaneous statutes address related issues, Congress's decision to grant deportation power in the immigration statutes but not in Title 42 is conclusive. *See Wisc. Cent. Ltd. v. United States*, 138 S. Ct. 2067, 2071-72 (2018) (internal quotation marks omitted).

Critically, § 265, the provision on which Defendants rely for this asserted new power, could not be read to authorize expulsions because that section applies without differentiation to citizens and noncitizens alike. The government has previously conceded that, if it is correct that § 265 authorizes expulsions, it would therefore mean that Congress gave the executive branch the power to expel citizens as well as noncitizens. *P.J.E.S.*, 2020 WL 6770508, at *30 ("the power the government claims under Section 265 is breathtakingly broad" and the government "admitted before Judge Nichols that the section authorizes the government to expel even U.S. citizens"). It is inconceivable that Congress would seek to give the executive branch that plainly unconstitutional power. *See Clark v. Martinez*, 543 U.S. 371, 386 (2005) (rejecting "the dangerous principle that judges can give the same statutory text different meanings in different cases" even if only some applications raise constitutional concerns).

Had Congress sought to authorize the mass deportations, which are now underway, on health-related grounds it would have needed to clearly say so. It has not, and these expulsions are thus unlawful for the same reasons as in *P.J.E.S.*.

2. Section 265 was designed to regulate transportation.

Section 265 also does not authorize expulsions because it applies only to the regulation of *transportation* entities, and does not apply to individuals at all. In *P.J.E.S.*, the Court did not reach this alternative ground for holding that § 265 does not authorize expulsions, and the Court need not do so here either. *See* 2020 WL 6770508, at *9 (rejecting government objections to Report and Recommendation without reaching alternative ground); *id.* at 27 n.8. Plaintiffs nonetheless set forth the argument in the event the Court chooses to reach it here. *See also* Historians' Amicus Brief (setting forth the history of § 265 and explaining why it applies only to transportation entities, and not individuals).

The omission of expulsion authority from § 265 was no mistake in light of its historical purpose. To the contrary, it reflects Congress's design of that statute—as a means to stop travel from countries experiencing an outbreak of disease by regulating the *transportation* companies that bring people to the United States. Section 7 of the Act of February 15, 1893, ch. 114, 27 Stat. 449, 452, which became § 265 without material change in the Public Health Service Act, Pub. L. 78-410, § 362, 58 Stat. 682, 704 (1944), was designed to regulate transportation entities that brought persons and goods to the United States, and it imposed fines and imprisonment on such transportation entities if they violated a public health order. *See also* Cheung Decl., Ex. A (copy of 1893 Act). If an individual's entry or presence was unlawful, the *immigration* system provided the sole mechanism for returning the individual to his home country. Past practice bears out this design: When § 265 was used in 1929 to combat meningitis, another deadly disease transmitted by asymptomatic carriers via airborne respiratory droplets, deportation was not authorized. It therefore makes sense that § 265 does not silently authorize a whole new deportation process, devoid of the procedural protections Congress created for noncitizens, including for those with

communicable diseases. Defendants cannot now create such an unauthorized system out of whole cloth. *See Merck & Co. v. U.S. Dep't of Health & Human Servs.*, 962 F.3d 531, 536 (D.C. Cir. 2020) (agencies are "bound" by Congress's choice of "means").

a. The text of the 1893 provision demonstrates that the "means" Congress chose was the regulation of *transportation*, not of individual travelers, and underscores that Congress never authorized expulsions. Section 7 of the 1893 Act granted the "power to prohibit, in whole or in part, the *introduction* of persons and property" into the country. 27 Stat. 452 (emphasis added). That term—"introduction"—meant then, as now, "'the act of bringing into a country.'" *Introduce*, *Universal English Dictionary* 1067 (John Craig ed. 1861); *see also Introduce*, *Webster's Collegiate Dictionary* 453 (1st ed. 1898) ("[t]o lead, bring, or usher in"). As a matter of ordinary language and usage, introducing a person into a country or place is an action taken by a *third party*—here, the shipping company. *See, e.g.*, *Walsh v. Preston*, 109 U.S. 297, 298, 314, 315 (1883) ("colonization" contract requiring party to "introduce" immigrant families into Texas was unsatisfied, where there was no evidence individuals who came "were brought to Texas by [the party];" rather, "they came and settled of their own accord").

b. The statutory context reinforces the plain text. The 1893 Act was shot through with provisions specifically directed at the regulation of ships. *See, e.g.*, Act of Feb. 15, 1893, ch. 114, § 1 (unlawful for ships to enter U.S. ports from abroad except in accordance with public health regulations); § 2 (requiring ships abroad to obtain a bill of health); § 3 (authorizing regulation of "vessels sail[ing] from any foreign port or place"); §§ 4, 5, 6 (similar).

Critically, the 1893 Act imposed penalties *only* against ships—and set them high enough to deter those vessels from sailing to this country in violation of the Act. *See id.* § 1 ($5,000 fine for "vessel" violating the Act); *id.* § 2 (same for "vessel" entering United States without bill of

health); *see also id.* § 3 (conditioning penalties on "any vessel or owner or officer thereof" on posting of regulations in consular offices abroad); 24 Cong. Rec. 378 (raising penalties).

Furthermore, an examination of immigration statutes in force in 1893 makes plain that Congress knew exactly how to provide for the removal of individuals. Those statutes covered those coming by ship and individually by land, and *explicitly* authorized deportations, separate and apart from regulations they imposed on ships involved in transporting immigrants. *See, e.g.*, Chinese Exclusion Act of May 6, 1882, ch. 126, §§ 2, 12, 22 Stat. 58, 59, 61 (establishing penalties for vessels, and separately providing for unauthorized immigrants "to be removed . . . to the country whence [they] came"); Act of Mar. 3, 1891, ch. 551, §§ 10, 11, 26 Stat. 1084, 1086 (establishing penalties for "master, agent, consignee, or owner of" a "vessel" who violates the Act's provisions, and separately providing for unauthorized immigrants to "be immediately sent back on the vessel by which they were brought in" and that "any alien who shall come into the United States in violation of law may be returned"); *id.* § 8 (providing "the Secretary of the Treasury may prescribe rules for inspection along the borders of Canada, British Columbia, and Mexico"); Act of Mar. 3, 1903, ch. 1012, §§ 8, 9, 19, 20, 21, 32 Stat. 1213, 1215-16, 1218-19, 1221 (providing for noncitizens to "be immediately sent back . . . on the vessels bringing them," "deported," or "taken into custody and returned to the country whence he came").

It would have been "easy enough for Congress" to include the same kind of provisions in the 1893 Act. *Nasrallah v. Barr*, 140 S. Ct. 1683, 1692 (2020). Instead, Congress imposed penalties *only* on those involved in transportation, and used the term "introduction" to refer to the penalty-triggering conduct of such third parties. But Congress said nothing about any power to deport individuals who came to our shores. The government nevertheless now seeks to read into

the statute's silence an implicit power to expel; but "it is not the proper role of the courts to rewrite [a law] passed by Congress and signed by the President." *Id.*

c. The legislative history of the 1893 Act further confirms what is demonstrated by the text, context, and structure: Section 7 was a regulation of transportation entities.

The 1893 Act responded to a specific public health threat—a cholera epidemic in Europe. *See, e.g.*, 24 Cong. Rec. 359 (1893) (letter from physician explaining the danger of an imminent cholera outbreak from Europe). A principal proponent of the 1893 Act, Senator Chandler, explained that "90 or 95 percent of the immigration into the United States comes into the city of New York, and that the most danger of cholera is to be apprehended from vessels arriving at that port." *Id.* at 360. He expressed confidence that controlling travel by ship would effectively protect the country. *Id.* at 363 ("there will be no great danger of the introduction of cholera this year unless it comes in the steerages," a class of ship travel).

As one of the 1893 Act's sponsors, Senator Harris, further explained, Section 7 therefore allowed the President "to prevent the coming at all" of "vessels, passengers, crews, and cargo, which are sailing to this country." *Id.* at 392. Congress expected that an invocation of Section 7 would cause shipping companies to refuse boarding, halting travel from designated locations at the source, thereby addressing the public health risk.

Indeed, when Senator Harris was asked about individuals crossing at *land* borders, he explained that an *earlier* law providing general authority to quarantine and inspect individuals—not the new 1893 legislation—"clothes the Marine Hospital Service with ample power to protect the Mexican and Canadian borders." *Id.* at 370. The new authority to regulate transportation entities was simply part of the larger framework already in place that included not just the immigration laws but also the public health quarantine powers.

d. The use of the statute since its enactment in 1893 reinforces the absence of any deportation power. To Plaintiffs' knowledge, the only time the statute has been invoked to prohibit the introduction of persons was in 1929, and it did not authorize deportations.[6] President Hoover, invoking Section 7 of the 1893 Act to address a meningitis outbreak, issued an Executive Order entitled: "Restricting for the time being the *transportation of passengers* from certain ports in the Orient to a United States port." Exec. Order No. 5143 (June 21, 1929), Cheung Decl., Ex. B (emphasis added). The Treasury Department also issued associated regulations "governing the embarkation of passengers and crew" at ports in those countries "and their transportation to United States ports."[7] The regulations further addressed how to handle vessels which arrived in the United States when a meningitis case had occurred during the voyage, but, notably, only authorized detention, quarantine, and testing—not deportation.

e. Finally, any suggestion that the correct interpretation of § 265 renders that statute ineffective would be seriously mistaken. Congress vested the government with a significant power totally separate from any need to deport individuals from the country: shutting down all international transportation from a particular country by regulating those who made such travel

[6] Most invocations of § 265 have involved regulation of goods or delegation of authority to particular officers or agencies. In addition to the 1929 use of § 265, the provision has been invoked, with additional statutory authorities, four other times to address persons. None of the four purported to authorize deportations. One addressed the Do Not Board list, a mechanism to control transportation access and the Public Health Lookout, a means to refer individuals at ports to CDC for isolation. Criteria for Requesting Federal Travel Restrictions for Public Health Purposes, 80 Fed. Reg. 16,400 (Mar. 27, 2015). Another proposed, but unadopted, regulation repeated the language of § 265 without elaboration. Control of Communicable Diseases, 70 Fed. Reg. 71,891, 71,910 (Nov. 30, 2005). The two others addressed quarantine and information gathering. Control of Communicable Diseases, 81 Fed. Reg. 54230 (Aug. 15, 2016); Control of Communicable Diseases; Foreign Quarantine, 85 Fed. Reg. 7874 (Feb. 12, 2020).

[7] Regulations Governing the Embarkation of Passengers and Crew at Ports in China and the Philippine Islands and Their Transportation to the United States Ports Prescribed in Accordance with Executive Order Approved June 21, 1929, Cheung Decl., Ex. C.

possible, the transportation companies. And, despite the age of the statute, that tool remains powerful today: § 265 permits the government to halt the vast majority of international travel by barring ships, planes, trains, and other modes of transportation from bringing people to this country from designated places.

The efficacy of that approach was clear from the beginning. The statute was passed against the backdrop of an extraordinary Executive action taken just months before, in September 1892. *See* U.S. Dep't of Treasury, Quarantine Restrictions Upon Immigration to Aid in the Prevention of the Introduction of Cholera into the United States (Sept. 1, 1892), Cheung Decl., Ex. D. The Surgeon General explained that "vessels conveying" immigrants from certain countries experiencing cholera outbreaks were a "direct menace to the public health," and ordered that "no vessel from any foreign port carrying immigrants shall be admitted" to any U.S. port "until said vessel shall have undergone" 20 days of quarantine. *Id*. Contemporaneous media coverage explained this step would "practically put a stop to immigration, for no steamship company will continue to transport people to this country" given the costs of quarantine. *Twenty Days Quarantine*, N.Y. Times (Sept. 2, 1892).[8] The crisis triggered significant debate among the Cabinet as to the President's authority to take such a drastic step without clear statutory authority. *See id*. Shortly afterward, Congress enacted the 1893 Act granting the authority to regulate vessels to prevent the spread of disease.

Thus, while Congress's *goal* was to keep out disease, the *means* it authorized was regulation of transportation entities, not the deportation of individuals outside of the extensive immigration system Congress has enacted and refined over the decades. *Merck*, 962 F.3d at 536

[8] https://www.nytimes.com/1892/09/02/archives/twenty-days-quarantine-the-government-takes-decisive-action-a.html

("[A]gencies are bound, not only by the ultimate purposes Congress has selected, but by the means it has deemed appropriate, and prescribed, for the pursuit of those purposes.") (internal quotation marks omitted). "The withholding of agency authority is as significant as the granting of it, and we have no right to play favorites between the two." *Dir., Office of Workers' Comp. Programs, Dep't of Labor v. Newport News Shipbuilding & Dry Dock Co.*, 514 U.S. 122, 136 (1995); *see also* A. Scalia & B. Garner, Reading Law: The Interpretation of Legal Texts 94 (2012) ("[A]n absent provision cannot be supplied by the courts.").

* * *

In sum, § 265 does not authorize expulsions, because it regulates only transportation entities, and even if the statute did apply to individuals, expulsion is not an authorized penalty.

B. Plaintiffs' Expulsion Also Violates The Specific Protections Established By Congress For Noncitizens Seeking Humanitarian Protections.

Plaintiffs have statutory rights to seek protection from persecution and torture, as Congress has long prescribed. The Title 42 Process unlawfully sidesteps these safeguards. Consequently, as the Court in *P.J.E.S.* held, even assuming § 265 does permit the expulsion of some individuals, it cannot override the subsequently enacted statutes providing special protection for those seeking humanitarian relief, such as the asylum statutes. 2020 WL 6770508, at *12 ("[T]he language of Section 265 contains no 'clear intention' to authorize the suspension of the relevant provisions of Title 8."). Accordingly, the application of Title 42 is unlawful as to the putative class not only because (as explained in the previous section) it exceeds the authority granted by Congress, but also—and independently—because it violates the immigration laws that protect the plaintiff class.

First, the asylum statute, 8 U.S.C. § 1158, provides that "[a]ny alien who is physically present in the United States or who arrives in the United States . . . irrespective of such alien's status, may apply for asylum." 8 U.S.C. § 1158(a)(1). Second, the withholding of removal statute,

8 U.S.C. § 1231(b)(3), provides that a noncitizen "may not" be removed to a country where their "life or freedom" would be threatened based on a protected ground. Congress created specific and narrow bars to asylum and withholding of removal, but none of them apply to the Plaintiffs. *See supra*, Background Part A. Third, the CAT prohibits returning a noncitizen to a country where it is more likely than not that she would face torture. There are no bars to eligibility for CAT protection. *See Negusie*, 555 U.S. at 514. These forms of relief are generally adjudicated by an immigration judge in full removal proceedings under 8 U.S.C. § 1229a. *See* 8 C.F.R. §§ 1208.2(b), 1208.16(a).

Certain noncitizens may be placed in a summary "expedited removal" system (in lieu of full removal proceedings). *See* 8 U.S.C. § 1225(b)(1). But even in those expedited proceedings, Congress took pains to guarantee procedural protections for asylum seekers. Specifically, if a noncitizen expresses fear of removal, they are entitled to a hearing with an asylum officer, subject to review by an Immigration Judge, to determine whether they have a "credible fear" of persecution or torture if removed. *Id*. §§ 1225(b)(1)(A)(ii), 1225(b)(1)(B). Once the noncitizen shows a credible fear—a "low screening standard," 42 Cong. Rec. 25,347 (1996)—they are entitled to a full removal hearing with the attendant procedural protections, including the right to appeal, *see Grace v. Barr*, 965 F.3d 883, 902 (D.C. Cir. 2020) (explaining that one of the "important" goals of the expedited removal statute was "ensuring that individuals with valid asylum claims are not returned to countries where they could face persecution").

In short, Congress carefully crafted the statutory provisions governing asylum, withholding, and CAT protection to ensure that noncitizens within our country or at the border could seek relief from persecution and torture. In so doing, Congress sought to satisfy its domestic and international obligations to protect those fleeing persecution and torture. *See supra*,

Background Part A. And, critically, Congress enshrined procedural access to these forms of protection before a person can be deported from the country, seeking to ensure a meaningful opportunity to present their claims.

The Title 42 Process jettisons all those protections and safeguards, subjecting these families to summary deportation back to potential persecution and torture, including, for some, possible death. Through their creation of an alternative immigration system, Defendants have circumvented the carefully crafted scheme Congress set forth for consideration of claims for humanitarian protections.[9]

Whatever Title 42 authorizes in general, it cannot override the provisions of the immigration laws specifically designed to ensure that vulnerable people seeking protection would

[9] The only humanitarian protection provided under the Title 42 Process is limited to a CAT screening. Because the screening is limited to CAT, and offers no opportunity for asylum and withholding protection, it would not cure Title 42's legal defect even if the screening were adequate for CAT. But the screening is patently inadequate even for CAT protection: Noncitizens are only referred for a CAT screening if they "make an *affirmative, spontaneous and reasonably believable* claim that they fear being tortured in the country they are being sent back to." CBP Memo 4 (emphasis added). This means that families must know precisely what to say when they arrive in the U.S., and may be summarily returned to the countries they fled without the government ever even asking whether they would face torture, including death, in that country.

Unsurprisingly, this screening offers essentially no protection. As of May 13, 2020, out of thousands of expulsions under Title 42, Defendants reportedly conducted a mere 59 screening interviews for CAT, of which only two applicants passed the screening stage. Nick Miroff, *Under Trump Border Rules, U.S. Has Granted Refuge to Just Two People Since Late March, Records Show*, Wash. Post (May 13, 2020), https://www.washingtonpost.com/immigration/border-refuge-trump-records/2020/05/13/93ea9ed6-951c-11ea-8107-acde2f7a8d6e_story.html; Camilo Montoya-Galvez, *Only 2 Migrants Allowed to Seek Humanitarian Protection Under Trump's Coronavirus Border Order*, CBS News (May 13, 2020), https://www.cbsnews.com/news/only-2-migrants-allowed-to-seek-humanitarian-protection-under-trumps-coronavirus-border-order/. In comparison, during FY 2019 74% of individuals passed their credible fear screening. USCIS, *Credible Fear Workload Report Summary*, https://www.uscis.gov/sites/default/files/document/data/Credible_Fear_Stats_FY19.pdf. Lawyers for families subjected to Title 42 also report that they rarely, if ever, see noncitizens pass these CAT assessments. *See* Hidalgo Decl., ¶ 7; *see also* Levy Decl., ¶¶ 7-8 (describing families who sought to express fear, but were told by DHS officers that asylum was no longer available in United States).

have access to a meaningful and robust system to assess their claims—even where such individuals are suspected of having a communicable disease. As with all potential conflicts, the Court must read § 265 and the refugee protection statutes together, to make sense of all Congress's work without discarding any of it. *See P.J.E.S.*, 2020 WL 6770508 at *30; *see also FDA v. Brown & Williamson Tobacco Corp.*, 529 U.S. 120, 143 (2000) ("The classic judicial task of reconciling many laws enacted over time, and getting them to make sense in combination, necessarily assumes that the implications of a statute may be altered by the implications of a later statute.") (internal quotation marks omitted). Even if § 265 could be read to authorize some summary deportations (which it cannot), it must be read to accommodate Congress's subsequent specific legislative protections and commands. *See Indep. Ins. Agents of Am., Inc. v. Hawke*, 211 F.3d 638, 643 (D.C. Cir. 2000) ("A broad statute when passed 'may have a range of plausible meanings,' but subsequent acts can narrow those meanings ....") (quoting *Brown & Williamson*, 529 U.S. at 143).

Where an agency's interpretation of one statute "tramples the work done" by another statute—as Defendants' sweeping view of § 265 tramples the immigration laws—the agency "bears the heavy burden of showing a clearly expressed congressional intention that such a result should follow." *Epic Sys. v. Lewis*, 138 S. Ct. 1612, 1624, 27 (2018). Defendants can show no such "clear and manifest" intention. *Id*. at 1624; *P.J.E.S.*, 2020 WL 6770508 at *31.

To the extent there is any conflict, the specific provisions addressing the procedure for resolving humanitarian protection claims should be read to control over the general public health authority under Title 42. *See, e.g.*, *Air All. Houston v. EPA*, 906 F.3d 1049, 1061 (D.C. Cir. 2018) ("[A]n agency may not circumvent specific statutory limits on its actions by relying on separate, general rulemaking authority."). The INA's humanitarian protections are "precisely drawn, detailed statute[s]," *Brown v. GSA*, 425 U.S. 820, 834 (1976), that "speak[] directly" to "the

question before [the Court]," *Epic Sys.*, 138 S. Ct. at 1631, namely what the government must do before it seeks to remove an asylum seeker. By contrast, § 265 says nothing at all about removal; or humanitarian protections; or steps the government must take or may skip.

The general terms of § 265 thus cannot be construed to bypass the specific provisions of the asylum, withholding of removal, and torture statutes. *See P.J.E.S.*, 2020 WL 6770508 at *12 ("Since the Government concedes that 'Section 265 is not designed to target immigration at all' it clearly cannot be the more specific statute.") (citation omitted); *see also Radzanower v. Touche Ross & Co.*, 426 U.S. 148, 159 n.2 (1976) ("[T]he more specific legislation will usually take precedence over the more general.").

This specific-over-general interpretive principle has particular force where the more specific statute is the later-enacted one; that is the case here, as § 265 was originally enacted in 1893 and last amended in 1944. *See United States v. Juvenile Male*, 670 F.3d 999, 1008 (9th Cir. 2012) (explaining that "[w]here two statutes conflict, the later-enacted, more specific provision generally governs"). Recent Congresses have spoken clearly and explicitly regarding the required treatment of asylum seekers; the Executive is not at liberty to ignore those commands.

II. SUBJECTING IMMIGRANT FAMILIES TO THE TITLE 42 PROCESS HAS CAUSED AND WILL CONTINUE TO CAUSE THEM IRREPARABLE HARM.

This Court has now granted stays of removal for a number of families, whose experiences are emblematic of the experiences of the families in the Proposed Class. Their sealed declarations describe the danger they are fleeing, their experiences of persecution, and the harms they have suffered in greater detail. *See* ECF Nos. 17, 24, 27; *see also* ECF Nos. 29, 43, 45 (motions for leave to file class member declarations under seal). Many of these families include young children—some as young as infants or toddlers—who would face particularly grave harm if returned without the opportunity to seek humanitarian relief.

To cite one example, Plaintiff Huisha-Huisha fled Ecuador due to threats that her children would be kidnapped, and she fears that she and her daughter, Plaintiff I.M.C.H., will suffer violence, torture, or death if expelled. In Ecuador, indigenous peoples are marginalized and targeted for discrimination, exploitation, and trafficking. In 2019, "[t]raffickers often recruited children from impoverished indigenous families [in Ecuador]," and indigenous "children were exploited in forced labor and sex trafficking abroad." U.S. Dep't of State, *2019 Country Reports on Human Rights Practices: Ecuador*, https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/ecuador/.

The Proposed Class Members come from other countries—such as El Salvador, Guatemala, and Honduras—that are among the most dangerous in the world due to gang, gender, family membership, and other identity-based violence. *See* Declaration of Lisa Frydman ("Frydman Decl."), ¶¶ 4-16; Herre Decl., ¶¶ 8-10; Declaration of Taylor Levy ("Levy Decl."), ¶ 7. The U.S. Department of State has itself acknowledged that extreme violence is prevalent in these countries, including homicide, torture, kidnapping, extortion, or other forms of persecution. *See, e.g.*, U.S. Dep't of State, *2019 Country Reports on Human Rights Practices: Guatemala* at 18, 28, https://www.state.gov/wp-content/uploads/2020/02/GUATEMALA-2019-HUMAN-RIGHTS-REPORT.pdf.[10]

Others are from countries like Haiti, where violence is widespread, political persecution is common and often deadly, and women and girls lack legal protections. The U.S. State Department

[10] *See also* U.S. Dep't of State, *2019 Country Reports on Human Rights Practices: Honduras* at 1-2, https://www.state.gov/wp-content/uploads/2020/02/HONDURAS-2019-HUMAN-RIGHTS-REPORT.pdf (describing extreme gang violence directed at vulnerable populations, including "acts of homicide, torture, kidnapping, extortion, human trafficking, intimidation, and other threats"); U.S. Dep't of State, *2019 Country Reports on Human Rights Practices: El Salvador* at 1, https://www.state.gov/wp-content/uploads/2020/02/EL-SALVADOR-2019-HUMAN-RIGHTS-REPORT.pdf (similar).

has issued its highest travel advisory for Haiti due to "crime, civil unrest, kidnapping, and COVID-19"; it notes that violent crime is "common" and "[k]idnapping is widespread," while "[e]mergency response . . . is limited or non-existent." U.S. Dep't of State, Haiti Travel Advisory, https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/haiti-travel-advisory.html. The State Department also reports that Haitian police officers are credibly accused of committing as many as 22 extrajudicial killings of anti-corruption and anti-government protesters between September and November 2018 alone. *See* U.S. Dep't of State, Haiti 2019 Human Rights Report at 2, https://www.state.gov/wp-content/uploads/2020/03/HAITI-2019-HUMAN-RIGHTS-REPORT-REVISED-3.13.2020.pdf; *see also id.* (discussing government officials implicated in supplying gang leaders with weapons and equipment used in an attack that resulted in 71 deaths, 11 rapes; no officers were criminally charged or arrested for their roles).[11]

Under the Title 42 process, many families—particularly those from El Salvador, Guatemala, and Honduras—are expelled to Mexico, where they are often victimized by criminal cartels and gang members and face numerous barriers to finding safe places to shelter. *See* Declaration of Linda Corchado, ¶ 8 (father kidnapped after expulsion to Mexico, leaving 8-year-old child behind); Frydman Decl., ¶¶ 17-18; Levy Decl., ¶¶ 4-11. These facts more than satisfy the preliminary injunction standard, which requires "only a likelihood of irreparable injury." *League of Women Voters of U.S. v. Newby*, 838 F.3d 1, 8-9 (D.C. Cir. 2016). Numerous courts, including this Court in *P.J.E.S.*, have held that similar showings suffice to show irreparable injury. *See, e.g.*, *P.J.E.S.*, 2020 WL 6770508, at *13 ("[T]he putative class members are being returned without any opportunity to apply for asylum or withholding of removal. Once expelled from the United States

[11] *See also, e.g.*, Will Carless, *Brazil's shocking violence against women, in five charts*, The World (Nov. 18, 2015), https://www.pri.org/stories/2015-11-18/brazils-shocking-violence-against-women-five-charts.

and outside the jurisdiction of the Court, it is not clear that a remedy can be provided.") (citation omitted); *Grace v. Whitaker*, 344 F. Supp. 3d 96, 146 (D.D.C. 2018), *aff'd in part, rev'd in part on other grounds sub nom., Grace v. Barr*, 965 F.3d 883 (D.C. Cir. 2020) (finding fear of "domestic violence, beatings, shootings, and death in their countries of origin" constitute irreparable injury); *Demjanjuk v. Holder*, 563 F.3d 565, 565 (6th Cir. 2009) (granting stay for noncitizen who asserted removal would violate CAT); *Devitri v. Cronen*, 289 F. Supp. 3d 287, 296–97 (D. Mass. 2018) (risk of persecution if removed is irreparable harm); *Orantes-Hernandez v. Meese*, 685 F. Supp. 1488, 1504–05 (C.D. Cal. 1988) (plaintiffs would suffer irreparable harm if they were summarily removed without being afforded opportunity to exercise their right to apply for asylum); *see also J.B.B.C.*, 2020 WL 6041870, at *2 (Judge Nichols finding that unaccompanied child had shown "he is likely to suffer irreparable harm in the absence of an order" staying his expulsion under Title 42).

III. THE BALANCE OF HARMS AND THE PUBLIC INTEREST BOTH WEIGH DECIDEDLY IN FAVOR OF INJUNCTIVE RELIEF FOR CLASS MEMBERS.

For several reasons, preventing Defendants from removing families until final disposition of this case would not substantially injure the government and would be consistent with public health.

First, families who come to the border are can be processed quickly by Border Patrol agents and released to sponsors in the interior, such as relatives or family friends. There, they can quarantine as needed and will be subject to local health restrictions, much like the tens of thousands of travelers, transport drivers, and others who the government permits to cross the U.S-Mexico border every day. *See* Declaration of Public Health Experts ("Pub. Health Expert Decl."), ¶ 26.

Second, insofar as Defendants choose to detain families upon their apprehension at the border, Defendants operate family detention facilities where the family can be housed together.

See ECF No. 5-2, ¶ 2; Hidalgo Decl., ¶¶ 3-5; Herre Decl., ¶¶ 1, 11-13. Such families typically undergo the credible fear process, where they are interviewed by an asylum officer to determine whether they have bona fide claims for relief from persecution or torture. *See generally Grace v. Barr*, 965 F.3d 883, 888 (D.C. Cir. 2020). Because most of the families have legitimate claims, they pass these screening interviews and are processed for release into the interior. But while they are in family detention centers, they are tested and quarantined, as has been the case for the families for which the Court has granted stays. *See* Hidalgo Decl., ¶ 4; Herre Decl., ¶ 12; *see, e.g.*, ECF Nos. 27. Family detention facilities have separate rooms where families can quarantine without spreading COVID-19 via air movement. *See* Herre Decl., ¶ 13. In addition, the family facilities are currently operating at a very small fraction of their total capacity, with less than 10 percent of their total beds filled. *See* January 19, 2021 ICE Juvenile Coordinator Report at 4, Cheung Decl., Ex. G; *P.J.E.S.*, 2020 WL 6770508, at *35 ("The real issues are potential exposure to the virus at congregation points and operational costs—as the government admits—of mitigating that risk through effective quarantine and/or conditional release and monitoring of putative class members who enter the country unlawfully.").

Third, contrary to the CDC Orders' stated justifications, Defendants keep many families in custody for weeks before expulsion. *See* Hidalgo Decl., ¶ 6; *see, e.g.*, ECF Nos. 4-2, 29-7. During this time, the families are tested for COVID-19, and many of them test negative before expulsion. *See, e.g.*, ECF Nos. 17, 27. Because families can be processed for regular immigration proceedings in a similar timeframe, there is no discernible rationale for expelling such families, rather than simply processing and releasing them. *See* Hidalgo Decl., ¶¶ 6, 8; Herre Decl., ¶ 17.

Public health officials have overwhelmingly noted that Defendants can undertake numerous safety measures to avoid the spread of COVID-19, including vaccinations and

quarantines, and that summary expulsions are not necessary, particularly when facilities operate at a reduced capacity to allow for distancing and family-specific rooms. *See* Public Health Experts Decl., ¶ 28.[12] *See also* January 19, 2021 ICE Juvenile Coordinator Report at 4, Cheung Decl., Ex. G (ICE family detention facilities are 91% empty); January 15, 2021 CBP Juvenile Coordinator Report at 3 (634 average daily population in December 2020, in CBP facilities that could accommodate max of 11,200 individuals), Cheung Decl., Ex. H. Placing families at facilities where employees and occupants are vaccinated and maintaining social distance poses minimal, if any, risk to the public. *See* Public Health Experts Decl., ¶ 28.[13]

ICE's own statistics confirm that families can be safely processed under Title 8 during the pandemic, even prior to vaccination of staff and families. As of January 8, 2021, no family held at an ICE family detention facility has required hospitalization for COVID-19 since the start of the pandemic. *See* January 19, 2021 ICE Juvenile Coordinator Report at 5, Cheung Decl., Ex. G.[14] As Plaintiffs' experts point out, these families can be safely released and bear no more risk of spreading COVID-19 than the numerous other individuals already allowed to cross the Southwest border. *See* Declaration of Public Health Experts, ¶¶ 23-24, 27.

Notably, the CDC Orders do not conclude that families cannot be safely processed, but note only that in the government's view it is not worth the resources to try to safely process asylum

[12] *Letter to HHS Secretary Azar and CDC Director Redfield Signed by Leaders of Public Health Schools, Medical Schools, Hospitals, and Other U.S. Institutions*, Columbia Mailman School of Public Health (May 18, 2020), https://tinyurl.com/y8q3asun.

[13] According to Defendants, ICE personnel working at family facilities have been prioritized for vaccinations. *See* January 19, 2021 ICE Juvenile Coordinator Report at 4-5, Cheung Decl., Ex. G. Vaccinations are starting to be offered to families held at those facilities. Herre Decl., ¶ 14.

[14] While the January 19, 2021 ICE Juvenile Coordinator Report is ambiguous as to whether the reported case count is cumulative over time, archived ICE statistics confirm that the 120 positive cases in January reflect *all* positive cases detected since testing began in February 2020. *See* U.S. Immigration and Customs Enforcement, *COVID-19 ICE Detainee Statistics* (updated Jan. 11, 2021), Cheung Decl., Ex. I.

seekers. *See, e.g.*, 85 Fed. Reg. at 17067 (speculating that brief detention of noncitizens in Border Patrol stations would "divert [healthcare] resources away from the domestic population"). Importantly, however, there is "a public interest in preventing aliens from being wrongfully removed . . . to countries where they are likely to face substantial harm." *Nken v. Holder*, 556 U.S. 418, 436 (2009).

Finally, the D.C. Circuit's stay of the preliminary injunction in *P.J.E.S.* does not undermine Plaintiffs' argument. *See* Order, *P.J.E.S. v. Pekoske*, No. 20-5357 (D.C. Cir. Jan. 29, 2021), Doc. No. 1882899. The D.C. Circuit in *P.J.E.S.* did not explain how it analyzed or weighed the merits or any other stay factors, *see Nken*, 556 U.S. at 434, and notably the government emphasized in its stay filings matters that have no bearing on this case or motion, including the capacity of the Office of Refugee Resettlement to house unaccompanied children. *See P.J.E.S.*, No. 20-5357, Doc. No. 1874324 at 19-20; Doc. No. 1876197 at 10-11. Because, as this Court previously noted, "the D.C. Circuit's order is not published and was issued without opinion or reasoning," Minute Order dated Feb. 1, 2021, it should have no bearing on this motion, *see* D.C. Cir. Rule 36(e)(2) ("[A] panel's decision to issue an unpublished disposition means that the panel sees no precedential value in that disposition.").

CONCLUSION

For these reasons, the Court should issue a classwide preliminary injunction prohibiting Defendants from applying the Title 42 Process to the Class.[15]

[15] As it did in *P.J.E.S.*, the Court should waive the requirement of an injunction bond, as Plaintiffs are asylum seekers without the ability to post a bond, and this suit seeks to "vindicate important rights under the immigration laws." 2020 WL 6770508, at *16. The Court should also certify the class, for the reasons given in Plaintiffs' pending motion for class certification, ECF No. 23.

Dated: February 5, 2021

Respectfully submitted,

/s/ Lee Gelernt

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

NANCY GIMENA HUISHA-HUISHA, et al., *Plaintiffs*, v. ALEJANDRO MAYORKAS, Secretary of Homeland Security, in his official capacity, et al., *Defendants*.	No. 1:21-CV-00100-EGS

[PROPOSED] ORDER GRANTING PLAINTIFFS' MOTION FOR CLASSWIDE PRELIMINARY INJUNCTION

Upon consideration of Plaintiffs' Motion for Classwide Preliminary Injunction, along with all exhibits thereto, the Court finds that Plaintiffs have shown a likelihood of success on the merits of their claims; that the members of the Class would suffer irreparable injury absent a preliminary injunction; that the balance of harms weighs in favor of the Class; and that the public interest would be served by granting a preliminary injunction.

Accordingly, it is hereby ORDERED that Defendants, their agents, and any person acting in concert with them are ENJOINED from applying the Title 42 Process to the Class Members, pending final disposition of this case.

SO ORDERED.

Dated:

_____
EMMET G. SULLIVAN
United States District Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

NANCY GIMENA HUISHA-HUISHA, et al.; *Plaintiffs*, v. ALEJANDRO MAYORKAS, Secretary of Homeland Security, in his official capacity, et al., *Defendants*.	)	No. 21-cv-00100-EGS

INDEX OF EXHIBITS IN SUPPORT OF PLAINTIFFS' MOTION FOR CLASSWIDE PRELIMINARY INJUNCTION

Declaration	**Accompanying Exhibits (If Any)**
Declaration of Ming Cheung	**Exhibit A -** Act of February 15, 1893, ch. 114, § 7, 27 Stat. 449 **Exhibit B -** Executive Order No. 5143, Restricting for the Time Being the Transportation of Passengers from Certain Ports in the Orient to a United States Port (June 21, 1929) **Exhibit C -** Regulations Governing the Embarkation of Passengers and Crew at Ports in China and the Philippine Islands and Their Transportation to the United States Ports Prescribed in Accordance with Executive Order Approved June 21, 1929 (July 11, 1929), included in Conn. Dep't of Health, *Connecticut Health Bulletin*, vol. 43, no. 9, 324-326 (Sept. 1929) **Exhibit D -** U.S. Dep't of Treasury, Quarantine Restrictions Upon Immigration to Aid in the Prevention of the Introduction of Cholera into the United States (Sept. 1, 1892) (circular), included in *Abstract of Sanitary Reports*, vol 7, no. 36, 445 (Sept. 2, 1892) **Exhibit E -** U.S. Customs & Border Protection, COVID-19 CAPIO Memorandum

	Exhibit F - U.S. Customs and Border Protection, *Nationwide Enforcement Encounters: Title 8 Enforcement Actions and Title 42 Expulsions*, (last updated Jan. 7, 2021)
	Exhibit G - ICE Juvenile Coordinator Report, filed in *Flores v. Rosen*, No. 85-cv-04544 (C.D. Cal Jan. 19, 2021), ECF No. 1064-1
	Exhibit H - CBP Juvenile Coordinator Report, filed in *Flores v. Rosen*, No. 85-cv-04544 (C.D. Cal Jan. 15, 2021), ECF No. 1060-1
	Exhibit I – U.S. Immigration and Customs Enforcement, *COVID-19 ICE Detainee Statistics* (updated Jan. 11, 2021)
Declaration of Public Health Experts	**Exhibit A** – Sharmila Shetty curriculum vitae
	Exhibit B – Stephen Patrick Kachur curriculum vitae
	Exhibit C – Leslie F. Roberts curriculum vitae
	Exhibit D – Bradley A. Woodruff curriculum vitae
Declaration of Javier Hidalgo	N/A
Declaration of Allison Herre	N/A
Declaration of Lisa Frydman	N/A
Declaration of Linda Corchado	N/A
Declaration of Taylor Levy	N/A

Dated: February 5, 2021

Respectfully submitted,

/s/ *Lee Gelernt*

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

NANCY GIMENA HUISHA-HUISHA, *et al.*; *Plaintiffs*, v. ALEJANDRO MAYORKAS, Secretary of Homeland Security, in his official capacity *et al.*; *Defendants*.	)	No. 21-cv-00100-EGS

DECLARATION OF MING CHEUNG IN SUPPORT OF PLAINTIFFS' MOTION FOR CLASSWIDE PRELIMINARY INJUNCTION

I, Ming Cheung, Esq., declare as follows:

1. I submit this declaration in support of Plaintiffs' Motion for Classwide Preliminary Injunction. I have personal knowledge of the facts set forth herein, and, if called as a witness, I could and would testify competently as follows:

2. Attached as Exhibit A is a true and correct copy of the Act of February 15, 1893, which enacted the predecessor provision to 42 U.S.C. § 265. *See* Act of Feb. 15, 1893, ch. 114, § 7, 27 Stat. 449, https://www.loc.gov/law/help/statutes-at-large/52nd-congress/session-2/c52s2ch114.pdf.

3. Attached as Exhibit B is a true and correct copy of Executive Order No. 5143, Restricting for the Time Being the Transportation of Passengers From Certain Ports in the Orient to a United States Port (June 21, 1929), as downloaded from the HeinOnline database.

4. Attached as Exhibit C is a true and correct copy of the July 11, 1929, regulation that implemented Executive Order No. 5143, as contained in the *Connecticut Health Bulletin* from September 1929. *See* Regulations Governing the Embarkation of Passengers and Crew at Ports in China and the Philippine Islands and Their Transportation to the United States Ports

Prescribed in Accordance with Executive Order Approved June 21, 1929 (July 11, 1929), included in Conn. Dep't of Health, *Connecticut Health Bulletin*, vol. 43, no. 9, 324-326 (Sept. 1929).

5. Attached as Exhibit D is a true and correct copy of the Treasury Department's circular from September 1, 1892, as contained in the *Abstract of Sanitary Reports* from September 2, 1892. *See* U.S. Dep't of Treasury, Quarantine Restrictions Upon Immigration to Aid in the Prevention of the Introduction of Cholera into the United States (Sept. 1, 1892) (circular), included in *Abstract of Sanitary Reports*, vol 7, no. 36, 445 (Sept. 2, 1892), https://play.google.com/books/reader?id=3cQhjR-RhXUC&hl=en&pg=GBS.PA445.

6. On Wednesday, February 3, 2021, I downloaded from the ProPublica website (linking to the Document Cloud website) a Border Patrol memorandum obtained by ProPublica which contains information about the implementation of the Title 42 process. *See* Dara Lind, *Leaked Border Patrol Memo Tells Agents to Send Migrants Back Immediately — Ignoring Asylum Law*, ProPublica (Apr. 2, 2020), https://www.propublica.org/article/leaked-border-patrol-memo-tells-agents-to-send-migrants-back-immediately-ignoring-asylum-law (linking to https://www.documentcloud.org/documents/6824221-COVID-19-CAPIO.html). Attached as Exhibit E is a true and correct copy of this memorandum.

7. On Wednesday, February 3, 2021, I downloaded a webpage from the site of the U.S. Customs and Border Protection with statistics of expulsions under the Title 42 policy. *See* U.S. Customs and Border Protection, *Nationwide Enforcement Encounters: Title 8 Enforcement Actions and Title 42 Expulsions*, https://www.cbp.gov/newsroom/stats/cbp-enforcement-statistics/title-8-and-title-42-statistics (last updated Jan. 7, 2021). Attached as Exhibit F is a true and correct copy of this webpage.

8. Attached as Exhibit G is a true and correct copy of the January 19, 2021 ICE Juvenile Coordinator Report, filed in *Flores v. Rosen*, No. 85-cv-04544 (C.D. Cal Jan. 19, 2021), ECF No. 1064-1, as downloaded from the PACER electronic database.

9. Attached as Exhibit H is a true and correct copy of the January 15, 2021 CBP Juvenile Coordinator Report, filed in *Flores v. Rosen*, No. 85-cv-04544 (C.D. Cal Jan. 15, 2021), ECF No. 1060-1, as downloaded from the PACER electronic database.

10. On Thursday, February 4, 2021, I downloaded a webpage from the Internet Archive (also known as the Wayback Machine), which is an archived copy of a webpage from the site of the U.S. Immigration and Customs Enforcement as it existed on January 11, 2021, which reported ICE Detainee Statistics as of January 10, 2021. U.S. Immigration and Customs Enforcement, *COVID-19 ICE Detainee Statistics* (updated Jan. 11, 2021), https://web.archive.org/web/20210112011244/https://www.ice.gov/coronavirus#tab1. Attached as Exhibit I is a true and correct copy of this webpage.

I, Ming Cheung, declare under penalty of perjury of the laws of the State of New Jersey and the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on February 4, 2021, in Jersey City, New Jersey.

MING CHEUNG, ESQ.

Exhibit A

kinds, for the transit of animals, foot passengers, and all kinds of commerce, travel, or communication, and said corporation may charge and receive reasonable tolls therefor, subject to the approval of the Secretary of War. Tolls.

SEC. 3. That any bridge built under this act and subject to its limitations shall be a lawful structure, and shall be recognized and known as a post route, and it shall enjoy the rights and privileges of other post roads in the United States: *Provided*, That the United States may construct a postal telegraph over said bridge without charge therefor. Lawful structure and post route. *Proviso.* Postal telegraph.

SEC. 4. That said bridge shall be built and located under and subject to such regulations for the security of navigation of said river as the Secretary of War shall prescribe; and to secure that object, the said corporation shall submit to the Secretary of War, for his examination and approval, a design and drawings of the said bridge and a map of the proposed location, giving, for the space of one mile above and one mile below the proposed location, the topography of the banks of the river and the shore lines at high and low water, the direction and strength of the current at all stages, and the soundings, accurately showing the bed of the stream, the location of any other bridge or bridges, and shall furnish such other information as may be required for a full and satisfactory understanding of the subject, and until the plan and location of said bridge have been approved by the Secretary of War, the bridge shall not be commenced or built. Secretary of War to approve plans, etc.

SEC. 5. That all railroad companies desiring the use of any bridge constructed under this act shall have and be entitled to equal rights and privileges relative to the passage of railway trains or cars over the same and over the approaches thereto, upon payment of reasonable compensation for such use; and in case the owner or owners of said bridge and the several railroad companies, or any of them, desiring such use shall fail to agree upon the sum or sums to be paid, and upon rules and conditions to which each shall conform in using said bridge, all matters at issue between them shall be decided by the Secretary of War upon a hearing of the allegations and proof of the parties. Use by railroad companies. Compensation.

SEC. 6. That said bridge herein authorized to be constructed shall be so kept and managed at all times as to afford proper means and ways for the passage of vessels, barges, or rafts, both by day and by night, and there shall be displayed on said bridge by the owners thereof, from sunset to sunrise, such lights or other signals as the Light-House Board may prescribe; and such changes shall be made from time to time in the structure of said bridge as the Secretary of War may direct, at the expense of said bridge company, in order the more effectually to preserve the free navigation of said river. Aids to navigation. Lights, etc. Changes.

SEC. 7. That the right to alter, amend, or repeal this act is hereby expressly reserved, and the right to require any changes in said structure or its entire removal at the expense of the owners thereof, or the corporation or persons controlling the same, whenever public interest requires it, is also reserved. Amendment, etc.

SEC. 8. That this act shall be null and void if actual construction of the bridge herein authorized be not commenced within one year and completed within three years from the date hereof. Commencement and completion.

Approved, February 14, 1893.

CHAP. 114.—An act granting additional quarantine powers and imposing additional duties upon the Marine-Hospital Service. February 15, 1893.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That it shall be unlawful for any merchant ship or other vessel from any foreign port or place to enter any port of the United States except in accordance with the provisions of this act and with such rules and regulations of State and Quarantine. Entry of vessels violating health rules unlawful.

Penalty.

municipal health authorities as may be made in pursuance of, or consistent with, this act; and any such vessel which shall enter, or attempt to enter, a port of the United States in violation thereof shall forfeit to the United States a sum, to be awarded in the discretion of the court, not exceeding five thousand dollars, which shall be a lien upon said vessel, to be recovered by proceedings in the proper district court of the United States. In all such proceedings the United States district attorney for such district shall appear on behalf of the United States; and all such proceedings shall be conducted in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws of the United States.

Proceedings

Consular bill of health required.

SEC. 2. That any vessel at any foreign port clearing for any port or place in the United States shall be required to obtain from the consul, vice-consul, or other consular officer of the United States at the port of departure, or from the medical officer where such officer has been detailed by the President for that purpose, a bill of health, in duplicate, in the form prescribed by the Secretary of the Treasury, setting forth the sanitary history and condition of said vessel, and that it has in all respects complied with the rules and regulations in such cases prescribed for securing the best sanitary condition of the said vessel, its cargo, passengers, and crew; and said consular or medical officer is required, before granting such duplicate bill of health, to be satisfied that the matters and things therein stated are true; and for his services in that behalf he shall be entitled to demand and receive such fees as shall by lawful regulation be allowed, to be accounted for as is required in other cases.

Contents.

Fees.

Detail of medical officer at consulate.

The President, in his discretion, is authorized to detail any medical officer of the Government to serve in the office of the consul at any foreign port for the purpose of furnishing information and making the inspection and giving the bills of health hereinbefore mentioned.

Penalty for vessel violating.

Any vessel clearing and sailing from any such port without such bill of health, and entering any port of the United States, shall forfeit to the United States not more than five thousand dollars, the amount to be determined by the court, which shall be a lien on the same, to be recovered by proceedings in the proper district court of the United States. In all such proceedings the United States district attorney for such district shall appear on behalf of the United States; and all such proceedings shall be conducted in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws of the United States.

Proceedings.

Marine-Hospital Service to assist local health boards to enforce rules, etc.

SEC. 3. That the Supervising Surgeon-General of the Marine Hospital Service shall, immediately after this act takes effect, examine the quarantine regulations of all State and municipal boards of health, and shall, under the direction of the Secretary of the Treasury, co-operate with and aid State and municipal boards of health in the execution and enforcement of the rules and regulations of such boards and in the execution and enforcement of the rules and regulations made by the Secretary of the Treasury to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, and into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia; and all rules and regulations made by the Secretary of the Treasury shall operate uniformly and in no manner discriminate against any port or place; and at such ports and places within the United States as have no quarantine regulations under State or municipal authority, where such regulations are, in the opinion of the Secretary of the Treasury, necessary to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, and at such ports and places within the United States where quarantine regulations exist under the authority of the State or municipality which, in the opinion of the Secretary of the Treasury, are not

Rules to operate uniformly.

Additional rules, etc., by Secretary of the Treasury where local regulations are inadequate.

sufficient to prevent the introduction of such diseases into the United States, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, the Secretary of the Treasury shall, if in his judgment it is necessary and proper, make such additional rules and regulations as are necessary to prevent the introduction of such diseases into the United States from foreign countries, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, and when said rules and regulations have been made they shall be promulgated by the Secretary of the Treasury and enforced by the sanitary authorities of the States and municipalities, where the State or municipal health authorities will undertake to execute and enforce them; but if the State or municipal authorities shall fail or refuse to enforce said rules and regulations the President shall execute and enforce the same and adopt such measures as in his judgment shall be necessary to prevent the introduction or spread of such diseases, and may detail or appoint officers for that purpose. The Secretary of the Treasury shall make such rules and regulations as are necessary to be observed by vessels at the port of departure and on the voyage, where such vessels sail from any foreign port or place to any port or place in the United States, to secure the best sanitary condition of such vessel, her cargo, passengers, and crew; which shall be published and communicated to and enforced by the consular officers of the United States. None of the penalties herein imposed shall attach to any vessel or owner or officer thereof until a copy of this act, with the rules and regulations made in pursuance thereof, has been posted up in the office of the consul or other consular officer of the United States for ten days, in the port from which said vessel sailed; and the certificate of such consul or consular officer over his official signature shall be competent evidence of such posting in any court of the United States.

Enforcement.

Rules for vessels from foreign ports.

Rules to be posted in consulate.

Sec. 4. That it shall be the duty of the supervising Surgeon-General of the Marine Hospital Service, under the direction of the Secretary of the Treasury, to perform all the duties in respect to quarantine and quarantine regulations which are provided for by this act, and to obtain information of the sanitary condition of foreign ports and places from which contagious and infectious diseases are or may be imported into the United States, and to this end the consular officer of the United States at such ports and places as shall be designated by the Secretary of the Treasury shall make to the Secretary of the Treasury weekly reports of the sanitary condition of the ports and places at which they are respectively stationed, according to such forms as the Secretary of the Treasury shall prescribe; and the Secretary of the Treasury shall also obtain, through all sources accessible, including State and municipal sanitary authorities throughout the United States, weekly reports of the sanitary condition of ports and places within the United States, and shall prepare, publish, and transmit to collectors of customs and to State and municipal health officers and other sanitarians weekly abstracts of the consular sanitary reports and other pertinent information received by him, and shall also, as far as he may be able, by means of the voluntary co-operation of State and municipal authorities, of public associations, and private persons, procure information relating to the climatic and other conditions affecting the public health, and shall make an annual report of his operations to Congress, with such recommendations as he may deem important to the public interest.

Duties of Marine-Hospital Service.

Sanitary reports to be made by consuls.

Weekly domestic sanitary reports.

Publication and distribution.

Annual report.

SEC. 5. That the Secretary of the Treasury shall from time to time issue to the consular officers of the United States and to the medical officers serving at any foreign port, and otherwise make publicly known, the rules and regulations made by him, to be used and complied with by vessels in foreign ports, for securing the best sanitary conditions of such vessels, their cargoes, passengers, and crew, before their departure for any port in the United States, and in the course of

Rules to secure sanitary conditions of vessels, etc.

Inspection, etc., on arrival.

the voyage; and all such other rules and regulations as shall be observed in the inspection of the same on the arrival thereof at any quarantine station at the port of destination, and for the disinfection and isolation of the same, and the treatment of cargo and persons on board, so as to prevent the introduction of cholera, yellow fever, or other contagious or infectious diseases; and it shall not be lawful for any vessel to enter said port to discharge its cargo, or land its passengers, except upon a certificate of the health officer at such quarantine station certifying that said rules and regulations have in all respects been observed and complied with, as well on his part as on the part of the said vessel and its master, in respect to the same and to its cargo, passengers, and crew; and the master of every such vessel shall produce and deliver to the collector of customs at said port of entry, together with the other papers of the vessel, the said bills of health required to be obtained at the port of departure and the certificate herein required to be obtained from the health officer at the port of entry; and that the bills of health herein prescribed shall be considered as part of the ship's papers, and when duly certified to by the proper consular or other officer of the United States, over his official signature and seal, shall be accepted as evidence of the statements therein contained in any court of the United States.

Vessels not to enter unless upon health officer's certificate.

Delivery of papers to customs officer.

Infected vessel to be sent to nearest quarantine station.

SEC. 6. That on the arrival of an infected vessel at any port not provided with proper facilities for treatment of the same, the Secretary of the Treasury may remand said vessel, at its own expense, to the nearest national or other quarantine station, where accommodations and appliances are provided for the necessary disinfection and treatment of the vessel, passengers, and cargo; and after treatment of any infected vessel at a national quarantine station, and after certificate shall have been given by the United States quarantine officer at said station that the vessel, cargo, and passengers are each and all free from infectious disease, or danger of conveying the same, said vessel shall be admitted to entry to any port of the United States named within the certificate. But at any ports where sufficient quarantine provision has been made by State or local authorities the Secretary of the Treasury may direct vessels bound for said ports to undergo quarantine at said State or local station

Certificate after treatment.

Local quarantine.

Suspension of immigration during existence of contagious diseases.

SEC. 7. That whenever it shall be shown to the satisfaction of the President that by reason of the existence of cholera or other infectious or contagious diseases in a foreign country there is serious danger of the introduction of the same into the United States, and that notwithstanding the quarantine defense this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce the same is demanded in the interest of the public health, the President shall have power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate and for such period of time as he may deem necessary.

Compensation for use of State buildings, etc.

SEC. 8. That whenever the proper authorities of a State shall surrender to the United States the use of the buildings and disinfecting apparatus at a State quarantine station, the Secretary of the Treasury shall be authorized to receive them and to pay a reasonable compensation to the State for their use, if, in his opinion, they are necessary to the United States.

National board of health abolished.

Vol. 20, p. 484.

SEC. 9. That the act entitled "An act to prevent the introduction of infectious or contagious diseases into the United States, and to establish a national board of health," approved March third, eighteen hundred and seventy-nine, be, and the same is hereby, repealed. And the Secretary of the Treasury is directed to obtain possession of any property, furniture, books, paper, or records belonging to the United States which are not in the possession of an officer of the United States under the Treasury Department which were formerly in the use of the National Board of Health or any officer or employee thereof.

Disposition of property.

Approved, February 15, 1893.

Exhibit B

Executive Order 5143. June 21, 1929

Executive Order

Restricting for the time being the transportation of passengers from certain ports in the Orient to a United States port.

Whereas there have arrived periodically at Pacific Coast ports since November 1928, a total of 17 trans-pacific passenger-carrying vessels with epidemic cerebrospinal meningitis infection existing on board among Oriental steerage passengers;

And Whereas the continued arrival of vessels having epidemic cerebrospinal meningitis infection on board has overtaxed the combined available quarantine facilities of federal and local health authorities and that notwithstanding the quarantine defense, there exists danger of introducing this disease into the United States;

Therefore in order to prevent the further introduction of epidemic cerebrospinal meningitis from foreign ports into the United States, by virtue of the authority vested in me by Section 7 of the Act of Congress approved February 15, 1893, entitled "An Act granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service", it is ordered that no persons may be introduced directly or indirectly by transshipment or otherwise into the United States or any of its possessions or dependencies from any port in China (including Hong Kong) or the Philippine Islands for such period of time as may be deemed necessary, except under such conditions as may be prescribed by the Secretary of the Treasury.

This order shall take effect from and after this date.

HERBERT HOOVER

THE WHITE HOUSE
June 21, 1929.

[No. 5143]

Exhibit C

PRESIDENT HOOVER'S ORDER FOR CONTROL OF MENINGITIS

EXECUTIVE ORDER

Restricting for the Time Being the Transportation of Passengers From Certain Ports in the Orient to a United States Port.

Whereas, there have arrived periodically at Pacific Coast ports since November, 1928, a total of 17 trans-Pacific passenger-carrying vessels with epidemic cerebrospinal meningitis infection existing on board among Oriental steerage passengers; and

Whereas, the continued arrival of vessels having epidemic cerebrospinal meningitis infection on board has overtaxed the combined available quarantine facilities of federal and local health authorities, and that notwithstanding the quarantine defense, there exists danger of introducing this disease into the United States;

Therefore, in order to prevent the further introduction of epidemic cerebrospinal meningitis from foreign ports into the United States, by virtue of the authority vested in me by section 7 of the act of congress approved February 15, 1893, entitled "An act granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service", it is ordered that no persons may be introduced directly or indirectly by transshipment or otherwise into the United States or any of its possessions or dependencies from any port in China (including Hongkong) or the Philippine Islands for such period of time as may be deemed necessary, except under such conditions as may be described by the Secretary of the Treasury.

This order shall take effect from and after this date.

HERBERT HOOVER

The White House,
June 21, 1929.

No. 5143

REGULATIONS GOVERNING THE EMBARKATION OF PASSENGERS AND CREW AT PORTS IN CHINA AND THE PHILIPPINE ISLANDS AND THEIR TRANSPORTATION TO UNITED STATES PORTS PRESCRIBED IN ACCORDANCE WITH THE PROVISIONS OF EXECUTIVE ORDER APPROVED JUNE 21, 1929.

A. REGULATIONS GOVERNING EMBARKATION.

1. Persons will be permitted to embark for United States ports only under the supervision of a medical officer of the United States Public Health Service and only from the ports of Shanghai and Hongkong in China, and Manila in the Philippine Islands; provided that approved facilities for preembark-

ation detention and official observation, as prescribed herein, are available and are satisfactorily used.

2. Cabin passengers and ships' officers will be permitted to only embark from such ports upon presentation of acceptable evidence that:

(a) Official medical inspection determines such person to be without rise of temperature and free from communicable or quarantinable disease;

(b) The person has not lived within two weeks prior to embarkation in premises infected with epidemic cerebrospinal meningitis, nor in a district in which such disease is prevalent.

3. Steerage passengers and crew will be permitted to embark only in such ports following:

(a) Presentation of acceptable evidence that competent bacteriological examinations of nose and throat for meningococci has been made with negative results within three days of embarkation.

(b) Detention in small isolated groups in an approved quarantine camp or compound under conditions satisfactory to a medical officer of the United States Public Health Service for not less than fourteen days prior to embarkation, during which period medical inspections shall have been made twice daily and no case of cerebrospinal meningitis shall have been detected in the quarantined group under observation.

4. No persons other than the ships' officers and cabin passengers shall be allowed to go ashore in ports in China except for disembarkation, and intercommunication between those on board and persons from shore will not be permitted.

B. REGULATIONS GOVERNING TRANSPORTATION.

1. Cabin passengers may be transported in accordance with the provisions of the Navigation Act of 1882.

2. Steerage passengers may be transported in numbers not to exceed 25 per cent of the total number allowed under the provisions of the Navigation Act of 1882, provided that:

(a) Steerage passengers embarked at each port shall be maintaining respectively in noncommunicating groups;

(b) Separate mess gear shall be used for each group, and shall be sterilized in an approved manner after each use. The use of common drinking cups and common towels is prohibited.

Personal cleanliness of steerage passengers shall be enforced for the entire voyage, and adequate soap and bathing water shall be provided as approved;

(c) Medical inspection shall be made twice daily en route by the ship's doctor, who shall immediately isolate in the ship's hospital or other suitable quarters any persons suspected of having a communicable disease;

(d) All measures practicable shall be taken on board to reduce individual contacts to a minimum, and especially attention shall be given to avoiding chilling exposure and to providing ample ventilation.

C. REGULATIONS GOVERNING VESSELS ARRIVING AT UNITED STATES PORTS UPON WHICH CASES OF MENINGITIS HAVE OCCURRED EN ROUTE.

1. All cases of meningitis shall be removed from the vessel and detained in quarantine for a period of not less than three weeks from the beginning of the disease and may be discharged following such period only when bacteriological examination of the nose and throat is negative for meningococci.

2. The immediate contacts of cases occurring among the cabin passengers, ships' officers and crew shall be removed from the vessel and detained in quarantine for not less than 14 days, and may be discharged following such period only when bacteriological examination of the nose and throat is negative for meningococci.

3. When any case occurs among the steerage passengers, all the steerage passengers shall be considered contacts and shall be removed from the vessel and held in quarantine detention for a period of not less than 14 days and may be discharged following such period only when bacteriological examination of the nose and throat is negative for meningococci; provided that in the discretion of the quarantine officer only the steerage passengers comprising the group in which the case occurs may be treated as contacts, and the other separate groups of steerage passengers may be released without detention.

Approved: July 11, 1929.

OGDEN L. MILLS,
Acting Secretary of the Treasury.

Exhibit D

ABSTRACT OF SANITARY REPORTS.

VOL. VII. WASHINGTON, D. C., SEPTEMBER 2, 1892. No. 36.

Published at the Marine-Hospital Bureau in accordance with act of Congress of April 29, 1878.]

UNITED STATES.

CIRCULAR.

Quarantine restrictions upon immigration to aid in the prevention of the introduction of cholera into the United States.

TREASURY DEPARTMENT,
Office of the Supervising Surgeon-General,
U. S. Marine-Hospital Service,
Washington, D. C., September 1, 1892.

To Collectors of Customs, Medical Officers of the Marine-Hospital Service, Foreign Steamship Companies, State and local Boards of Health:

It having been officially declared that cholera is prevailing in various portions of Russia, Germany and France, and at certain ports in Great Britain, as well as in Asia, and it having been made to appear that immigrants in large numbers are coming into the United States from the infected districts aforesaid, and that they and their personal effects are liable to introduce cholera into the United States, and that vessels conveying them are thereby a direct menace to the public health, and it having been further shown that under the laws of the several States quarantine detentions may be imposed upon these vessels a sufficient length of time to insure against the introduction of contagious diseases, it is hereby ordered that no vessel from any foreign port carrying immigrants shall be admitted to enter at any port of the United States until said vessel shall have undergone a quarantine detention of twenty days (unless such detention is forbidden by the laws of the State or the regulations made thereunder) and of such greater number of days as may be fixed in each special case by the State authorities.

This circular to take immediate effect except in cases of vessels afloat at this date, which will be made the subject of special consideration upon due application to the Department.

WALTER WYMAN,
Supervising Surgeon-General, U. S. Marine-Hospital Service.

Approved:
CHARLES FOSTER,
Secretary of the Treasury.

Approved:
BENJ. HARRISON.

Exhibit E

COVID-19 CAPIO

U.S. Customs and Border Protection (CBP) and specifically the United States Border Patrol (USBP) is supporting the U.S. Government's response to the coronavirus disease (abbreviated "COVID-19")

The Director of the Centers for Disease Control and Prevention (CDC) under the Authority of the Public Health Service Act has directed CBP to prohibit the introduction of certain persons into the United States who, due to the existence of COVID-19 in countries or places from which persons are traveling, create a serious danger of the introduction of such disease into the United States.

When implementing the order, USBP is not operating pursuant to its authorities under Titles 8 or 19. However, Border Patrol agents may rely on their training and experience in detecting, apprehending and determining whether persons are subject to the CDC order, including but not limited to the following considerations: physical observation, use of sensors and technology, physical indicators and tracking techniques, information from third-parties, and deductive techniques.

Encounter

- Enforcement efforts on the SWB and NB will be conducted as close to the physical border as practical with the objective to intercept aliens that are potentially infected with COVID-19 before further exposing or contaminating the U.S. public.
- Determine if individual encountered is a U.S. Citizen or an alien.
- U.S. Citizens and Lawful Permanent Residents are not subject to the CDC order and will be processed under existing CBP authorities.

Determine whether an alien is subject to the CDC order

- Based on training, experience, physical observation, technology, questioning and other considerations, if an agent believes that it is more likely than not that a person is an alien seeking to enter the United States, without proper travel documentation or otherwise subject to travel restrictions at or between a POE, coming from or transiting through Canada or Mexico (regardless of their country of origin), and if such a person was encountered within the area of operation of a Border Patrol station or POE operated by CBP, the CBP officer or agent shall apply the CDC order to the person in accordance with the procedures below.
- Domiciled aliens encountered within the US will be processed under existing Title 8 authorities and processes. To the extent practical, USBP will leverage field deployed mobile biometric devices to perform immigration and criminal history checks in real-time for officer safety.

Processing

- To the maximum extent possible all processing will be done in the field. Only in exigent circumstances will aliens be taken into permanent CBP facilities.
- Once USBP determines an alien is subject to the CDC order, in the field and to the extent practical, USBP will capture a subject's biographical information and archive data appropriately.

- Agents are not to place subjects in assigned vehicles
- Property is not to be taken into custody

The following recommendation will apply for guidance to the field:

At any time a subject is determined to no longer be amenable under Title 42 CDC Order agents will process under existing statutory authorities found in Title 8 of the US code. The authority to make this determination resides with the Chief Patrol Agent and cannot be delegated below the Watch Commander position. Subjects taken into custody under Title 8 must be processed under normal Title 8 guidelines (e.g., ER, NTA, etc…)

- Agents are to consider officer safety and safety to the general public at all times.
- The appropriate PPE will be utilized
- Subjects will only be placed in a designated transport vehicle and/or a designated staging area

Upon initial encounter the agent will determine if subject is amenable to expulsion under Title 42 CDC Order

- Contact TOC/Radio Room or utilize **e3 Mobile device** to create a **TSM Event #** under **'Operation Capio'** and initiate **e3 Event** from **TSM**
- Include the number of subjects encountered and verify that **'Operation Capio'** is associated with designated **e3 Event** and obtain both **TSM/e3 Event #'s**
- Record both **TSM/e3 #'s** on **Field Intake Form** and fill in the necessary information required
- Utilize **e3 Mobile** device to enter biographical information and role fingerprints for **Search Only**
- Based on results, should subject still be amenable to being expelled, subject will be transported to the designated Port of Entry – Should an agent determine a subject is not amenable to expulsion refer to **NON DEPORTABLE/IN CUSTODY**
- **Field Intake Forms** will be required to be brought back to station or designated processing areas for data entry into **TSM/e3** Intake **(Note: Ensure that ALL required information is entered on the Field Intake Form)**

Data Entry of **Field Intake Form** information

- Designated processing personnel will input information from the **Field Intake Form** into the appropriate **e3 Event #**
- Generate an **I-44** under the appropriate **e3 Event #** in accordance to provided information below (Note: Efforts to keep Family Units together should be considered at all times)
- For the purpose of Title 42 the following definitions will apply in regard to Family Units and Unaccompanied Juveniles:
    - **Family Units:** A person or persons accompanied by **ANY** relative
    - **Unaccompanied Juvenile:** A minor under the age of 18 and **NOT** accompanied by a relative
        - Dispositions for all subjects amenable to immediate expulsion

NON DEPORTABLE/NOT IN CUSTODY

I-44 Narrative Required Information:
*Subject is **one of total number in group,** encountered in **CITY, STATE**. Subject appeared to have no illness or injuries. Subject was removed through the **POE Name** under "Operation CAPIO", in accordance with Title 42 U.S.C Section 265.*

Subject is member of a Family Unit:

FAMILY MEMBER 1: Subjects Name
FAMILY MEMBER 2:
FAMILY MEMBER 3

NON DEPORTABLE/IN CUSTODY

The following disposition of **NON DEPORTABLE/IN CUSTODY** will apply to all subjects who cannot be expelled in an expeditious manner and are required to be transferred to a facility. This is necessary in order to comply with Transport, Escort, Detention, Search (TEDS) & e3 Detention Module (e3 DM).

- Subjects not amenable to being expelled: TSDB, CIMT, Aggravated Felon, Injured Alien, Non-Immigration Felony Convictions, etc…. or otherwise determined by the Sector Chief Patrol Agent or designated official
- Subjects expelled via flights as appropriate or sent to designated Quarantine Facility
- Subjects non amenable to being expelled via a POE – agents will request an **ICAD Ticket #** and record on Field Intake Form and subjects will be transferred via local guidelines
- Based on available evidence and only for extenuating circumstances, agents may determine to process under existing statutory authorities found in Title 8 of the US code. The authority to make this determination resides with the Chief Patrol Agent and cannot be delegated below the Watch Commander position. Subjects taken into custody under Title 8 must be processed under normal Title 8 guidelines (e.g., ER, NTA, etc…)

Transportation

USBP will have dedicated transportation vehicles with separation between agents and subjects encountered to minimize your exposure. At no time shall subjects be transported in USBP vehicles not designated as COVID-19 transportation vehicles unless exigent circumstances exist.

- Subjects will be transported to the nearest POE and immediately returned to Mexico or Canada, depending on their point of transit.
- Subjects encountered that are not amenable to immediate expulsion to Mexico or Canada, will be transported to a dedicated facility for limited holding prior to expulsion to the alien's country of citizenship. This varies by sector but should be a tent, soft-sided facility or predesignated CBP/USBP facility with dedicated space.
- ICE/ERO will take custody of any subject cleared by HHS or appropriate medical personnel and follow established procedures under Title 8 or Title 42 as applicable.

Vehicles utilized to temporarily hold subjects will undergo the appropriate sanitation procedures in place to minimize exposure and possible spread of virus

Convention Against Torture Claim

Aliens that make an affirmative, spontaneous and reasonably believable claim that they fear being tortured in the country they are being sent back to, will be taken to the designated station and referred to USCIS. **Agents should seek Supervisory Guidance.**

- Notify USCIS
  - USCIS determines positive, converted to Title 8, turn over to ERO and entered into 240 proceedings for an Asylum hearing based on Torture.
    - Interview by Asylum Officer while in our custody
    - Secondary review Supervisory Asylum Officer
  - USCIS determines negative, continue under Title 42, expel to Mexico or Other.

Exhibit F

Nationwide Enforcement Encounters: Title 8 Enforcement Actions and Title 42 Expulsions

On March 21, 2020 the President, in accordance with Title 42 of the United States Code Section 265, determined that by reason of existence of COVID-19 in Mexico and Canada, there is a serious danger of the further introduction of COVID-19 into the United States; that prohibition on the introduction of persons or property, in whole or in part, from Mexico and Canada is required in the interest of public health. Under this order, CBP is prohibiting the entry of certain persons who potentially pose a health risk, either by virtue of being subject to previously announced travel restrictions or because they unlawfully entered the country to bypass health screening measures. To help prevent the introduction of COVID-19 into border facilities and into the United States, persons subject to the order will not be held in congregate areas for processing and instead will immediately be expelled to their country of last transit. In the event a person cannot be returned to the country of last transit, CBP works with interagency partners to secure expulsion to the person's country of origin and hold the person for the shortest time possible. This order does not apply to persons who should be excepted based on considerations of law enforcement, officer and public safety, humanitarian, or public health interests. Expulsions under Title 42 are not based on immigration status and are tracked separately from immigration enforcement actions, such as apprehension or inadmissibility, that are regularly reported by CBP.

U.S. Border Patrol Monthly Enforcement Encounters 2021: Title 42 Expulsions and Title 8 Apprehensions

U.S. Border Patrol (USBP)	Enforcement Actions	OCT	NOV	DEC	YTD 21 TOTAL
Southwest Border	Title 42 Expulsions[2]	62,788	60,636	60,010	183,434
	Title 8 Apprehensions[1]	6,038	7,876	10,620	24,534
	Total	68,826	68,512	70,630	207,968

U.S. Border Patrol (USBP)	Enforcement Actions	OCT	NOV	DEC	YTD 21 TOTAL
Northern Border	Title 42 Expulsions[2]	27	66	25	118
	Title 8 Apprehensions[1]	47	26	30	103
	Total	74	92	55	221
Land Border Total	Title 42 Expulsions[2]	62,815	60,702	60,035	183,552
	Title 8 Apprehensions[1]	6,085	7,902	10,650	24,637
USBP - Total Land Border Enforcement Encounters		68,900	68,604	70,685	208,189

[1] Enforcement Actions refers to apprehensions or inadmissibles processed under CBP's immigration authority. Inadmissibles refers to individuals encountered at ports of entry who are seeking lawful admission into the United States but are determined to be inadmissible, individuals presenting themselves to seek humanitarian protection under our laws, and individuals who withdraw an application for admission and return to their countries of origin within a short timeframe. Apprehensions refers to the physical control or temporary detainment of a person who is not lawfully in the U.S. which may or may not result in an arrest.

[2] Expulsions refers to individuals encountered by USBP and OFO and expelled to the country of last transit or home country in the interest of public health under Title 42 U.S.C. 265.

Back to **CBP Enforcement Statistics (/newsroom/stats/cbp-enforcement-statistics)**

Office of Field Operations Monthly Enforcement Encounters 2021: Title 42 Expulsions and Title 8 Inadmissible Aliens

Office of Field Operations (OFO)	Enforcement Actions	OCT	NOV	DEC	YTD 21 TOTAL
Southwest Border	Title 42 Expulsions[2]	1,900	1,942	1,744	5,586
	Title 8 Inadmissibles1	1,000	1,008	1,139	3,147
	Total	2,900	2,950	2,883	8,733
Northern Border	Title 42 Expulsions[2]	877	511	750	2,138
	Title 8 Inadmissibles[1]	1,706	1,051	1,399	4,156
	Total	2,583	1,562	2,149	6,294
Land Border Total	Title 42 Expulsions[2]	2,777	2,453	2,494	7,724
	Title 8 Apprehensions[1]	2,706	2,059	2,538	7,303

Office of Field Operations (OFO)	Enforcement Actions	OCT	NOV	DEC	YTD 21 TOTAL
OFO - Total Land Border Enforcement Encounters		5,483	4,512	5,032	15,027

[1] Enforcement Actions refers to apprehensions or inadmissibles processed under CBP's immigration authority. Inadmissibles refers to individuals encountered at ports of entry who are seeking lawful admission into the United States but are determined to be inadmissible, individuals presenting themselves to seek humanitarian protection under our laws, and individuals who withdraw an application for admission and return to their countries of origin within a short timeframe. Apprehensions refers to the physical control or temporary detainment of a person who is not lawfully in the U.S. which may or may not result in an arrest.

[2] Expulsions refers to individuals encountered by USBP and OFO and expelled to the country of last transit or home country in the interest of public health under Title 42 U.S.C. 265.

Back to **CBP Enforcement Statistics (/newsroom/stats/cbp-enforcement-statistics)**

Last modified: January 7, 2021

Tags: **Statistics, Port Security, U.S. Border Patrol**

Exhibit G

JANUARY 19, 2021
ICE JUVENILE
COORDINATOR REPORT

UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

JENNY LISETTE FLORES, *et. al.*, Plaintiffs, v. JEFFREY A. ROSEN, Acting Attorney General of the United States, *et al.*, Defendants.	Case No.: CV 85-4544-DMG

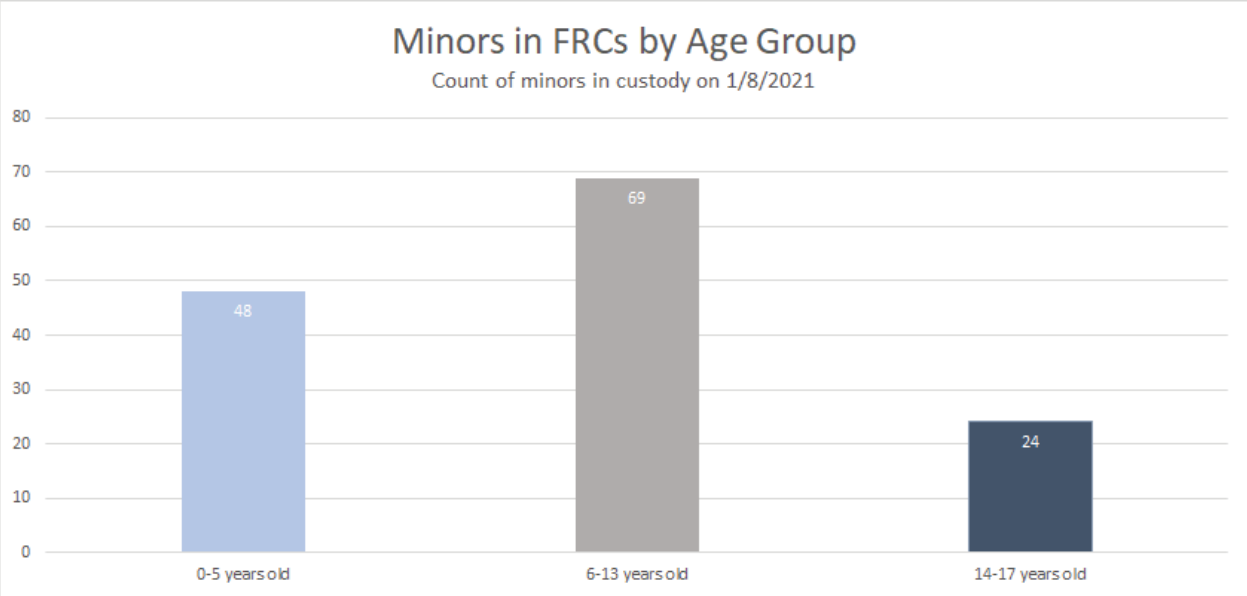
JANUARY 2021 INTERIM REPORT
OF JUVENILE COORDINATOR DEANE DOUGHERTY
SUBMITTED BY IMMIGRATION AND CUSTOMS ENFORCEMENT

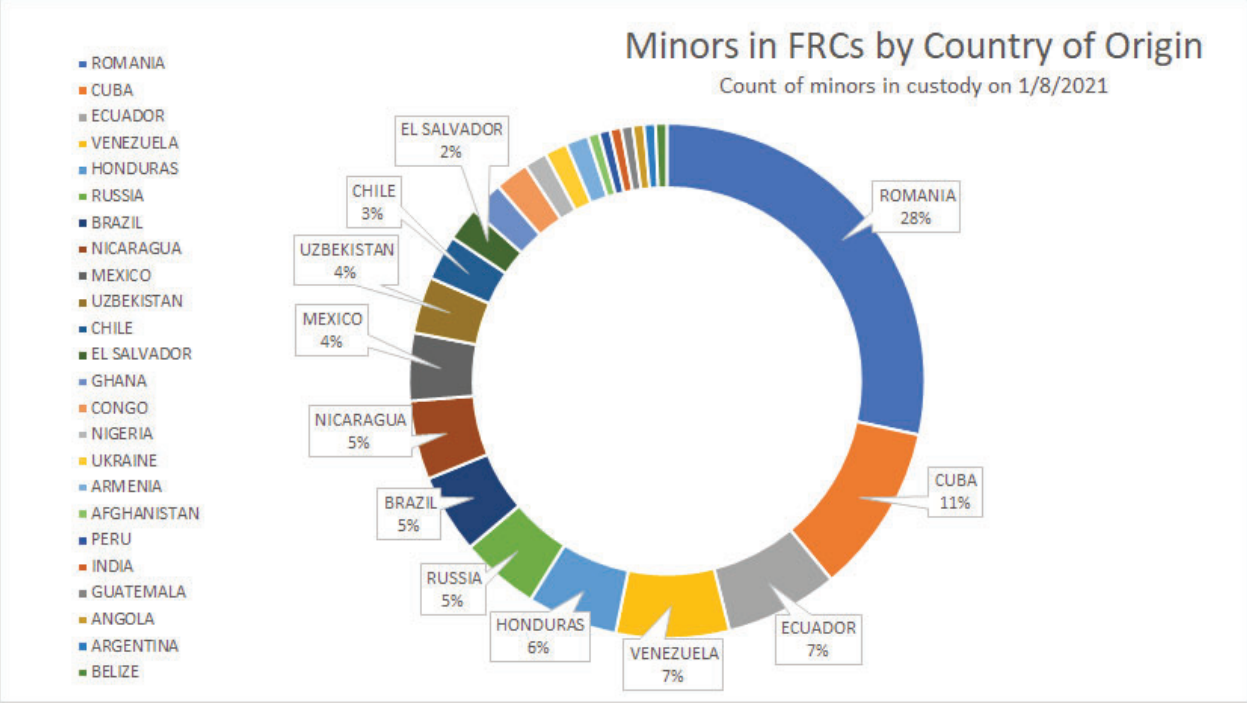
As required by the Court in its order issued on December 4, 2020, U.S. Immigration and Customs Enforcement (ICE) Juvenile Coordinator Deane Dougherty is submitting the following interim report to provide an update on the Class Members in the FRCs over 20 days, status of implementation of COVID-19 guidances, a census of positive COVID-19 cases at the family residential centers (FRCs), the status of compliance with respect to minors held in Title 42 custody, and confirmation that ICE continues to comply with requests for information and access to residents made by Ms. Ordin and Dr. Wise.

Due to the constantly evolving nature of the COVID-19 crisis, and the frequency of custody and discharge determinations, the information in this report is current and accurate as of the time of signature, or for the reported data, as of the date or time noted in conjunction with the information provided.

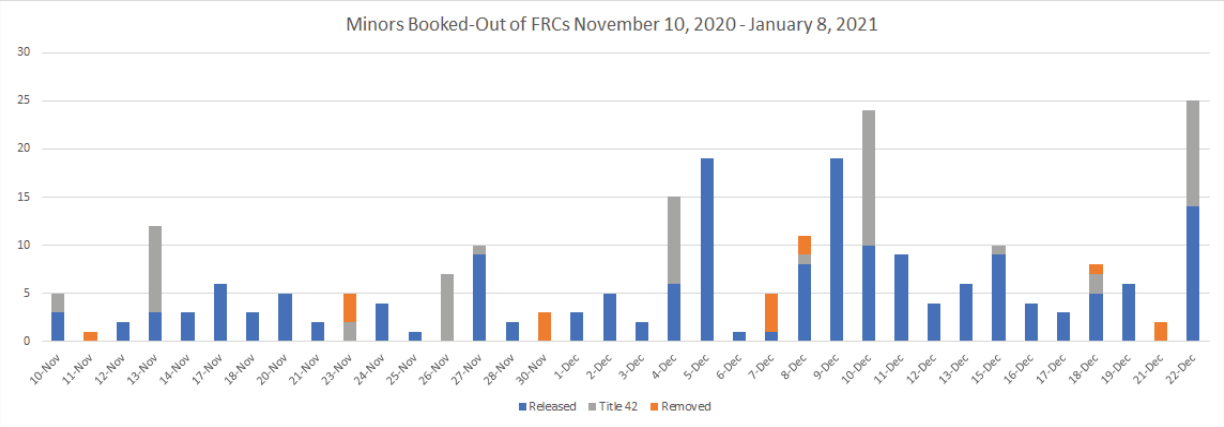
I. Making and Recording Individualized Custody Determinations and Census of Minors at FRCs

As of January 8, 2021, there were a total of 141 Class Members at ICE FRCs. The figures below breakdown these Class Members by age and country of origin.





ICE has been making continuous efforts to release Class Members under applicable standards throughout the course of this litigation and, where there are no impediments to removal, those that are subject to final orders of removal are repatriated in accordance with the law.[1] This includes the expeditious release of minors who received a positive credible fear finding by U.S. Citizenship and Immigration Services (USCIS) pursuant to a request for reconsideration, a process solely committed to and within the discretion of USCIS and with which ICE is not involved. The graph below portrays the book-outs by the FRCs from November 10, 2020 to January 8, 2021, which includes 260 Class Members released into the interior of the United States, 20 Class Members removed from the United States, and 80 Class Members returned to their country of origin pursuant to Title 42 authorities.



As of January 8, 2021, 37 Class Members have been detained at an FRC 20 days or more. Exhibit A. I have reviewed the data provided in Exhibit A, and it has been shared with the Special Monitor, as required by the December 4, 2020, Order. Because this list must be shared with the Special Monitor in advance of this filing, the information contained therein may have changed

[1] On January 11, 2012, the U.S. District Court for the Western District of Texas issued a stay of removal for named Plaintiffs in *S.L.V. v. Rosen*, No. 21-00017 (W.D. Tex. filed Jan 11, 2021). The stay prevented the imminent removal of at least five families detained at the STFRC. The stay expires 14 days' from issuance, and a hearing is set in the district court for January 25, 2021. Additionally, a stay of removal for named Plaintiffs in *Huisha-Huisha v. Gaynor, et al.*, No. 21-100 (D.D.C. filed Jan. 12, 2021), prevents the expulsion of three families at the KCFRC who are subject to Title 42.

since the date it was compiled. These individuals, and their accompanying parent(s) or legal guardian(s), may be subject to the *Flores* waiver process contemplated in this Court's September 18, 2020 Order. This process has two parts that remain in development: (1) the Notice of Rights, and (2) an updated policy or instruction regarding the process that flows from service of the Notice of Rights where a Class Member and parent or legal guardian consent to the Class Member's separate release (Directive). On January 12, 2021, the parties filed the latest court-ordered Joint Status Report regarding the proposed Notice of Rights and Directive. Once the Court issues a finalized Notice of Rights and Directive, ICE will update the specific explanations for continued detention over 20 days as outlined in paragraph 1, 4(c), and 4(d) of the Court's June 26 Order, in its interim reporting.

II. Status of ICE's Implementation of COVID-19 Guidances

I have confirmed that the measures described in the declarations and the Juvenile Coordinator's reports, previously submitted to this Court, pertaining to the operational changes the FRCs have implemented to mitigate the introduction into, and spread of, COVID-19 are still in effect. As has been the case since the beginning of the pandemic, ICE FRCs are operating well below maximum capacity, as demonstrated in the chart below.

Family Residential Center Occupancy 1/8/2021					
Facility	Total # of Beds	# of Beds Occupied	% of Beds Occupied	# of Beds Not Occupied	% of Beds Not Occupied
Berks Family Residential Center	96	11	11%	85	89%
Karnes County Residential Center	830	79	10%	751	90%
South Texas Family Residential Center	2,400	194	8%	2,206	92%
Total	**3,326**	**284**	**9%**	**3,042**	**91%**

I am actively monitoring the Department of Homeland Security and ICE guidance with respect to distributing the COVID-19 vaccination. Due to the limited initial vaccine doses, vaccinations have begun for law enforcement officers in prioritized phases and in accordance with U.S. Centers for Disease Control and Prevention (CDC) recommendations and in partnership with

the Veterans Health Administration. One of these prioritized locations is the San Antonio Field Office, in which both the Karnes and South Texas Family Residential Centers are located. Please note that the vaccination program is voluntary for ICE personnel. I will update this Court when more information about the vaccination rollout becomes available, particularly as it may relate to residents.

III. Report of ICE Facilities Holding Minors and Number of COVID-19 Cases

ICE has been regularly reporting positive COVID-19 cases to the United States District Court for the District of Columbia, which is overseeing *O.M.G. v. Wolf*, and the notices of positive results are also submitted to this Court. The following charts describe the number of positive COVID-19 cases at the ICE FRCs as of January 8, 2021.

COVID-19 Positive Cases at Family Residential Centers as of 1/8/2021				
Facilities	**Minor**	**Adult**	**Staff**	**Total**
Berks Family Residential Center	-	1	10	**11**
Karnes County Residential Center	39	53	78	**170**
South Texas Family Residential Center	12	15	103	**130**
Total	**51**	**69**	**191**	**311**

COVID-19 Positive Cases of Residents at Family Residential Centers as of 1/8/2021			
Facilities	**At Intake**	**In General Population**	**Total**
Berks Family Residential Center	1	-	**1**
Karnes County Residential Center	92	-	**92**
South Texas Family Residential Center	17	10	**27**
Total	**110**	**10**	**120**

COVID-19 Positive Cases of Residents at Family Residential Centers as of 1/8/2021				
Facilities	**Symptomatic**	**Asymptomatic**	**Hospitalized**	**Total**
Berks Family Residential Center	1	-	-	**1**
Karnes County Residential Center	3	89	-	**92**
South Texas Family Residential Center	6	21	-	**27**
Total	**10**	**110**	**-**	**120**

Pursuant to section 4(b)(iv) of this Court's April 24, 2020 Order, the minors who remain housed at the ICE FRCs have not been released or transferred to non-congregate settings for two

reasons: (1) because they are either in quarantine or cohorting based on CDC guidance as a result of testing positive for COVID-19 or they are a new intake and must undergo a 14-day observation period; and/or (2) because they are housed with their parent or legal guardian whose release is not appropriate and, as discussed previously, ICE will determine the minor's eligibility for release with the consent of a parent or legal guardian in accordance with any future remedy ordered by the Court.

As of January 8, 2021, Cowlitz County Juvenile Detention Center ("Cowlitz") has had no reported cases of COVID-19 by residents or staff.

IV. Additional Policies and Practices Aimed at Identifying and Protecting Minors from COVID-19

Pursuant to section 5 of the Court's December 4, 2020 Order, I can confirm that I facilitated, and participated in a number of telephonic discussions with Ms. Ordin, Dr. Wise, Ms. Fabian and others to discuss Flores compliance with particular regard to COVID-19 precautions. Of note is one case in which Dr. Wise was particularly interested involving a four year old with a shoulder injury that occurred while enroute from Ecuador and was discovered while housed at the South Texas Family Residential Center (Dilley). While not directly related to Flores oversight, Dr. Wise acknowledged that the medical care and procedures provided to the child while housed at Dilley were excellent and followed accepted protocols. Dr. Wise, Ms. Ordin and ICE officials collaborated to ensure an expedited review of the child's Reasonable Fear claims which resulted in release from the facility. Additionally, the family was released with a detailed recommended medical care plan and referrals for possible future medical care in the local community in which the family planned to reside while continuing through their immigration proceedings. Ms. Ordin and I also conferred regarding the status of Title 42 families and UAC as well as the submission of this report. I have also telephonically provided Ms. Ordin with data and reports on the hoteling

of minors and families with regard to Title 42 compliance and families who exceeded 20 days in residence at a FRC.

V. Title 42 Compliance

Pursuant to section 6 of the Court's September 4, 2020 Order, ordering that the government maintain records and statistical information on minors held in Title 42 custody, to include an update regarding the number of minors held in Title 42 custody, and to monitor compliance with the Agreement with respect to minors held in Title 42 custody, I can confirm that ICE has included minors temporarily housed by ICE pursuant to Title 42 authorities over 72 hours pending expulsion in its monthly Paragraph 28A reporting shared with Plaintiffs' counsel since March 2020, and will continue to do so. Since the last interim report I filed, advising this Court that KCFRC was exclusively housing Title 42 families, as of November 22, 2020, KCFRC resumed housing both Title 42 and Title 8 families.

On November 18, 2020, the U.S. District Court for the District of Columbia issued an order granting a nationwide preliminary injunction prohibiting the expulsion of unaccompanied alien children under regulations issued by the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) implementing Title 42, Section 265 of the U.S. Code (Title 42). *P.J.E.S. v. Wolf*, No. 20-cv-02245, (D.D.C. filed Aug. 14, 2020). The district court invalidated these regulations as applied to a class defined as:

> all unaccompanied noncitizen children who (1) are or will be detained in U.S. government custody in the United States, and (2) are or will be subjected to expulsion from the United States under the CDC Order Process, whether pursuant to an Order issued by the Director of the Centers for Disease Control and Prevention

under the authority granted by the Interim Final Rule, 85 Fed. Reg 16559-01, or the Final Rule, 85 Fed. Reg. 56,424-01.

Id.

Between November 10, 2020, and January 8, 2021, which includes nine days before the preliminary injunction in *P.J.E.S.* was issued, ICE temporarily housed a total of 86 minors pending expulsion under Title 42 processes. Of those, ICE temporarily housed 5 minors at an FRC with an average length of stay of 7 days; the chart below demonstrates the age categories:

Age Category	# of minors
0 -5 years old	2
6 - 13 years old	2
14 - 17 years old	1
Total	**5**

ICE temporarily housed 81 minors in hotels, with an average length of stay of 1.4 days; the charts below demonstrate the age categories and breakdowns by family composition[2]:

Family Composition	# of minors
Family Unit	2
Family Group	2
Single Minor	77
Total	**81**

[2] As a reminder, the reporting period for Title 42 data includes single minors processed under Title 42 authorities pre-*P.J.E.S.* preliminary injunction.

Age Category	# of minors
0 -5 years old	1
6 - 13 years old	6
14 - 17 years old	74
Total	**81**

Of the 86 minors temporarily housed pursuant to Title 42 by ICE, no minors were held in hotels for more than 72 hours pending transfer to a licensed facility, and no minors were held in a hotel for more than 2 days pending an expulsion flight.

Signed on this 19th day of January 2021.

DEANE D DOUGHERTY

Digitally signed by DEANE D DOUGHERTY
Date: 2021.01.19 08:52:09 -05'00'

Deane Dougherty
Juvenile Coordinator

ATTACHMENT A
TO JANUARY 15, 2021 ICE JUVENILE COORDINATOR REPORT

Det Locat on	A-Numbe	Subject D	Last Name	F st Name	Count y of C t zensh p Code	Book-In Date	B th Date	Age	Age G oup	F nal O de Date (as of 1/6/21)	Case Catego y	Spec f c explanat on fo detent on 20 Days
[redacted]	[redacted]		[redacted]	[redacted]	CONGO	9/30/2020	[redacted]	1	0 to 5	9/7/2020	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly received a negative credible fear de emination by an APSO on 08/0 /20. On 08 11 20, the IJ affi med the nega ive decision. The family un f's atto ney f led a RFR on 08/12 20. The RFR was den ed on 08/13/20. The fam ly unit s attorney submit ed a 2nd RFR on 10/02/20. The RFR was den ed on 10/06/20. The minor had a final order of emoval but cou d not be removed because the minor/family unit was subject to an administrative stay of removal issued by the U.S. D strict Court for the Northern Distr ct of Cal fornia on Oc ober 17, 2020, in East Bay Sanctuary Covenant v. Barr, No. 19- 073 (N.D. Cal. Fi ed Jul. 16, 2019) P) appeal docketed, No. 19-16 87 (9th Cir. iled Jul. 29, 2019). This s ay has now been li ted. The minor is subject to a inal order of removal and there are no impediments to removal at th s time. Minor is in the process of being scheduled for removal, which includes working with the consula e o secure travel documents and being tested for COVID-19 as is required by country of or gin. The minor is from The Democra ic Republic of Congo and ights are occur ing frequen ly. The family un t is pending Travel documents and awaiting the next ava lable commerc al fl ght for repatria ion. The projected removal will be [redacted]
[redacted]	[redacted]		[redacted]	[redacted]	BRAZIL	12/16/2020	[redacted]	2	0 to 5	In Proceedings	[BK] Expedi ed Removal Termina ed due to Credible Fear Finding / NTA Issued	The minor family / lega ly ente ed on 12/08/2020 and claimed fear of returning to their home country. The amily un t was scheduled for an asylum interv ew on 12 22 20. An APSO rendered a pos tive decision on 12 23 20. The case of icer received the NTA on 12 23 20. The amily unit is pending release after the sponsor provides the travel arrangements. The fam ly unit in tially did not have a sponsor and was being prepared for intake at a shelter. Contact was made with Pas o [redacted] with [redacted], who wi l sponsor the fam ly.
[redacted]	[redacted]		[redacted]	[redacted]	CHILE	3/18/2020	[redacted]	2	0 to 5	3/15 2020	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly received a negative credible fear de emination by an APSO on 03/26 20. On 0 08 20, the IJ affi med the decision set by the APSO. The amily un t's a torney f led for a RFR on 0 /10/20. The RFR was denied on 0 /15 20. The amily un t was schedu ed for removal on 05/05/20. The removal was cancel ed due to the amily un t's a torney f ling a stay of removal with the Circuit Court of the District of Columbia on 0 /28/20. The DC Circu t Court granted the stay of removal on 0 29 20. On 05 15/20, the administra ive stay was dissolved. The family un t was re-scheduled or removal on 05 26 20. The minor had a final order of removal but could not be emoved because the family un t was subject to multiple admin st ative s ays of removal issued in D.A.M v Barr and East Bay Sanctuary Covenant v. Barr. Whi e the stay was in p ace the family un t's attorney iled a 2nd RFR on 06 0 /20. The RFR was den ed on 07/01/20. A RFR was submitted for a 3rd time by the family un t's attorney on 09 23/20. Add tionally, the administrative stays were dissolved. The 3rd RFR was den ed on 12/17/20. The family unit s attorney submit ed a th RFR on 12/21/20. On 01/08/21, an APSO returned with a positive credib e ear determinat on. The family un t was re eased on 01/11/21 after the sponsor provided the t avel arrangemen s.
[redacted]	[redacted]		[redacted]	[redacted]	CHILE	3/18/2020	[redacted]	3	0 to 5	3/1 2020	[BG] Expedited Removal - Credib e Fear Referral	Th s minor may be el gible for indiv dual elease f the parent des gnates a caregiver to whom the minor can be released. As of today, a parent has not des gnated a caregiver or requested that the minor be released separately from her or him. ICE will de ermine the minor's e igibi ity for release with the consent of a parent or guard an in accordance w th the process finalized and approved by the court as contemplated in the 09/18 20 order. The minor/fam ly received a negative credible fear determination by an APSO on 03/26 20. On 0 08 20, the IJ affirmed the decision set by the APSO. The amily un t's a torney f led for a RFR on 0 /10/20. The RFR was den ed on 0 /15/20. The fam ly unit s attorney fi ed a stay of removal w th the Circu t Court of the District of Columb a on 0 28 20. The DC Circuit Court granted the stay of removal on 0 /29/20. On 05/15/20, the admin st ative stay was d ssolved. The fam ly unit was scheduled for removal on 05/26 20. The minor had a final order of removal but cou d not be removed because the fam ly unit was subject to mul ip e administra ive stays of removal issued in D.A.M v Barr and East Bay Sanctuary Covenant v. Barr. While the stay was in place the family unit's at orney fi ed a 2nd RFR on 06 22/20. The RFR was denied on 06 25/20. A RFR was subm ted for a 3rd time by the amily unit's a torney on 09/23/20. Addit onally, the administrative stays we e dissolved. The 3rd RFR was den ed on 12/11/20. The family unit s attorney submitted a th RFR on 12 21/20. The RFR dec s on is pending.
[redacted]	[redacted]		[redacted]	[redacted]	HONDURAS	9/1 /2019	[redacted]	3	0 to 5	9/30 2019	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly received a negative credible fear de emination by an APSO on 09/23 19. On 09 30 19, the IJ affi med the decision set by the APSO. The amily un t's a torney f led for a RFR on 10/09/19. The RFR was denied on 10/09 19. The minor had a final order of removal but cou d not be removed because the family un t was subject to multiple admin strative stays of removal issued in M.M.V v Barr, D.A.M v Barr and East Bay Sanctuary Covenant v. Barr. Wh le the stay was in place the fam ly un t s attorney iled a 2nd RFR on 09/2 /20. The RFR was denied on 10/20/20. The admin strative stays have been dissolved. The minor is subject to a final order of removal and there are no impediments to emoval at th s time. Minor is in the process of being scheduled for removal, which includes working with the consulate to secure t avel documents and being tested or COVID 19 as is required by country of o igin. The next p ojec ed date of removal s 01 13/21.
[redacted]	[redacted]		[redacted]	[redacted]	VENEZUELA	12/19/2020	[redacted]		0 to 5	10/15/2020	[BC] Excludab e / Inadmissib e - Admin strative Final Order Issued	The minor/fam ly unit ordered removed on 10 15 20 by an IJ under MPP. The minor/fam ly unit ll egally re-entered on 12/17/20. As per HQ-R O, the family unit removal has been denied. The fam ly unit was re-eased on 01/08/21 after the sponsor provided the travel arrangements.
[redacted]	[redacted]		[redacted]	[redacted]	HONDURAS	9/1/2019	[redacted]	5	0 to 5	8/30 2019	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly received a negative credible fear de emination by an APSO on 09/0 19. On 09 18 19, the IJ affi med the decision set by the APSO. The minor had a final order of emoval but cou d not be removed because the fam ly unit was subject to multiple admin st ative s ays of removal issued in M.M.V v Barr and D.A.M v Barr. The fam ly unit s attorney filed for a RFR on 09/30/20. The RFR was den ed on 10/07/20. The administrative stays have been dissolved. The minor is subject to a final order of removal and there are no impediments to removal at this time. Minor is in the process of being scheduled or removal, which includes working with the consulate to secure t avel documents and being tested or COVID-19 as is required by country of origin. The minor family un t was schedu ed for removal on 11/11/2020. The fl ght was cancelled due to weather and airport damage. The next projec ed date of removal s 01/13/21.
[redacted]	[redacted]		[redacted]	[redacted]	CUBA	11/19/2020	[redacted]	5	0 to 5	12/19/2019	[BC] Excludab e / Inadmissib e - Admin strative Final Order Issued	The minor/fam ly init a ly ll ega ly entered on 09 18 2019, processed as MPP and returned to Mexico. The amily un t was ordered removed o Cuba on 12/19/2019 by an IJ. On 11/18/20, the fam ly unit llegally re-entered. As per the Government of Cuba, the family un t was faxed approved for removal. The family un t was removed from the emoval fl ght to Cuba schedu ed for 12 29 2020 due to testing pos tive for Cov d-19. The pro ected removal w i be [redacted]
[redacted]	[redacted]		[redacted]	[redacted]	VENEZUELA	12/19/2020	[redacted]	5	0 to 5	10/22/2020	[BC] Excludab e / Inadmissib e - Admin strative Final Order Issued	The minor/fam ly unit ordered removed on 10 22 20 by an IJ under MPP. The minor/fam ly unit ll egally re-entered on 12/17/20. As per HQ-R O, the family unit removal has been denied. The fam ly unit was re-eased on 01/08/21 after the sponsor provided the travel arrangements.
[redacted]	[redacted]		[redacted]	[redacted]	MEXICO	12/8/2020	[redacted]	6	6 to 13	12/16/2020	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly unit c aimed fear returning to their country of cit zenship on 12/0 /20. The fam ly unit was scheduled for their asylum interview on 12/1 /20. The minor/fam ly was issued a negative decision by an APSO on 12/16/20. The fam ly unit did no request an IJ review of the nega ive determination. The fam ly unit changed their mind and requested an IJ rev ew of the nega ive decision. IJ hearing schedu ed for 01 06/21. The family un t's atto ney f led a RFR on 01/08 21. An APSO ssued a pos ive decision on 01/11/21. The family unit will be released after the sponsor provides the travel arrangements.
[redacted]	[redacted]		[redacted]	[redacted]	BRAZIL	12/15/2020	[redacted]	6	6 to 13	3/12 2020	[16] Reinstated Final Order	Th s minor may be el gible for ind v dual elease f the parent des gnates a caregiver to whom the minor can be released. As of today, a parent has not des gnated a caregiver or requested that the minor be released separately from her or him. ICE will de ermine the minor's e igibi ity for release with the consent of a parent or guard an in accordance w th the process finalized and approved by the court as contemplated in the 09/18 20 order. The minor/fam ly unit claimed fear returning o their country of c tizenship on 12/1 /20. The family un t was schedu ed for their asylum interview on 01/0 /21. The minor/fam ly was issued a nega ive decision by an APSO on 01/05/21. The fam ly unit did not request an IJ review of the negative determinat on. On 01 09/21, the amily unit changed their mind and is now requesting an IJ review of the negative dec s on set by the APSO. The decision s pending.
[redacted]	[redacted]		[redacted]	[redacted]	BRAZIL	12/18/2020	[redacted]	7	6 to 13	N/A	Other - T tle 2 Return	T 2 return fl ght tentative for 01 1 21.
[redacted]	[redacted]		[redacted]	[redacted]	ROMANIA	12/18/2020	[redacted]	7	6 to 13	In Proceedings	[BK] Expedi ed Removal Termina ed due to Credible Fear Finding / NTA Issued	The minor/fam ly / lega ly ente ed on 12/15/2020 and claimed fear of returning to their home country. The amily un t was scheduled for an asylum interv ew on 12 28 20. An APSO ssued a NTA on 12 28/20. The case o ficer eceived the NTA on 01 03/21. The amily un t is pending release after the sponsor provides the travel arrangemen s.
[redacted]	[redacted]		[redacted]	[redacted]	CUBA	11/26/2020	[redacted]	8	6 to 13	11/19/2019	[BC] Excludab e / Inadmissib e - Admin strative Final Order Issued	The minor/fam ly init a ly ll ega ly entered on 08 26 2019, processed as MPP and returned to Mexico. The amily un t was ordered removed in absentia to Cuba on 11/19 2019 by an IJ. On 11/2 /20, the amily un t l lega ly re-en ered. As per the Government of Cuba, the fam ly unit has been approved for removal. The family un t was removed from the CE cha ter o Cuba scheduled for 12/29/2020 due to the at orney submit ing an emergency stay. The stay was denied. The projected removal w ll be [redacted]
[redacted]	[redacted]		[redacted]	[redacted]	ROMANIA	12/1 /2020	[redacted]	8	6 to 13	In Proceedings	[BK] Expedi ed Removal Termina ed due to Credible Fear Finding / NTA Issued	[redacted] ly / lega ly ente ed on 12/1 1/2020 and claimed fear of returning to their home country. The amily un t was scheduled for an asylum interv ew on 12 29 20. An APSO ssued a NTA on 12 31/20. The case o ficer eceived the NTA on 12 31/20. The amily un t was released on 01 09/21 a ter the sponsor prov ded the travel arrangements.
[redacted]	[redacted]		[redacted]	[redacted]	GHANA	12/9/2020	[redacted]	9	6 to 13	In Proceedings	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly unit c aimed fear returning to their country of cit zenship on 12/05/20. The fam ly unit was scheduled for their asylum interview on 12/17/20. The minor/fam ly was issued a negative decision by an APSO on 12/22/20. The fam ly unit requested an IJ rev ew of the nega ive determination. The IJ hearing was scheduled or 12/31 20. The IJ vace d the dec s on set by the APSO on 12/31/2020. USCIS ssued the NTA on 01/05/2021. The fam ly unit was released on 01/09/21 after the sponsor prov ded the travel arrangements.
[redacted]	[redacted]		[redacted]	[redacted]	EL SALVADOR	8/27/2019	[redacted]	9	6 to 13	9/18 2019	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly received a negative credible fear de emination by an APSO on 09/02 19. On 09 18 19, the IJ affi med the decision set by the APSO. The minor had a final order of emoval but cou d not be removed because the fam ly unit was subject to multiple admin st ative s ays of removal issued in M.M.V v Barr, D.A.M v Ba r, and M.D C v Wo f. The fam ly unit s attorney fi ed for a RFR on 09/2 /20. The RFR was den ed on 10/15/20. The administrative stays have been dissolved. The minor is subject to a inal order of removal and there are no impediments to removal at th s time. Minor is in the process of being scheduled for removal, which includes working with the consula e o secure travel documents and being tested for COVID-19 as is required by country of or gin. The projected removal date s 1/12/21.
[redacted]	[redacted]		[redacted]	[redacted]	HONDURAS	9/11/2019	[redacted]	10	6 to 13	10/17/2019	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly received a negative credible fear de emination by an APSO on 08/28 19. On 10 17 19, the IJ affi med the decision set by the APSO. The minor had a final order of emoval but cou d not be removed because the fam ly unit was subject to multiple admin st ative s ays of removal issued in M.M.V v Barr, D.A.M v Ba r, and M.D C v Wo f. The fam ly unit s attorney fi ed for a RFR on 09/22/20. The RFR was den ed on 10/07/20. The administrative stays have been dissolved. The minor s subject to a inal order of removal and there are no impediments to removal at th s time. Minor is in the process of being scheduled for removal, which includes working with the consula e o secure travel documents and being tested for COVID-19 as is required by country of or gin. The projected removal date s 1/13/21.
[redacted]	[redacted]		[redacted]	[redacted]	CONGO	12/11/2020	[redacted]	11	6 to 13	12/31/2020	[BG] Expedited Removal - Credib e Fear Referral	The minor fam ly / lega ly ente ed on 2 09 2020 and claimed fear of returning to their home country. he amily un t was scheduled for an asylum interv ew on 12 17 20. The minor/ amily unit received a negative CF decision from APSO on 12/18/20. IJ affirmed APSO's negative CF decision on 12/31/20. The minor is subject o a final o der of removal and there a e no impediments to removal at th s time. Minor is in the process of being scheduled for removal, which includes working with the consulate to secure travel documents and being tested or COV D 19 as is required by country of or gin. The fam ly unit s pending Travel documents and awai ing next ava lable commerc al fl ght for repatria ion. The next projected removal w ll be [redacted]
[redacted]	[redacted]		[redacted]	[redacted]	BRAZIL	12/18/2020	[redacted]	11	6 to 13	N/A	Other - T tle 2 Return	2 return fl ght tentative for 01 1 21.
[redacted]	[redacted]		[redacted]	[redacted]	ROMANIA	12/19/2020	[redacted]	11	6 to 13	In Proceedings	[BK] Expedi ed Removal Termina ed due to Credible Fear Finding / NTA Issued	The minor/fam ly / lega ly ente ed on 12/15/2020 and claimed fear of returning to their home country. The amily un t was scheduled for an asylum interv ew on 01 0 21. An APSO rendered a pos tive decision on 01 06 21. The case of icer received the NTA on 01 06 21. The amily unit was released on 01 09/21 af er the sponsor prov ded the travel arrangements.
[redacted]	[redacted]		[redacted]	[redacted]	HONDURAS	8/27/2019	[redacted]	11	6 to 13	8/26 2019	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly received a negative credible fear de emination by an APSO on 09/03 19. On 09 18 19, the IJ affi med the decision set by the APSO. The minor had a final order of emoval but cou d not be removed because the fam ly unit was subject to multiple admin st ative s ays of removal issued in M.M.V v Barr, D.A.M v Ba r, East Bay Sanctuary Covenant v. Barr, and M.D C v Wo f. The fam ly unit s attorney fi ed for a RFR on 09/23/20. The RFR was den ed on 10/19/20. The administrative stays have been dissolved. The minor s subject to a inal order of removal and there are no impediments to removal at this time Minor is in the process of being scheduled for removal, which includes working with the consulate to secure travel documents and being ested for COVID-19 as s required by country of origin. The projected removal date is 1/13/21.
[redacted]	[redacted]		[redacted]	[redacted]	EL SALVADOR	12/13/2020	[redacted]	12	6 to 13	9/18 2019	[BC] Excludab e / Inadmissib e - Admin strative Final Order Issued	Th s minor may be el gible for indiv dual elease f the parent des gnates a caregiver to whom the minor can be released. As of today, a parent has not des gnated a caregiver or requested that the minor be released separately from her or him. ICE will de ermine the minor's e igibi ity for release with the consent of a parent or guard an in accordance w th the process finalized and approved by the court as contemplated in the 09/18 20 order. The minor/fam ly init ally ll egally en ered on 07/12/2019, processed as MPP and returned o Mexico. The amily unit was o dered removed in absent a on 12 18 2019 by an IJ. On 12 10/20, the amily unit l lega ly re-entered. The minor is subject o a final o der of removal and there a e no impediments s o removal at th s ime. Minor is in the process of being scheduled for removal, which includes working with the consulate o secure travel documen s and being tes ed for COVID-19 as is required by count y of origin. On 12/31 2020, the fam ly unit en ered a motion o reopen. The decision s pending.
[redacted]	[redacted]		[redacted]	[redacted]	CUBA	11/26/2020	[redacted]	12	6 to 13	11/19/2019	[BC] Excludab e / Inadmissib e - Admin strative Final Order Issued	The minor/fam ly init a ly ll ega ly entered on 08 26 2019, processed as MPP and returned to Mexico. The amily un t was ordered removed in absentia to Cuba on 11/19 2019 by an IJ. On 11/2 /20, the amily un t l lega ly re-en ered. As per the Government of Cuba, the fam ly unit has been approved for removal. The family un t was removed from the CE cha ter o Cuba scheduled for 12/29/2020 due to the at orney submit ing an emergency stay. The stay was denied. The projected removal w ll be [redacted]
[redacted]	[redacted]		[redacted]	[redacted]	UZBEKISTAN	12/19/2020	[redacted]	12	6 to 13	In Proceedings	[BG] Expedited Removal - Credib e Fear Referral	Th s minor may be el gible for indiv dual elease f the parent des gnates a caregiver to whom the minor can be released. As of today, a parent has not des gnated a caregiver or requested that the minor be released separately from her or him. ICE will de ermine the minor's e igibi ity for release with the consent of a parent or guard an in accordance w th the process finalized and approved by the court as contemplated in the 09/18 20 order. The minor/fam ly unit claimed fear returning o their country of c tizenship on 12/16/20. The family un t was schedu ed for their asylum interview on 12/29/20. The minor/fam ly was issued a nega ive decision by an APSO on 12/31/20. The fam ly unit requested an IJ rev ew of the negative determina ion. The IJ hearing s schedu ed for 01/08/21. The dec s on is pending.
[redacted]	[redacted]		[redacted]	[redacted]	HONDURAS	12/16/2020	[redacted]	13	6 to 13	9/25 2019	[BC] Excludab e / Inadmissib e - Admin strative Final Order Issued	Th s minor may be el gible for indiv dual elease f the parent des gnates a caregiver to whom the minor can be released. As of today, a parent has not des gnated a caregiver or requested that the minor be released separately from her or him. ICE w ll de ermine the minor's e igibi ity for release with the consent of a parent or guard an in accordance w th the process finalized and approved by the court as contemplated in the 09/18 20 order. The minor/fam ly unit in tially llegally entered on 02/16/2019. The family un t was ssued a NTA and released. On 09/25 2019, the fam ly unit was ordered removed in absentia by an IJ. The family un t fai ed to eport on mu tiple occasions. The amily unit was apprehended in Houston, TX on 12/15/2020. The minor s subject to a inal order of removal and there are no impediments to removal at th s time. Minor is in the process of being scheduled for removal, which includes working with the consula e o secure travel documents and being tested for COVID-19 as is required by country of or gin. On 01/0 /2021, the family un t entered a mo ion to reopen. The decision is pending.
[redacted]	[redacted]		[redacted]	[redacted]	BRAZIL	12/18/2020	[redacted]	1	1 to 17	N/A	Other - T tle 2 Return	T 2 return fl ght tentative for 01 1 21.
[redacted]	[redacted]		[redacted]	[redacted]	GHANA	12/9/2020	[redacted]	1	1 to 17	In Proceedings	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly unit c aimed fear returning to their country of cit zenship on 12/05/20. The fam ly unit was scheduled for their asylum interview on 12/17/20. The minor/fam ly was issued a negative decision by an APSO on 12/22/20. The fam ly unit requested an IJ rev ew of the nega ive determination. The IJ hearing was scheduled or 12/31 20. The IJ vace d the dec s on set by the APSO on 12/31/2020. USCIS ssued the NTA on 01/05/2021. The fam ly unit was released on 01/09/21 after the sponsor prov ded the travel arrangements.
[redacted]	[redacted]		[redacted]	[redacted]	GUATEMALA	12/3/2020	[redacted]	1	1 to 17	12/31/2020	[BG] Expedited Removal - Credib e Fear Referral	Th s minor may be el gible for indiv dual elease f the parent des gnates a caregiver to whom the minor can be released. As of today, a parent has not des gnated a caregiver or requested that the minor be released separately from her or him. ICE will de ermine the minor's e igibi ity for release with the consent of a parent or guard an in accordance w th the process finalized and approved by the court as contemplated in the 09/18 20 order. The minor/fam ly unit claimed fear returning o their country of c tizenship on 12/01/20. The family un t was schedu ed for their asylum interview on 12/15/20. The minor/fam ly was issued a nega ive decision by an APSO on 12/15/20 and did not request a review from the IJ. On 12 21/20 the fam ly unit changed their mind and requested an IJ review of the negative determinat on. The IJ hearing was scheduled for 12/31/20. The IJ a firmed the nega ive decision on 12/31/20. The fam ly unit s at orney submit ed a request for RFR on 01 06/21. The decision is pending. The minor/fam ly is scheduled for a F G with USCIS on 01 11 21.
[redacted]	[redacted]		[redacted]	[redacted]	ROMANIA	12/18/2020	[redacted]	1	1 to 17	In Proceedings	[BK] Expedi ed Removal Termina ed due to Credible Fear Finding / NTA Issued	The minor/fam ly / lega ly ente ed on 12/15/2020 and claimed fear of returning to their home country. The amily un t was scheduled for an asylum interv ew on 12 28 20. An APSO ssued a NTA on 12 28/20. The case o ficer eceived the NTA on 01 03/21. The amily un t is pending release after the sponsor provides the travel arrangemen s.
[redacted]	[redacted]		[redacted]	[redacted]	ROMANIA	12/18/2020	[redacted]	1	1 to 17	In Proceedings	[BK] Expedi ed Removal Termina ed due to Credible Fear Finding / NTA Issued	The minor/fam ly / lega ly ente ed on 12/15/2020 and claimed fear of returning to their home country. The amily un t was scheduled for an asylum interv ew on 12 28 20. An APSO ssued a NTA on 12 28/20. The case o ficer eceived the NTA on 01 03/21. The amily un t is pending release after the sponsor provides the travel arrangemen s.
[redacted]	[redacted]		[redacted]	[redacted]	HONDURAS	11/11/2020	[redacted]	15	1 to 17	2/25 2020	[BC] Excludab e / Inadmissib e - Admin strative Final Order Issued	The minor/fam ly unit in tially / egally entered on 10/03/2018. The fam ly unit was issued a NTA and released. On 02/25/2019 the fam ly unit was ordered removed in absentia by an IJ. The fam ly unit was apprehended in Beaumont, TX on 11/10/2020. The minor is subject to a final order of removal and there are no impediments to emoval at th s ime. Minor is in the process of being scheduled for removal, which includes working with the consulate to secure t avel documents and being tested or COVID 19 as is required by country of o igin. The next p ojec ed date of removal s 01 13/21.
[redacted]	[redacted]		[redacted]	[redacted]	ROMANIA	12/19/2020	[redacted]	15	1 to 17	In Proceedings	[BK] Expedi ed Removal Termina ed due to Credible Fear Finding / NTA Issued	The minor/fam ly / lega ly ente ed on 12/15/2020 and claimed fear of returning to their home country. The amily un t was scheduled for an asylum interv ew on 01 0 21. An APSO rendered a pos tive decision on 01 06 21. The case of icer received the NTA on 01 06 21. The amily unit was released on 01 09/21 af er the sponsor prov ded the travel arrangements

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	9/11/2019	[redacted]	15	1 to 17	10/3 2019	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly received a negative credible fear de ermination by an APSO on 09/25 19. On 10 03 19, the IJ affi med the decision set by the APSO. The minor had a final order of emoval but cou d not be removed because the fam ly unit was subject to multiple admin st ative s ays of removal ssued in M M V Barr, D A.M v Ba r, and M.D C v Wo f. The fam ly unit s attorney fi ed for a RFR on 10/07/19. The RFR was den ed on 10/17/19. A 2nd RFR was f led by the amily un f's a torney on 09/25/20. The RFR was denied on 10/22 20. Addit onally, the admin strative stays have been dissolved. The minor is subject o a final order of removal and there are no impediments to removal at this time. Minor is in the process of being scheduled or removal, which includes working with the consulate to secure t avel documents and being tested or COVID-19 as is required by country of origin. The pro ected removal date is 1/13/21.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	12/18/2020	[redacted]	16	1 to 17	N/A	Other - T ile 2 Return	T 2 return fi ght tentative for 0 1 1 21.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	12/9/2020	[redacted]	16	1 to 17	In Proceedings	[BG] Expedited Removal - Credib e Fear Referral	The minor/fam ly unit c aimed fear returning to their country of cit zenship on 12/05/20. The fam ly unit was scheduled for their asylum interview on 12/17/20. The minor/fam ly was issued a negative decision by an APSO on 12/22/20. The fam ly unit requested an IJ rev ew of the nega ive determination. The IJ hearing was scheduled or 12/31 20. The IJ vaca ed the dec s on set by the APSO on 12/31/2020. USCIS ssued the NTA on 01/05/2021. The fam ly unit was released on 01/09/21 after the sponsor prov ded the travel arrangements.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	12/18/2020	[redacted]	17	1 to 17	In Proceedings	[BK] Expedi ed Removal Termina ed due to Credible Fear Finding / NTA Issued	The minor/fam ly i lega ly ente ed on 12/15/2020 and claimed fear of returning to their home country. The amily un t was scheduled for an asylum interv ew on 12 28 20. An APSO ssued a NTA on 12 28/20. The case o ficer eceived the NTA on 01 03/21. The amily un t is pending release after the sponsor provides the travel arrangemen s.

Exhibit H

JANUARY 15, 2021
CBP JUVENILE
COORDINATOR REPORT

1300 Pennsylvania Avenue NW
Washington, DC 20229

U.S. Customs and Border Protection

January 15, 2021

MEMORANDUM FOR: The Honorable Judge Gee
District Judge
U.S. District Court, Central District of California

FROM: Henry A. Moak, Jr.
Chief Accountability Officer
U.S. Customs and Border Protection

1/15/2021
X
Signed by: HENRY A MOAK JR

SUBJECT: CBP Juvenile Coordinator Interim Report

On December 4, 2020, this Court ordered the U.S. Customs and Border Protection (CBP) Juvenile Coordinator to file an interim report "providing a census of Class Members in CBP custody, describing COVID-19 guidances, and specifically addressing whether the conditions at the Weslaco Border Patrol Station [(WSL)] are safe and sanitary under [Flores Settlement Agreement (FSA)] Paragraph 12." The CBP Juvenile Coordinator submits the following report in response to this Court's December 4, 2020 Order. This report does not reflect all FSA monitoring activities conducted since filing the 2020 CBP Juvenile Coordinator report. A comprehensive account of FSA monitoring across the Southwest Border will be included in the annual CBP Juvenile Coordinator report to be filed on July 1, 2021. Based on my review of COVID-19 guidance issued and my team's observations of its implementation, I believe WSL was substantially compliant with the FSA, specifically the safe and sanitary conditions under FSA Paragraph 12.

Background

CBP continues to assist the Centers for Disease Control and Prevention (CDC) in enforcing its *Order Suspending Introduction Of Persons From A Country Where A Communicable Disease Exists* (March 20, 2020) as amended and extended.[1] On November 18, 2020, the U.S. District Court for the District of Columbia issued a preliminary injunction prohibiting the U.S. Department of Homeland Security (DHS) from expelling any minor in the U.S. pursuant to the CDC Order who would otherwise be an unaccompanied alien child (UAC) under Title 8.[2] As of the filing date of this report, the government may still expel single adults and family units in the United States traveling from Canada or Mexico (regardless of their country of origin) who would

[1] *See,* 85 Fed. Reg. 16567 (Mar. 24, 2020).
[2] *See*, *P.J.E.S. v. Wolf, et al., No. 1:20-cv-02245* (D.D.C. Nov. 18, 2020). *See also,* 6 U.S.C. § 297(g)(2) (defining unaccompanied alien child as a child who: (a) has no legal status in the U.S.; (b) has not attained 18 years of age; and (c) does not have a parent or legal guardian in the U.S. or whose parent or legal guardian is not able to provide care and physical custody).

otherwise be held in ports of entry or U.S. Border Patrol (USBP) stations for immigration processing.

Since filing my 2020 annual report, the USBP Rio Grande Valley (RGV) Sector has adapted to new operational tempos related to reduced numbers of individuals in custody and long-scheduled renovations of certain facilities. RGV Sector completed demobilizing the soft-sided facility in Donna, Texas in May 2020, and in September 2020, suspended operations at the Central Processing Center-Ursula (CPC-Ursula) in McAllen, Texas in order to complete renovations at the latter facility. As a result, WSL is currently operating as the primary processing hub for both UACs and family units apprehended in RGV Sector.

On November 18, 2020, Plaintiffs interviewed three class members in WSL and submitted declarations that included statements alleging lack of social distancing, crowded hold rooms, cold temperatures, no soap or hand sanitizer available for handwashing, limited or no facemasks provided to individuals in custody, and personnel not wearing facemasks inside the holding area. In response, I directed the Juvenile Coordinator's Office (JCO) to conduct inspections in the RGV Sector, and advise me of their findings. The results of the JCO inspection specifically related to WSL and the station's implementation of COVID-19 guidance are included in this report.

Census of Class Members in Custody

From October 1, 2020 through December 31, 2020, USBP reported 207,968 encounters along the Southwest land border, which is considerably higher than the encounters reported in Fiscal Year (FY) 2020 for the same period.[3] However, in FY2021 to date, the overwhelming majority of these encounters were with single adults.[4] USBP encounters with UACs and family units accounted for only 13% of all December 2020 enforcement encounters.[5] By comparison, in May 2019, the height of the 2019 surge, UAC and family units accounted for 72% of USBP Southwest land border enforcement encounters.[6] In RGV Sector specifically, there were 5,184 UAC enforcement encounters and 4,275 family unit enforcement encounters from October 1 to December 31, 2020.[7] These encounters represent a 55% increase in UAC enforcement encounters and a 35% decrease in family unit enforcement encounters compared to the same period in FY2020.[8]

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[3] *See, Southwest Land Border Encounters,* U.S. Department of Homeland Security, Customs and Border Protection, https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters, (last visited January 14, 2021).
[4] *Id.*
[5] *Id.*
[6] *Id. See also, Stats and Summaries,* U.S. Department of Homeland Security, Customs and Border Protection, https://www.cbp.gov/newsroom/media-resources/stats, (last visited January 15, 2021).
[7] *See, U.S. Border Patrol Southwest Border Apprehensions by Sector,* U.S. Department of Homeland Security, Customs and Border Protection, https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters/usbp-sw-border-apprehensions, (last visited January 14, 2021).
[8] *Id.*

For all USBP facilities along the Southwest Border, maximum facility capacity is approximately 11,200.[9] Maximum facility capacity assumes a homogenous population and full operating status at all facilities.[10] The actual holding capacity along the Southwest Border, and more specifically by facility, is constantly changing based on the characteristics of the in-custody population.[11] For example, a facility's actual holding capacity may change based on the demographics and genders of individuals in custody to ensure the safety of all individuals in custody.[12] In December 2020, there was an average daily population of 634 individuals in USBP custody along the Southwest Border.[13] The average daily population of individuals in RGV Sector was 120 in December 2020.[14]

To address COVID-19 concerns, to the maximum extent operationally feasible, CBP has a current targeted holding capacity of 25% of a facility's normal operational capacity. This target was developed for CBP planning purposes, taking into account COVID-19 considerations and precautions to minimize exposure risk as well as account for additional space requirements for social distancing and isolation/quarantine requirements. In facilities where class members are held, it is not always operationally feasible to stay below the 25% target, and there have been instances where class members were held in facilities with an in-custody population above this target. In these circumstances, CBP still makes every effort to minimize the risk of exposure, including wearing appropriate Personal Protective Equipment (PPE), distributing surgical facemasks to individuals in custody, and following CDC social distancing recommendations.

COVID-19 Guidance

CBP is committed to protecting the health of individuals in its custody and its workforce. As the pandemic unfolds, CBP continues to monitor on-the-ground conditions and respond accordingly to balance mission requirements and health considerations. CBP has coordinated closely and regularly with the CDC regarding COVID-19 guidance since the onset of the pandemic and continues to update, refine, and enhance guidance as appropriate. As with any dynamic operating environment, flexibility is crucial. CBP has issued agency-wide COVID-19 guidance, which establishes general guidelines. Sector and station leadership implement these guidelines consistent with their unique situational demands.

The CBP COVID Toolkit, developed by the CBP Chief Medical Officer and CBP Office of Human Resource Management/Occupational Safety and Health Division (OSH), in consultation with DHS Headquarters and the CDC, contains extensive guidance regarding COVID-19 practices, including COVID exposure risk assessment (contact tracing), isolation/quarantine guidance, and return-to-work guidance. The CBP Chief Medical Officer also engages regularly and directly with operational and medical leadership along the border regarding optimization of COVID-19 practices.

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[9] *See, Custody and Transfer Statistics FY2021,* U.S. Department of Homeland Security, Customs and Border Protection, https://www.cbp.gov/newsroom/stats/custody-and-transfer-statistics, (last visited January 14, 2021).
[10] *Id.*
[11] *Id.*
[12] *Id.*
[13] *Id.*
[14] *Id.*

The CBP Job Hazard Analysis (JHA) is included in the CBP COVID Toolkit. The JHA was developed under the direction of the CBP Chief Medical Officer and OSH, and focuses on CBP-wide job-task specific COVID exposure risk and PPE guidance. The JHA outlines the recommended or required PPE all CBP personnel must wear during specific job-tasks. Depending on the situation, PPE required or recommended by the JHA may include any combination of the following items: nitrile gloves, N-95 respirator, protective outer garments, gowns, shoe coverings, face shields, or non-vented goggles. Per the JHA, USBP agents must wear an N-95 respirator when they are within six feet of anyone, gloves when touching potentially contaminated surfaces, and goggles or a face shield during any increased risk situations. In addition, agents must wear a face covering or surgical facemask if further than six feet but still in contact with individuals in custody or personnel.

In addition to the CBP-wide guidance, USBP issued field guidance reiterating the JHA requirements related to PPE and requiring agents to distribute PPE to individuals in custody as appropriate. Furthermore, the guidance requires agents to use only designated transport units equipped with appropriate PPE and sanitized per sector protocol. Additionally, USBP issued two COVID-19 checklists to facilitate contract tracing after a known exposure. Both have specific steps for supervisors and employees, depending on their responsibilities, to notify any individuals in custody of their potential exposure. Moreover, the medical checks conducted by contracted medical professionals or local health facilities for all juveniles entering USBP custody, described in my last report, now include targeted COVID-19 questions in addition to the standard medical questions. All juveniles receive an initial medical check, which includes a temperature check and COVID-19 questions as well as standard medical questions. Any juveniles needing further diagnosis and treatment are referred to the local health system as needed.

Specific to RGV Sector, Sector leadership issued the "Revised Rio Grande Valley Sector Guidelines for COVID-19 Spread Mitigation in the Workplace" memorandum on September 9, 2020 to re-emphasize existing CBP guidance and update Sector-specific requirements. This memorandum specifically requires agents to wear an N-95 respirator when processing, transporting, arresting, or performing any other duty that may require an agent to be in close and/or prolonged proximity to individuals in custody. It also requires that any individual in custody with known or potential COVID-19 receive a surgical facemask. While this memorandum specifically requires surgical facemasks for individuals in custody who are known or suspected of being positive for COVID-19, the current practice is to assume that any person in custody has potential COVID-19 exposure or infection and provide surgical facemasks. At WSL, JCO observed that surgical facemasks were provided to all individuals entering the facility. The juveniles my team interviewed confirmed that agents provided facemasks following apprehension in the field and that they had received new facemasks throughout their time in custody.

Weslaco Station (WSL)

On December 1, 2020 at 9:00 AM, JCO conducted an announced inspection at WSL. At the time of the inspection, there were 51 juveniles onsite, 49 UACs and two accompanied alien

children (AAC). WSL was operating below its targeted COVID-19 holding capacity of 25% of the station's total capacity.

Juveniles were in 11 hold rooms, and JCO inspected each one. All hold rooms had functioning toilets with toilet paper and functioning sinks with soap. One hold room had a malfunctioning sink; however, there were two other functioning sinks available in that hold room, and a work order had been submitted for the malfunctioning sink. The hold rooms and processing area were clean, and no sanitary issues were observed. Each hold room had a five-gallon water jug and cups available for drinking. All hold rooms measured within the temperature range of 66 to 80 degrees Fahrenheit. JCO observed a separate designated caregiver area, where the younger juveniles could play. Contracted caregivers were onsite, and JCO confirmed they worked seven days a week.

JCO observed the food and supplies available for agents to provide to juveniles. An agent explained that a food services contractor prepared and distributed meals three times a day. Baby formula, cookies, crackers, Pedialyte, milk, and juice were available and within the expiration date. Diapers, baby wipes, body soap, toothbrushes and toothpaste, shampoo, deodorant, and feminine hygiene products were also available. JCO observed various types of clothing available in multiple sizes for juveniles and adults.

JCO pulled a sample of six juveniles currently onsite and reviewed their custody logs. All six custody logs recorded receipt of a new surgical facemask mask. All six juveniles' custody logs recorded showers, clean clothes, and dental hygiene products provided. While five of the custody logs recorded welfare checks at regular intervals, showing adequate supervision to protect the juvenile from others, one had a four-hour gap around dinnertime. Although there was a gap in recordation, JCO observed agents moving through the processing area and caregivers onsite engaging with juveniles to provide consistent supervision. Three of the custody logs did not record that a mat and Mylar blanket had been provided, although JCO observed that all juveniles had both. While no juveniles were receiving medical care while JCO was onsite, all had the required medical checks recorded in their custody logs.

Throughout the inspection, my team paid special attention to how WSL implemented COVID-19 guidance and the measures taken to prevent the spread of COVID-19. JCO observed juveniles arriving to the station through the sally port. As the juveniles exited the vehicle, JCO observed that they were wearing surgical masks. In the sally port, medical contractors stood by to conduct medical checks and provide a new surgical facemask. Medical contractors asked specific questions from a COVID-19 questionnaire and completed the standard medical check, which included taking the juvenile's temperature. Medical contractors informed JCO that juveniles with possible COVID-19 symptoms remained in the sally port until being transported to a local hospital for further evaluation. If the hospital determined the juvenile was positive for COVID-19 or another contagious disease, the juvenile was taken to a different station for isolation. At the time of this inspection, Brownsville Station was designated as the medical isolation station. If the juveniles did not have possible COVID-19 symptoms, they received a more detailed medical check before entering the facility.

The Acting Watch Commander ((A) WC) informed JCO that agents provided surgical facemasks to juveniles upon apprehension and these surgical facemasks were routinely replaced throughout juveniles' time in custody. When briefing the WSL Acting Patrol Agent in Charge ((A) PAIC) after leaving RGV Sector, the (A) PAIC informed JCO that agents typically provided extra facemasks to families with young children each time facemasks were replaced because agents recognized younger children were more likely to drop the facemask or get it dirty before it was replaced next. Moreover, JCO observed caregivers handing out surgical facemasks at the time that juveniles received a shower, which reflected new COVID-19 protocols. The (A) WC informed JCO that on November 25, 2020, RGV Sector instructed WSL to have only six individuals shower at a single time to decrease the number of individuals queueing for a shower. JCO observed this practice at the time of the inspection. Moreover, JCO observed soap dispensers filled with soap in all hold rooms at WSL. JCO later learned that by the end of December, RGV Sector had installed soap dispensers in all hold rooms Sector-wide. JCO observed that surgical facemasks and gloves were stored on the exterior side of all hold room doors. My team observed agents wearing N-95s respirators at all times in the processing area and when interacting with individuals in custody.

JCO leveraged video conferencing technology to interview juveniles while onsite. The same team members who interviewed all juveniles during the 2020 reporting period continued the same general process of interviewing juveniles who volunteered to speak about their time in CBP custody. One team member onsite facilitated the interview process and solicited volunteers. The second team member, fluent in Spanish, used a video conferencing platform to interview juveniles and translate for the onsite team member. JCO conducted the interviews with the juveniles in a room separate from any agents or other individuals in custody. Both juveniles and the onsite team member wore facemasks and maintained, as best as possible, social distancing throughout the interview.

First, JCO interviewed C.T.S., a 15-year-old UAC female from Guatemala. At the time of the interview, C.T.S. had been in CBP custody for approximately 12 hours. C.T.S. explained that apprehending agents treated her with respect and provided a facemask for her to wear before she was transported to a station. At the first station she arrived at, C.T.S. explained that medical professionals took her temperature in the sally port and gave her a new facemask to wear. After, C.T.S. explained that she was brought inside the station for a medical check and processing. Custodial records noted that a medical check was completed when C.T.S. arrived at Rio Grande City Station. After the medical check, C.T.S. informed JCO she received a blue wristband, which the onsite interviewer observed on her wrist. After initial processing and fingerprinting was complete, C.T.S. told JCO she was placed in a hold room where there were approximately 25 individuals, including adult females with children. C.T.S. informed JCO that all individuals in the hold room were wearing facemasks and that there was space between them. Inside the hold room, C.T.S. confirmed there was a functioning toilet with toilet paper and a functioning sink with soap. She also confirmed that there was a five-gallon water jug with cups. C.T.S. stated the hold room temperature fluctuated, indicating sometimes it felt hot and sometimes it felt cold. C.T.S. estimated she was in this hold room for a half hour before she was transferred to WSL.

When she arrived at WSL, C.T.S. explained medical professionals also took her temperature in the sally port and gave her a new facemask. C.T.S. then explained the medical professionals conducted another medical check inside the station and gave her another blue wristband after it was complete. The JCO interviewer onsite observed C.T.S. was wearing two blue wristbands at the time of the interview. Next, C.T.S. explained that she received water, an apple, juice, and crackers. C.T.S. also stated she received a Mylar blanket and mat when she was placed in the WSL hold room with approximately 8 or 9 female juveniles who were all wearing facemasks. C.T.S. confirmed that this hold room also had a functioning toilet with toilet paper, a functioning sink with soap, and a five-gallon water jug with paper cups. Like at the first station, C.T.S. explained that the temperature in the WSL hold room also fluctuated between "hot" and "cold," but that she was still able to sleep. C.T.S. told JCO that the lights were not dimmed overnight. C.T.S. explained that the next morning, the day of the interview, she and the female juveniles in her hold room all woke up by themselves without anyone waking them up.

Next, she explained that she received breakfast, which included a warm egg and bean burrito, an apple, crackers, milk, and bottled water. C.T.S. told JCO that she ate breakfast, and it did not hurt her stomach. Custodial records noted that she was provided a hot breakfast and a new mask. After breakfast, C.T.S. stated she showered and brushed her teeth. She explained that caregivers facilitated the shower process and gave clear instructions about the hygiene items available and where to put her dirty clothes so that they could be washed and returned to her. At the time of the interview, C.T.S. was wearing a T-shirt and sweatpants she received before her shower and her own jacket over top of the T-shirt. C.T.S. told JCO the shower trailer was warm and that she was not rushed during the shower process. C.T.S. also told JCO that she received a new facemask before she took her shower. After showering, C.T.S. stated she returned to the hold room. Custodial records noted that she was provided with a shower, bodily cleansing product, dental hygiene product, feminine hygiene product, and clean clothing. She stated she moved to a different hold room before the interview because the one she was in was being cleaned. When she moved to the new hold room, C.T.S. stated she received a new Mylar blanket and mat. C.T.S. told JCO she and the other female juveniles in her hold room had been watching cartoons. She also told JCO she had not been hungry and that she had been treated with respect throughout her time in CBP custody. Before ending the interview, JCO reminded C.T.S. that medical professionals were available onsite if needed, and that she could ask for food, snacks, and hygiene items. Custodial records noted that she was shown the UAC video. Custodial records also noted that she received a hot lunch and that, later that afternoon, she was transported to a U.S. Health and Human Services, Office of Refugee and Resettlement (HHS/ORR) facility.

Next, JCO interviewed E.R.A., a 17-year-old UAC male from Guatemala. At the time of the interview, E.R.A. had also been in CBP custody for approximately 12 hours. E.R.A. told JCO that the apprehending agent was respectful, offered him water to drink, and gave him a facemask to wear. Like C.T.S., E.R.A. explained he was then transported to a station where medical professionals took his temperature in the sally port before he entered the station for a medical check. During the medical check, the medical professional asked E.R.A. if he was hungry and gave him water and crackers. After the medical check, E.R.A. received a blue wristband, which the onsite JCO interviewer observed him wearing. This medical check was not recorded in his custody log. E.R.A. explained that he then completed initial processing, which included fingerprinting, before he was placed in a hold room with one other male juvenile, who was also

wearing a facemask. E.R.A. confirmed there was a functioning toilet, a functioning sink with soap, and a five-gallon water jug with cups. E.R.A. explained he was in the hold room very briefly before being transferred to WSL.

Upon arriving at WSL, E.R.A. explained that medical professionals took his temperature in the sally port and he received a new facemask. Then, medical professionals completed a medical check inside the station. After this medical check, E.R.A. also received a blue wristband. The onsite JCO interviewer observed he was wearing both wristbands at the time of the interview. This medical check was recorded in E.R.A.'s custody log. After the medical check, E.R.A. stated he was assigned a hold room, and received a mat and Mylar blanket. E.R.A. also told JCO he was given an apple, crackers, milk, and water. Custodial records noted that he was provided with snacks, bodily cleansing product, dental hygiene product, a mat, and a Mylar blanket. E.R.A. stated that he shared the hold room with the same juvenile that was in his hold room at the first station. He confirmed this hold room also had a functioning toilet with toilet paper, a functioning sink with soap, and a five-gallon water jug with cups. E.R.A. said the hold room was cold, but "not too bad." E.R.A. told JCO he had been able to sleep, but not well because he was nervous about being in custody. When JCO asked whether there was anything specifically making him nervous, he explained it was the new environment and the fact that he had never been in CBP custody before. E.R.A. stated the lights were on overnight. E.R.A. explained that, the next day, someone opened the hold room door and said, "Wake up," before handing out breakfast, which included a warm burrito, apple, cookies, milk, juice, and bottled water. Custodial records noted that he was provided a hot breakfast and a new mask. After breakfast, E.R.A. told JCO he took a nap on his mat before he showered and brushed his teeth. E.R.A. explained there were two male caregivers giving instructions in Spanish about the shower process, including instructions about clean towels, clean clothes, and soap. E.R.A. stated he received clean clothes to wear while his clothes were laundered. At the time of the interview, E.R.A. was wearing the clothes provided by the station and his own jacket. Custodial records noted that he was provided with a shower, bodily cleansing product, dental hygiene product, and clean clothing. Prior to the interview, E.R.A. also told JCO he received lunch, which included a warm burrito, two single-serving boxes of cereal, an apple, juice, and bottled water. Custodial records noted that he received a hot lunch. E.R.A. stated he received a new facemask before the interview. He informed JCO it was the third facemask he received while in CBP custody. Before ending the interview JCO reminded E.R.A. that medical professionals were available onsite if needed, and that he could ask for food, snacks, and hygiene items. Custodial records noted that he was shown the UAC video. Custodial records also noted that, later that afternoon, he was transported to a HHS/ORR facility.

Based on JCO's inspection, I believe WSL was substantially compliant with the FSA, and more specifically, conditions were safe and sanitary as articulated under Paragraph 12A of the FSA. WSL was operating below the targeted 25% COVID-19 capacity during the inspection. Furthermore, JCO discussed with the (A) WC the safety measures implemented in response to COVID-19. JCO's observations and interviews with juveniles demonstrated WSL followed these enhanced safety measures, including agents wearing N-95 respirators in the processing areas and while interacting with individuals in custody, temperature screenings conducted in the sally port, routine distribution of surgical facemasks for individuals in custody, and soap for handwashing available in all hold rooms.

The current operating environment, amidst the COVID-19 pandemic, places increased demands on CBP and adds additional variables to its comprehensive border security mission. USBP must accept and maintain custody of individuals until they can be transferred to another agency regardless of facility capacity. CBP generally relies on its inter-agency partners to transfer juveniles out of its custody. This coordination and expeditious transfer of juveniles out of CBP custody is even more critical during this period of reduced capacity to facilitate social distancing and prevent the spread of COVID-19. CBP recognizes this unique challenge as well as its responsibilities under the FSA to ensure safe and sanitary conditions for all juveniles in its custody. The Agency will continue to monitor on-the-ground conditions and adjust accordingly to minimize risk of COVID-19 exposure and protect the health of all individuals in custody.

Exhibit I

Official Website of the Department of Homeland Security

ICE

Report Crimes: Email or Call 1-866-DHS-2-ICE

NOTICE

Click here for the latest ICE guidance on COVID-19

ICE Guidance on COVID-19

Overview & FAQs | ICE Detainee Statistics | Judicial Releases | Previous Statements

Page information is recorded from a live database; data may change as the agency receives updated case information.

DETAINED POPULATION [1]	COVID-19 POSITIVE CASES CURRENTLY IN CUSTODY [2]	DETAINEES TESTED
AS OF 01/08/2021	UNDER ISOLATION OR MONITORING AS OF 01/10/2021	AS OF 01/08/2021
15,415	**523**	**82,585**

COVID-19 ICE Detainee Statistics by Facility

AS OF 01/10/2021

Custody/AOR/Facility	Confirmed cases currently under isolation or monitoring	Detainee deaths [3]	Total confirmed COVID-19 cases [4]
Atlanta Field Office			
Charleston County Detention Center	0	0	2
Columbia Regional Care Center	0	0	1
Folkston ICE Processing Center (D. Ray James)	7	0	91
Irwin County Detention Center	13	0	61
Robert A. Deyton Detention Center	1	0	5
Sheriff Al Cannon Detention Center	0	0	1
Stewart Detention Center	42	3	446
Baltimore Field Office			
Howard County Detention Center	1	0	2
Worcester County Jail	0	0	1
Boston Field Office			
Bristol County Detention Center	0	0	1
Cumberland County Jail	0	0	1
Franklin County House of Corrections	1	0	9

Plymouth County Correctional Facility	2	0	2
Strafford County Corrections	6	0	16
Wyatt Detention Center	1	0	5
Buffalo Field Office			
Buffalo (Batavia) Service Processing Center	2	0	52
Chicago Field Office			
Chase County Detention Facility	0	0	82
Clay County Justice Center	1	0	18
Dodge County Jail	0	0	4
Kankakee County Detention Center	2	0	2
Lincoln County Detention Center	0	0	1
McHenry County Adult Correctional Facility	0	0	6
Montgomery County Jail	0	0	1
Morgan County Detention Center	0	0	1
Pulaski County Detention Center	2	0	110
Dallas Field Office			
Bluebonnet Detention Facility	1	0	391
Eden Detention Center	0	0	62
Johnson County Law Enforcement Center	0	0	4
Kay County Detention Center	0	0	1
Moore Detention Center	0	0	35
Prairieland Detention Facility	2	0	133
Rolling Plains Detention Center	0	0	59
Denver Field Office			
Aurora Contract Detention Facility	38	0	167
Detroit Field Office			
Butler County Jail	1	0	1
Calhoun County Correctional Center	4	0	55
Geauga County Jail	0	0	1
Monroe County Jail	0	0	1
Morrow County Correctional Facility	0	0	51
Saint Clair County Jail	3	0	15
El Paso Field Office			
Cibola County Correctional Center	0	0	1
El Paso Service Processing Center	9	0	323
Otero County Processing Center	0	0	185
Torrance County Detention Center	0	0	55
Houston Field Office			

Coastal Bend Detention Center	0	0	12
Houston Contract Detention Facility	0	0	159
IAH Polk Adult Detention Facility	0	0	31
Joe Corley Detention Center	0	1	51
Montgomery Processing Center (Houston)	12	0	245
Los Angeles Field Office			
Adelanto ICE Processing Center	4	0	270
Miami Field Office			
Baker County Detention Center	1	0	13
Broward Transitional Center	58	0	218
Glades County Detention Center	3	1	182
Krome North Service Processing Center	4	0	221
Larkin Behavioral Health Center	0	0	2
San Juan Staging Facility	0	0	1
Wakulla County Jail	1	0	42
Newark Field Office			
Elizabeth Detention Center	1	0	38
Essex County Jail	9	0	23
New Orleans Field Office			
Adams County Correctional Center	3	0	109
Alexandria Staging Facility	16	0	220
Allen Parish Detention Center	0	0	12
Catahoula Correctional Center	0	0	119
Etowah County Jail	6	0	30
Hancock County Jail	0	0	1
Jackson Parish Correctional	1	0	114
LaSalle ICE Processing Center - Jena	0	0	83
LaSalle ICE Processing Center - Olla	1	0	25
Pine Prairie ICE Processing Center	8	0	73
Richwood Correctional Center	0	0	127
River Correctional Center	0	0	56
South Louisiana Correctional Center	4	0	29
Winn Correctional Center	10	1	284
New York City Field Office			
Bergen County Jail	0	0	7
Hudson County Jail	0	0	14
Orange County Jail	1	0	1
Philadelphia Field Office			
Berks Family Residential Center	0	0	1

Cambria County Prison	0	0	12
Clinton County Correctional Facility	6	0	62
Pike County Correctional Facility	3	0	36
South Central Regional Jail	1	0	1
York County Prison	108	0	235
Phoenix Field Office			
CCA Florence Correctional Center	12	0	103
Eloy Federal Contract Facility	4	0	280
Florence Detention Center	6	0	95
La Palma Correctional Facility	16	0	531
Salt Lake City Field Office			
Cache County Jail	0	0	15
Henderson Detention Center	2	0	28
Nevada Southern Detention Center	0	0	13
Nye County Jail	1	0	60
Washington County Jail	0	0	6
San Antonio Field Office			
El Valle Detention Facility	11	0	117
Karnes County Family Residential Center	5	0	95
Laredo Processing Center	0	0	7
LaSalle County Regional Detention Center	0	0	11
Limestone County Detention Center	3	0	92
Port Isabel Detention Center	10	0	242
Rio Grande Detention Center	14	0	183
South Texas Family Residential Center (Dilley)	2	0	27
South Texas ICE Processing Center (Pearsall)	4	0	284
T. Don Hutto Residental Center	1	0	3
Webb County Detention Center (CCA)	7	0	101
San Diego Field Office			
Imperial Regional Detention Facility	9	0	19
Otay Mesa Detention Center (San Diego CDF)	0	1	201
San Luis Regional Detention Center	0	0	21
San Francisco Field Office			
Golden State Annex Facility	2	0	5
Mesa Verde ICE Processing Center	0	0	59
Yuba County Jail	6	0	7
Seattle Field Office			

Northwest ICE Processing Center (NWIPC)	1	0	29
St. Paul Field Office			
Douglas County Corrections	0	0	1
Freeborn County Adult Detention Center	0	0	5
Hardin County Jail	0	0	7
Kandiyoh County Jail	1	0	41
Linn County Jail	0	0	2
Nobles County Jail	0	0	2
Phelps County Jail	0	0	2
Polk County Jail	0	0	15
Sherburne County Jail	0	0	2
Washington D.C. Field Office			
Caroline Detention Facility	9	0	65
Immigration Centers of America - Farmville	0	1	339
TOTAL	523	8	8,735

Updated 01/11/2021 5:00pm

[1] ICE's FY 2019 Average Daily Population was 50,165.

[2] "Currently under isolation or monitoring" includes detainees who tested positive for COVID-19 and are currently in ICE custody under isolation or monitoring. This number excludes detainees who previously tested positive for COVID-19 and were either returned to the general population after a discontinuation of medical monitoring/isolation or are no longer in ICE custody.

[3] "Detainee deaths" includes detainees who have died after testing positive for COVID-19 while in ICE custody; COVID-19 may not be the official cause of death.

[4] "Total confirmed COVID-19 cases" is the cumulative total of detainees who have tested positive for COVID-19 while in ICE custody since testing began in February 2020. Some detainees may no longer be in ICE custody or may have since tested negative for the virus.

↑ Return to top

Last Reviewed/Updated: 01/11/2021

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

NANCY GIMENA HUISHA-HUISHA, *et al.*, *Plaintiffs*, v. ALEJANDRO MAYORKAS, Secretary of Homeland Security, in his official capacity, *et al.*, *Defendants*.	)	No. 21-cv-00100-EGS

DECLARATION OF PUBLIC HEALTH EXPERTS IN SUPPORT OF PLAINTIFFS' MOTION FOR CLASSWIDE PRELIMINARY INJUNCTION

The undersigned hereby declare:

1. We make this declaration based on our own personal knowledge and if called to testify could and would do so competently and truthfully to these matters.

Sharmila Shetty, MD

2. I, Sharmila Shetty, am a public health physician with 20 years of experience in global health practice. I completed my pediatric residency training at North Shore University Hospital in Manhasset, N.Y., and then completed my post-doctorate fellowship in applied epidemiology at the Centers for Disease Control and Prevention (the "CDC"), and subsequently worked at the CDC for another 11 years, until November 2020.

3. From 2015 to 2020, I served as a medical epidemiologist and Epidemiology Lead for the Global Rapid Response Team in the CDC's Emergency Response and Recovery Branch, where I responded to multiple global health crises including Ebola, measles, and cholera outbreaks. During the COVID-19 pandemic, I was part of the Emergency Operations Center's domestic response and served as the Clinical team deputy, and also provided clinical guidance on COVID-19 to healthcare providers.

4. From 2009 to 2014, I served as a medical epidemiologist in the CDC's Immigrant, Refugee, and Migrant Health Branch. In that capacity, I, among other responsibilities, developed an H1N1 influenza preparedness plan for U.S.-bound refugees, investigated outbreaks, and recommended strategies for managing epidemics.

5. I've also served as faculty at Johns Hopkins Bloomberg School of Public Health, in the International Health Department, working on the Hib Vaccine Initiative.

6. I am currently a medical epidemiologist at the Fund for Population Health New York City working on COVID-19 in Congregate Settings

7. My curriculum vitae is attached as Exhibit A.

Stephen Patrick Kachur, MD, MPH

8. I, S. Patrick Kachur, am a Professor of Population and Family Health at the Columbia University Mailman School of Public Health. I am a public health physician with 30 years of experience in global health practice. I completed clinical and residency training at the Mary Imogene Bassett Hospital and Johns Hopkins University and a community health fellowship at the University of Ilorin in Nigeria.

9. For over 20 years (1995-2018), I was based at the CDC, where I held leadership roles in the Malaria Branch and Center for Global Health, receiving the agency's highest service award. At the CDC, I contributed to the Global Health Security Agenda and responded to global health crises including pandemic H1N1 influenza, Ebola and Zika.

10. My scholarship has focused on experimental and observational epidemiology and health systems studies examining the effectiveness and equity of malaria and child health interventions, with an emphasis on real world research that shapes policies and programs. I joined the faculty of the Columbia University Medical Center in 2018, where I coordinate implementation science partnerships with a focus on expanding access to quality primary health care services. I also serve on the World Health Organization's Malaria Policy Advisory Committee.

11. My curriculum vitae is attached as Exhibit B.

Les Roberts, MPH, PhD

12. I, Leslie ("Les") Roberts, am an epidemiologist and a Professor of Population and Family Health at the Columbia University Mailman School of Public Health.

13. I did my post-doctorate fellowship in epidemiology at the CDC. I worked at the CDC for 4 years, where I was the first winner of the CDC's Paul C. Schnitker Award for contributions to global health.

14. In addition, in 1994, I worked as an epidemiologist for the World Health Organization in Rwanda during their civil war. I was also the Director of Health Policy at the International Rescue Committee from 2000 until 2003. I have led over 50 surveys in 17 countries, and my studies have been cited by the U.S. State Department, United Nations, World Health Organization, and other governmental and international institutions. I am also a regular lecturer at John Hopkins University. I hold a bachelor's degree in physics from St. Lawrence University, a master's degree in public health from Tulane University, and a PhD in environmental engineering from John Hopkins University.

15. My curriculum vitae is attached as Exhibit C.

Bradley A. Woodruff, MD, MPH

16. I, Bradley A. Woodruff, am a physician and medical epidemiologist. I currently work as a consultant for UNICEF, WHO, WFP, and other United Nations agencies. I have faculty appointments at the Rollins School of Public Health of Emory University and several other schools of public health worldwide.

17. I studied medicine at Upstate Medical Center in Syracuse, New York and public health at the Johns Hopkins School of Hygiene and Public Health.

18. I worked for the CDC for 20 years, from 1987 to 2007. For most of my career at CDC, I worked in the fields of communicable disease, specifically diarrheal disease, viral hepatitis, and refugee health. During the last 4 years, I worked in the field of nutrition and nutritional status assessment.

19. I have received many awards during my career, including the Charles C. Shepard Award for Outstanding Scientific Contribution to Public Health, the Secretary's Award for Distinguished Service, and several US Public Health Service citations.

20. I have authored or co-authored more than 75 publications in biomedical journals and several major reports and book chapters.

21. My curriculum vitae is attached as Exhibit D.

The CDC Order's Inconsistency with Public Health Practice

22. In our opinion, the proposition that the March 20th CDC Order should be used to expel families seeking asylum is not logical or consistent with public health practice or epidemiological evidence.

23. Our understanding is that the vast majority of asylum seekers coming to the Southwest border pass through Mexico. Mexico is therefore the place of their likeliest exposure to COVID-19 before coming to the United States.

24. At this time, the prevalence of COVID-19 in Mexico is lower than in the United States itself. At the time of this declaration, the recorded incidence in Mexico has been lower than in the United States for the entire outbreak, and less than one-fourth the rate over the last week and month.[1] The fact that Mexico has a lower rate of infection than the United States is confirmed by sero-prevalence studies, which use blood tests to measure the

[1] *See Mexico*, Johns Hopkins University of Medicine, Coronavirus Resource Center, https://coronavirus.jhu.edu/region/mexico (last visited Feb. 1, 2021); *United States*, Johns Hopkins University of Medicine, Coronavirus Resource Center, https://coronavirus.jhu.edu/region/united-states (last visited Feb. 1, 2021).

percentage of the population that has previously been infected. Because the proportion of the Mexican population that has been infected with SARS-CoV-2 is lower than that of the United States population, the lower incidence of COVID-19 in Mexico is unlikely to be merely an artifact of lower testing rates.[2]

25. Thus, the idea that these individuals create a risk or threat to the health of U.S. residents or officials ignores the likelihood that, currently, U.S. residents probably face greater risks from *other U.S. residents* than from the average person coming to the U.S.-Mexico border.

26. The CDC Order also irrationally distinguishes between asylum seekers without documentation and numerous categories of other individuals who pose just as much risk of spreading COVID-19. For examples, thousands of truck drivers and other individuals are allowed across the border each day without testing or quarantine, and they then travel to the interior to communities in the United States. Families like the class members in this case likely pose no more risk of spreading COVID-19 than these truck drivers, and given the lower incidence in children, perhaps on average pose less risk of being infectious or requiring medical care within the United States.

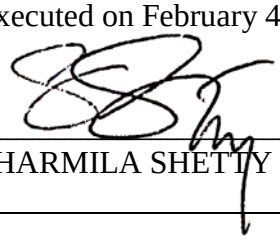
27. If such families can be processed quickly at the border and released to sponsors in the United States, they would create little or no more risks of inducing infection than the thousands of individuals passing the border each day.

28. It is also our view that, to the extent that families may need to be temporarily detained at congregate facilities, risks of infection can be substantially mitigated if such facilities operate at reduced capacity, such that families are able to socially distance and reside in separate rooms. Such risks can be further reduced if staff or families are vaccinated.

29. Several technical advances, such as improved COVID-19 tests and an announced Johnson & Johnson single-dose vaccine, all suggest that the burden and risks of accepting asylum seeking families are only likely to decrease over time.

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

Executed on February 4, 2021 in Massapequa Park, New York.



SHARMILA SHETTY

[2] *See* Natalia Martinez-Acuña et al., *Seroprevalence of anti-SARS-COV-2 antibodies in blood donors from Nuevo Leon state, Mexico, during the beginning of the COVID-19 pandemic*, MedRxiv (Nov. 30, 2020), https://www.medrxiv.org/content/10.1101/2020.11.28.20240325v1.

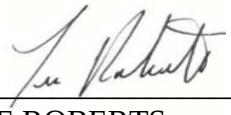
I, Stephen Patrick Kachur, declare under penalty of perjury of the laws of the State of New York and the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on February 3, 2021 in New York, New York.

STEPHEN PATRICK KACHUR

I, Leslie Roberts, declare under penalty of perjury of the laws of the State of New York and the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

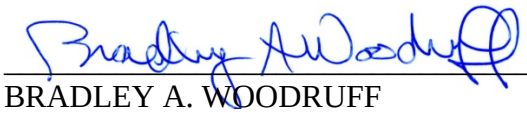
Executed on February 3, 2021 in Cincinnatus, New York.



LESLIE ROBERTS

I, Bradley A. Woodruff, declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief. Executed on December 1, 2020 in Victoria, British Columbia, Canada.

Executed on February 3, 2021 in Victoria, British Columbia, Canada.



BRADLEY A. WOODRUFF

Exhibit A

CURRICULUM VITAE
SHARMILA SHETTY, M.D.

70 Harbor Lane, Massapequa Park, NY 11762
Phone: 443-854-3343
Email: sharmshetty@gmail.com

EDUCATION

Barnard College, Columbia University, New York, NY — Sept 1988 - May 1992
Degree: B.A. Asian Studies (cum laude)

Mount Sinai School of Medicine, New York, NY — July 1992 - May 1996
Degree: M.D.

PROFESSIONAL TRAINING

North Shore University Hospital, Manhasset, N.Y. — July 1996 - June 1997
Department of Pediatrics, Internship (PGY1)

North Shore University Hospital, Manhasset, N.Y. — July 1997 - June 1999
Department of Pediatrics, Residency (PGY 2-3)

Centers for Disease Control and Prevention (CDC), Atlanta, GA — July 2002 - June 2004
Epidemic Intelligence Service Fellowship

PROFESSIONAL EXPERIENCE

Medical Epidemiologist — Nov 2020- present
COVID-19 Congregate Settings Investigation and Response Unit
New York City Department of Health and Mental Hygiene
New York, NY

- Lead case investigations for COVID-19 in residential congregate settings
- Develop guidance documents and educational resources related to management of COVID-19 in congregate residential facilities
- Provide relevant infection prevention and control guidance and support based on current scientific knowledge and agency recommendations

Medical Epidemiologist — May 2015-Nov 2020
Emergency Response and Recovery Branch, Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia, USA

- Deputy for Clinical Team on domestic COVID-19 Response as part of Emergency Operations Center activation
- Medical epidemiologist on Clinical On-Call Center, providing guidance to health

care providers over the phone with clinical queries on COVID-19
- CDC preparedness team lead in Kisangani, DRC during 2019-2020 Ebola outbreak
- CDC team lead for Cyclone Idai response in Beira, Mozambique
- CDC Ebola preparedness coordinator in Juba, South Sudan
- Polio response coordinator for UNICEF in Papua New Guinea
- Technical Advisor to UNHCR on roll out of Health Information System in Cox's Bazar, Bangladesh as part of the Rohingya refugee crisis
- Co-lead for CDC on the Health Emergencies Preparedness Initiative with UNICEF
- Chief Science Officer for CDC's Incident Management System for Hurricane Matthew Response in Haiti
- Liaison to Pan American Health Organization during Hurricane Matthew Response in Haiti
- Technical Advisor to UNHCR on immunization services evaluation tools
- Technical Advisor for Guinea Country Team Ebola Response
- Epidemiology Team Lead for CDC Ebola response in Sierra Leone
- Team lead for response to flooding in Freetown, Sierra Leone
- Technical advisor to UNHCR on a cholera outbreak in Dadaab refugee camp in Dadaab, Kenya
- Team lead for response to humanitarian crisis in Northeast Nigeria

Medical Epidemiologist, Medecins sans Frontieres March 2014-Sept 2014
Yangon, Myanmar

- Supervised team to ensure data quality and data management in a long-running HIV project in Dawei, Myanmar
- Developed proposals and protocols for research projects
- Evaluated current data collection systems and provided recommendations to the project for streamlining
- Assisted in the development of data monitoring and evaluation guidelines for the project

Medical Epidemiologist September 2009-February 2014
Immigrant, Refugee and Migrant Health Branch, Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia, USA

- CDC team lead for Horn of Africa crisis in Dadaab refugee camp, Kenya
    - Managed and analyzed data on measles cases and provided weekly reports and recommendations to health partners to help manage the epidemic
    - Monitored surveillance data for cholera and shigella and trained health workers on cholera prevention and preparedness
    - Provided recommendations to improve quality of mortality and diseases of outbreak potential reporting

- Co-principal investigator of a multi-state epidemiologic investigation of an outbreak of suicides among U.S.-resettled Bhutanese refugees
    - Led a team of three EIS Officers, staff and multiple students in the design and implementation of a representative cross-sectional survey to identify risk and protective factors for suicide among resettled Bhutanese refugees in seven U.S. cities
    - Acted as CDC liaison between state refugee health programs, state epidemiologists, Office of Refugee Resettlement, and refugee resettlement agencies in all cities of the investigation
- Led an investigation of Vaccine Coverage and Timing among US-Born Somali Children and Vaccine Knowledge, Attitudes, and Perceptions among Somali Parents
- Provided technical assistance on the medical management of unaccompanied Haitian orphans following the 2010 Haiti earthquake to the HHS/Office of Refugee Resettlement/Division of Unaccompanied Children Services, during a one-month emergency detail.
- Created recommendations for the medical screening of Haitian orphans following the 2010 Haiti earthquake
- Conducted a survey of Haitian adoptee parents and medical providers on the health of Haitian adoptees following the 2010 Haiti earthquake
- Assisted in the development of CDC domestic refugee medical screening guidelines
- Participated in Refugee Vaccine Working Group to provide vaccine recommendations for U.S.-bound refugees
- Led and coordinated efforts between CDC and U.S. adoption specialty clinics to design and implement a surveillance system for international adoptee health
- Coordinated efforts between CDC and the Association of Refugee Health Coordinators to design a surveillance system for domestic refugee health medical screening
- Conducted evaluations of panel physicians who perform the required medical examinations for immigrants and refugees to assess their capacity to implement updated tuberculosis screening requirements in Guatemala, China, Ethiopia, DRC and Congo-Brazzaville.
- Served as project manager for *Enhancing Partnerships in Refugee Health*, a collaboration between the Association of Refugee Health Coordinators and the Association of State and Territorial Health Officials
- Served as project manager for Harvard Opinion Research Poll project, coordinating and managing a team conducting opinion polls on public perception of non-pharmaceutical interventions related to H1N1 influenza
- Developed an H1N1 influenza preparedness plan for US-bound refugees

Medical Epidemiologist, The Hib Initiative January 2007- July 2009
Johns Hopkins Bloomberg School of Public Health, Baltimore, MD USA
The Hib Initiative, a highly successful global vaccine initiative to accelerate adoption of *Haemophilus influenzae* type b (Hib) vaccine in low income countries

- Lead epidemiologist for the Southeast Asia region
    - Provided technical assistance in preparing country comprehensive multi-year plans and GAVI country applications for new vaccine funding support
    - Conducted monitoring and evaluation of research and surveillance activities related to Hib disease burden by reviewing quarterly technical reports
    - Provided regular assessment and recommendations through site visits in target countries
- India strategy team lead, guiding policy strategy development and implementation of Hib vaccine introduction in India
    - Analyzed and synthesized epidemiologic data, guidelines, and other research to support policy development of Hib vaccine introduction
    - Led coordination activities between Hopkins team and Indian Ministry of Health, WHO, UNICEF and other stakeholders to facilitate issues around preparation of policy development, GAVI application and vaccine introduction
    - Provided technical backstopping for WHO and Indian Ministry of Health regarding technical issues around Hib disease burden and Hib vaccine
    - Assisted in planning and implementation of pneumonia advocacy workshop for Indian academics and policy-makers
- Reviewed all research and surveillance project proposals and advised upon technical content
- Developed a monitoring and evaluation system for all Hib Initiative research and surveillance projects
- Liaised with WHO HQ and regional officers to develop regional workplans for new vaccines
- Assisted in development of Hib Initiative workplan and budgets
- Supplied technical oversight for a wide range of global, regional and country level communication and advocacy materials, including press releases and fact sheets for more than 30 countries
- Represented Hib Initiative at various global and regional meetings and disseminated information on Hib disease and vaccine to various stakeholders
- Provided technical expertise in evaluating immunization system effects post introduction of Hib vaccine

Senior Health Delegate, American Red Cross October 2005- October 2006
Tsunami Recovery Program, Banda Aceh, Indonesia

- As part a five-year relief and recovery project following the catastrophic 2004 tsunami, developed and managed a multi-million dollar portfolio of comprehensive health programs
    - Conducted health assessments of internally displaced persons camps to

determine health needs
    - Designed a community health project, Community Based First Aid, which trained local Red Cross volunteers in Aceh Province in communicable diseases, hygiene practices, disaster management, and first aid skills to be used in the community
    - Developed a comprehensive proposal for an avian influenza public education campaign to be conducted by local Red Cross volunteers
    - Organized and mobilized local Red Cross volunteers to participate in a malaria bed net distribution campaign
    - Designed a proposal to support the health and water sanitation needs of internally displaced persons in Aceh province
- Led American Red Cross activities as part of the Measles Initiative in organizing a nationwide measles vaccination campaign in Indonesia, which ultimately reached 31 million children
    - Represented American Red Cross in Measles Task Force and Inter Agency Coordination Committee (ICC) meetings
    - Designed and implemented a social mobilization program for local Red Cross volunteers in support of measles vaccination campaign
    - Provided on-the-ground technical oversight to monitoring and evaluation of an integrated measles vaccination campaign in Bengkulu province, Sumatra
    - Served as team health advisor and disseminated information to staff regarding relevant health issues

Consultant, International Rescue Committee July 2005
West Bank and Gaza Strip
- Conducted an assessment of health services by interviewing government members, UN agencies and local and international health organizations regarding health needs of the Palestinian population
- Led focus groups with vulnerable populations
- Provided comprehensive assessments of local health centers

Medical supervisor, Mygoma orphanage August 2004 - December 2004
Medecins sans Frontieres
Khartoum, Sudan
- Supervised team of 3 doctors and 26 nurses to provided inpatient pediatric care in a large urban orphanage of 320 children
- Provided training and mentorship to doctors and nurses in general pediatric and neonatal care
- Supervised the pharmacist regarding drug consumption, and implemented measures to prevent wastage

Epidemic Intelligence Service Officer July 2002 - June 2004
Mycotic Diseases Branch,

Centers for Disease Control and Prevention (CDC),
Atlanta, Georgia, USA
Fellowship in applied epidemiology

- Investigation of an outbreak of *Candida parapsilosis*
  - Led a CDC team investigating an outbreak of bloodstream infections in a Denver community hospital
  - Designed and conducted a case-control and cohort study to determine risk factors for illness
  - Performed data analysis and presented findings at a national meeting
- Investigation of outbreak of Histoplasmosis, Nebraska
  - Led a team to investigate source for illness among workers in a large industrial plant
  - Designed and conducted a case-control and cohort study to identify risk factors for disease
  - Acted as liaison between State Health Dept., CDC and plant officials
- Study of Cryptococcosis Among AIDS Patients in Gauteng, South Africa
  - Performed an evaluation of a surveillance system for cryptococcosis
  - Designed and conducted a follow-up study to determine outcomes and compliance with secondary prophylaxis among AIDS patients with cryptococcosis
  - Supervised local staff in data collection and conducting interviews
  - Performed data collection and data analysis
- Integrated Disease Surveillance Review, Kenya
  - Led a team to assess disease surveillance activities in Kakamega District, Kenya
  - Presented findings and provided recommendations at a national stakeholders meeting
- Nationwide Measles Vaccination Campaign, Liberia
  - Provided technical assistance and guidance to public health officials and non-governmental organizations in micro planning and implementation of vaccination campaign
  - Monitored and evaluated ongoing vaccination campaigns in various counties
  - Participated in weekly meetings with Ministry of Health, WHO, and non-governmental organizations to communicate status of campaign
- Yellow Fever outbreak, Bong County, Liberia
  - Conducted case finding among internally displaced persons camp
  - Participated in meetings with Ministry of Health and other organizations to develop strategy for vaccinations
- Analyzed data from the National Nosocomial Infection Surveillance System and described the epidemiology of Neonatal Candida Bloodstream Infections among High Risk Nurseries in the U.S. for presentation at national meeting
- Performed data analysis of a risk factor study of neonatal candidemia in Baltimore, Maryland, and published findings in peer reviewed journal
- Designed protocol and survey instrument to Assess Current Candida Sepsis

Prevention Programs Among U.S. Neonatal Intensive Care Units

Medical supervisor of Pediatric ward, Bundibugyo Hospital, Medecins sans Frontieres Dec 2001 - Apr 2002
Bundibugyo, Uganda

- Provided inpatient pediatric care for internally displaced population in a remote district hospital in a post conflict setting
- Supervised pediatric department and staff of 10 nurses and 2 medical officers
- Managed patient care and running of a therapeutic feeding center

Adjunct Assistant Clinical Professor of Pediatrics July 2000 - Nov 2001
Department of Pediatrics, Bronx Lebanon Hospital Center
New York, USA

- Provided clinical care in Emergency Department and outpatient clinics in a large, urban private hospital
- Supervised and precepted cadre of pediatric residents

Pediatrician, Medecins sans Frontieres Dec 1999 - Apr 2000
Hamshari Hospital, Saida, Lebanon

- Assisted in the establishment of a pediatric department for a large refugee camp hospital for Palestinian refugees
- Provided inpatient pediatric care alongside local doctors and nurses and trained them in pediatric management
- Designed syllabus and taught a semester long training in pediatrics for an ICU Nursing course

PROFESSIONAL ACTIVITIES

Member of the Board of Directors September 2017-present
Vedanta Center of Atlanta

Member of the Board of Directors June 2007-June 2010
Doctors Without Borders/Medecins sans Frontieres USA

Member of the Board of Directors June 2012-Jan 2014
Sagal Radio Services, radio station for refugees and new Americans

Volunteer pediatrician at the Dekalb County Board October 2010-Feb 2014
Of Health Pediatric Refugee Clinic

Volunteer for Medecins sans Frontieres Peer Support Network; 2000- present
Provide support and counseling for returned field volunteers

Volunteer for the Asylum Network of Physicians for Human Rights; 2000-2004
Perform physical exams on victims of torture and wrote medical affidavits

HONORS AND AWARDS

Public Health Service Awards:

Unit Commendation, Exceptional service in successful control of a measles outbreak among Burmese refugees from Malaysia	2012
Outstanding Unit Citation, 2010 Haiti Earthquake Response Team	2011
Commissioned Corps training Ribbon	2011
Outstanding Unit Citation, CDC H1N1 Task Force	2010
Crisis Response Service Award, Haiti Earthquake Response Mission	2010
Outstanding Unit Citation, SARS Response Team	2005

Non- Public Health Service Awards:

CDC-ATSDR Honor Award for Excellence in Emergency Response-International	2012
CDC DGMQ Exceptional Partnerships Award	2012
CDC NCEZID Award for Haiti earthquake response	2011
CDC NCEZID Award for outstanding development of a web portal for health information for international adoptions	2011
CDC NCEZID Award for excellence in partnering to strengthen public health activities and CDC's role regarding TB control among international adoptees	2010
CDC NCEZID Award for exemplary service as chairman of the board of MSF-USA	2010
Graduated cum laude, Barnard College	1992

PUBLICATIONS

Bermúdez-Aza EH, **Shetty S**, Ousley J, Kyaw NTT, Soe TT, Soe K, et al. (2018) Long-term clinical, immunological and virological outcomes of patients on antiretroviral therapy in southern Myanmar. PLoS ONE 13(2): e0191695. https://doi.org/10.1371/journal.pone.0191695

Ao T, **Shetty S**, Sivilli T, Blanton C, Ellis H, Geltman P, Cochran J, Taylor E, Lankau E, Lopes Cardozo B. Suicidal Ideation and Mental Health of Bhutanese Refugees in the United States. J Immigrant Minority Health. 2015 Dec; DOI 10.1007/s10903-015-0325-7

Hagaman A, Sivilli T, Ao T, Blanton C, Ellis H, Lopes Cardozo B, **Shetty S**. An Investigation into Suicides among Bhutanese Refugees Resettled in the United States between 2008 and 2011. Journal of Immigrant and Minority Health; 2016 Aug;18(4):819-27.

Taylor E, Painter J, Posey D, Zhou W, **Shetty S.** Latent Tuberculosis Infection Among

Immigrant and Refugee Children Arriving in the United States, 2010. Journal of Immigrant and Minority Health; 2015 Sep 12.

Kyaw NT, Harries AD, Chinnakali P, Antierens A, Soe KP, Woodman M, Das M, **Shetty S**, Zuu MK, Htwe PS, Fernandez M. Low Incidence of Renal Dysfunction among HIV-Infected Patients on a Tenofovir-Based First Line Antiretroviral Treatment Regimen in Myanmar. PLoS One. 2015 Aug 24;10(8):e0135188. doi: 10.1371/journal.pone.0135188. eCollection 2015.

Scott KC, Taylor EM, Mamo B, Herr ND, Cronkright PJ, Yun K, Altshuler M, **Shetty S**. Hepatitis B screening and prevalence among resettled refugees - United States, 2006-2011. Centers for Disease Control and Prevention (CDC). MMWR Morb Mortal Wkly Rep. 2015 Jun 5;64(21):570-3.

Ellis BH, Lankau EW, Ao T, Benson MA, Miller AB, **Shetty S**, Lopes Cardozo B, Geltman PL, Cochran J. Understanding Bhutanese refugee suicide through the interpersonal-psychological theory of suicidal behavior. Am J Orthopsychiatry. 2015 Jan;85(1):43-55.

Cuffe K, Stauffer W, Painter J, **Shetty S**, Montour J, Zhou W. Update: vitamin B12 deficiency among Bhutanese refugees resettling in the United States, 2012. Centers for Disease Control and Prevention (CDC). MMWR Morb Mortal Wkly Rep. 2014 Jul

Shah AY, Suchdev PS, Mitchell T, **Shetty S**, Warner C, Oladele A, Reines S. Nutritional status of refugee children entering DeKalb County, Georgia. J Immigr Minor Health. 2014 Oct;16(5):959-67. doi: 10.1007/s10903-013-9867-8.

Vonnahme L, Lankau E, Ao T, **Shetty S,** Lopes Cardozo B. Factors Associated with Symptoms of Depression Among Bhutanese Refugees in the United States. Journal of Immigrant and Minority Health 2014; (16) 5:773.

Navarro-Colorado C, Mahamud A, Burton A, Haskew C, Maina G, Wagacha J, Ahmed J, **Shetty S**, Cookson S, Goodson J, Schilperoord M, Spiegel P. Measles Outbreak Response Among Adolescent and Adult Somali Refugees Displaced by Famine in Kenya and Ethiopia, 2011. Journal of Infectious Diseases 2014; doi: 10.1093/infdis/jiu395.

Mahamud A, Burton A, Hassan M, Ahmed J, Wagacha J, Spiegel P, Haskew C, Eidex R, **Shetty S**, Cookson S, Navarro-Colorado C, Goodson J. Risk Factors for Measles Mortality Among Hospitalized Somali Refugees Displaced by Famine, Kenya, 2011. Clinical Infectious Diseases 2013;57(8):e160 – 6.

Park B, **Shetty S,** Ahlquist A, et al. Long-term Follow-up and Survival of Antiretroviral-Naïve Patients with Cryptococcal Meningitis in the pre-Antiretroviral Therapy Era, Gauteng Province, South Africa. International Journal of STD & AIDS. 2011; 22: (4) 199–203.

Ojo LR, O'Loughlin RE, Cohen AL, Loo JD, Edmond KM, **Shetty SS**, Bear AP, Privor-Dumm L, Griffiths UK, Hajjeh R. Global use of Haemophilus influenzae type b conjugate vaccine. Vaccine. 2010 Oct 8; 28(43):7117-22.

O'Loughlin RE, Edmond K, Mangtani P, Cohen AL, **Shetty S,** Hajjeh R, Mulholland K. Methodology and Measurement of the Effectiveness of Haemophilus influenzae type b. Vaccine: Systematic Review. Vaccine. 2010 Aug 31; 28 (38):6128-36.

Shetty S, Cohen AL, Edmond K, Ojo L, Loo J, O'Loughlin R, Hajjeh R.
A systematic review and critical evaluation of invasive Haemophilus influenzae type B disease burden studies in Asia from the last decade: lessons learned for invasive bacterial disease surveillance. Pediatr Infect Dis J. 2010 Jul; 29 (7):653-61.

Ojo LR, O' Loughlin R, Cohen AL, **Shetty S**, et al. Progress Toward Introduction of *Haemophilis influenzae* type b Vaccine in Low-Income Countries- Worldwide, 2004-2007. MMWR 2008 Feb 15; 57(6): 148-151.

Fridkin SK, Kaufman D, Edwards JR, **Shetty S**, Horan T. Changing incidence of Candida bloodstream infections among NICU patients in the United States: 1995-2004. Pediatrics. 2006 May;117(5):1680-7.

Shetty S, Harrison L, Taylor T, Mirza S, Bustamante A, Thompson L, Schutt K, Hajjeh R, Fridkin S. Evaluating Risk Factors for Candidemia among Newborn Infants from Population-Based Surveillance-- Baltimore, Maryland, 1998-2000. Pediatric Infectious Disease Journal. 24(7):601-604, July 2005.

An Outbreak of Histoplasmosis Among Industrial Plant Workers-- Nebraska, 2004; MMWR 2004, 53 (43); 1020-1022.

PRESENTATIONS

Refugees and Displaced Populations in the 21st Century- November 2016
a Health Perspective.
Plenary speaker, Midwest Global Health Conference
Lexington, KY

An Investigation of Suicides Among Bhutanese Refugees in the June 2012
United States, 2009-2012: Preliminary Findings.
Oral presentation, North American Refugee Healthcare Conference
Rochester, NY

CDC's Role in Overseas Refugee Processing. May 2011
Oral presentation, ASTHO/ARHC Enhancing Partnerships in

Refugee Health Conference, Washington DC

The CDC's Role in Inter-country Adoption. April 2011
Oral presentation, The Joint Council on International Children's Services Annual Conference, New York, NY

Compliance with Fluconazole Secondary Prophylaxis (SP) Among AIDS Patients with Cryptococcosis--Gauteng Province, South Africa, 2003-2004. April 2004
Poster presentation, 53rd Annual Epidemic Intelligence Service (EIS) Conference, Atlanta, Georgia

The Epidemiology of Neonatal Candida Bloodstream Infections among High Risk Nurseries in the U.S., 1995-2003. April 2004
Poster presentation, Society for Healthcare Epidemiology of America (SHEA) 14th Annual Scientific Meeting, Philadelphia, Pennsylvania

A Nosocomial Outbreak of *Candida parapsilosis* Bloodstream Infections Denver, Colorado, September 2002. April 2003
Oral presentation, 52nd Annual Epidemic Intelligence Service (EIS) Conference, Atlanta, Georgia

A Nosocomial Outbreak of *Candida parapsilosis* Bloodstream Infections Denver, Colorado, Sept 2002. October 2003
Poster presentation, Infectious Disease Society of America, San Diego, California

Risk Factors for Candidemia among Infants— Baltimore, MD, 1998-2000. October 2003
Poster presentation, Infectious Disease Society of America, San Diego, California

CITIZENSHIP USA

LANGUAGES English, conversational French and Hindi

REFERENCES available upon request

Exhibit B

S. Patrick Kachur, MD, MPH, FACPM, FASTMH
Heilbrunn Department of Population and Family Health
Mailman School of Public Health, Columbia University Irving Medical Center
60 Haven Avenue, Suite B-2
New York, NY 10032
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patrick.kachur@columbia.edu

Date of Preparation: 01 June 2020

Academic Appointments/ Work Experience

06/2018—Present	**Heilbrunn Department of Population and Family Health** **Mailman School of Public Health** **Columbia University Irving Medical Center** *Professor* **Advancing Research on Community Health Systems (ARCHES)** *Director* **Program on Forced Migration and Health** *Faculty Member*	New York, NY
05/2011—05/2018	**Malaria Branch, Center for Global Health** **Centers for Disease Control and Prevention** *Branch Chief*	Atlanta, GA
01/2016—05/2016	**Center for Global Health** **Centers for Disease Control and Prevention** *Acting/ Interim Principal Deputy Director*	Atlanta, GA
12/2006—05/2011	**Strategic and Applied Sciences Unit** **Malaria Branch, Center for Global Health** **Centers for Disease Control and Prevention** *Founding Unit Chief/ Team Lead*	Atlanta, GA
09/2002—12/2006	**CDC/ Ifakara Health Institute Malaria Program in Tanzania** **National Center for Zoonotic and Vector-Borne Diseases** **Centers for Disease Control and Prevention** *Director*	Dar-es-Salaam, TANZANIA
06/1995—09/2002	**Malaria Branch, National Center for Infectious Diseases** **Centers for Disease Control and Prevention** *Medical Epidemiologist*	Atlanta, GA

Post Doctoral Training

07/1993—06/1995	**Division of Violence Prevention,** **National Center for Injury Prevention and Control** **Centers for Disease Control and Prevention** *Epidemic Intelligence Service Officer*	Atlanta, GA
07/1991—06/1993	**Johns Hopkins University School of Hygiene and Public Health** *General Preventive Medicine Resident*	Baltimore, MD
07/1990—06/1991	**Mary Imogene Bassett Hospital** **Columbia University College of Physicians and Surgeons** *Transitional and Preliminary Internal Medicine Intern, PGY-1*	Cooperstown, NY

07/1988—05/1989*	**Department of Community Medicine, University of Ilorin** **American Medical Student Association Foundation** *International Health Fellow*	Ilorin, NIGERIA

Education

07/1991—05/1992	**Johns Hopkins University School of Hygiene and Public Health** **Department of Epidemiology** MPH, May 1992	Baltimore, MD
06/1985—05/1990*	**Northeastern Ohio Universities College of Medicine** MD, May 1990	Rootstown, OH
05/1982—05/1990*	**Kent State University, College of Arts and Sciences** BS *cum laude*, May 1990	Kent, OH

***Explanation of training dates from 05/1982 to 05/1990:**

I completed a combined BS/MD degree program and both degrees were awarded in May of 1990. In addition, I participated in a 10 month international health fellowship from July 1988 to May 1989.

Licensure and Board Certification

09/1991—09/2020	**Maryland Board of Physicians**	Medical License
05/1995--lifetime	**American Board of Preventive Medicine**	Diplomate

Honors

10/2019	***Zisung*** (Honorary Title: Chief of Peace) Bogunaayili Village	Northern Region, GHANA
09/2019	**Watanakunakorn Lecture**	Northeast Ohio Medical University
09/2018	**Distinguished Alumni Award**	Northeast Ohio Medical University
06/2018	**William C Watson Jr Medal of Excellence** *CDC's Highest Service Award*	Centers for Disease Control and Prevention
06/2017	**Leverhulme Lecture and Medal**	Liverpool School of Tropical Medicine (UK)
12/2016	**Outstanding Unit Citation**—West Africa Ebola Response	US Public Health Service
11/2014	**Fellow**	American Society of Tropical Medicine and Hygiene
09/2010	**Outstanding Unit Citation**—Novel H1N1 Influenza	US Public Health Service
09/2010	**Outstanding Unit Citation**—President's Malaria Initiative	US Public Health Service
03/2008	**Meritorious Service Medal**—Malaria Control in Tanzania	US Public Health Service
09/2004	**Commendation Medal**—Malaria Research in Africa	US Public Health Service
04/2004	**Fellow**	American College of Preventive Medicine
07/1997	**Secretary's Award for Distinguished Service**—Global guinea worm eradication	US Department of Health and Human Services
07/1997	**Secretary's Award for Distinguished Service**—Oklahoma City Bombing Injury Investigation	US Department of Health and Human Services
03/1996	**Outstanding Unit Citation**—Suicide Prevention in US	US Public Health Service

11/1995	***Atunluse Tokunbo*** (Honorary Title: Benefactor), Gbodi Village	Kwara State, NIGERIA
08/1994	**Citation Medal**—School-associated Violent Deaths Study	US Public Health Service
05/1990	**Dixon V Burns Award for Human Values in Medicine**—Charter recipient	Northeastern Ohio Universities College of Medicine
03/1990	**Alpha Omega Alpha**	Northeastern Ohio Universities College of Medicine
06/1982	**Distinguished Scholar/ Honors Scholar in Residence**	Kent State University

Professional Organizations, Societies and Service Memberships/ Positions

2020—2022	**JGHS Commission on the mitigating the impact of COVID-19**	Member
2018—present	**Consortium of Universities for Global Health** Network of Academic Advisors; Public Health Workforce Panel; Scientific Program Advisory Committee	Member, Advisor
2018—present	**Health Systems Global**	Member
2014—2019	**European Society of Clinical Microbiology and Infectious Diseases**	Program Committee
2011—2018	**Malaria Elimination Group**	Member
2008—present	**Roll Back Malaria Partnership Case Management Working Group**	Member, Co-Chair
1998—present	**Royal Society for Tropical Medicine and Hygiene**	Member
1996—present	**American Society of Tropical Medicine and Hygiene** and **ASTMH Committee on Global Health** Scientific Program Committee; Travel Award Committee	Member, Fellow
1998—2009	**American Public Health Association**	Member, Abstract Reviewer

Consultative

2020	**Science Team, COVID-19 Epidemic Intelligence Unit, Resolve to Save Lives**	Technical Consultant
2019—2023	**"What's at stake in the fake? Indian pharamecuticals, African markets and global health" (Wellcome Trust)**: University of Warwick, University of Witwatersrand and University of Amsterdam	Advisor
2018—2019	**UNITAID and WHO Call Reference 2018-12: Better tools for integrated management of childhood fever**	Consultant Technical Expert
2018—present	**Zanzibar Malaria Elimination Programme, Strategic Advisory Group**	Chair, Member
2018	**US National Institutes of Health Special Emphasis Panel on International Centers of Excellence for Malaria Research**	Member
2018—present	**Board of Directors, Medical Care Development, Inc** International Programs Advisory Committee	Member, Chair

2017—present	**World Health Organization Malaria Policy Advisory Committee**	Member
2014—present	**US National Institutes of Health Study Section on Infectious Diseases, Reproductive Health, Asthma and Pulmonary Conditions**	Member, Reviewer
2012—2018	**World Health Organization Collaborating Center for Malaria Prevention and Control**	Technical Director, Investigator
2009—2018	**Malaria Eradication Research Agenda Technical Panels** • Insecticide and antimalarial drug resistance • Combining interventions and modeling • Diagnosis and diagnostics • Health systems and operations research	Member
2007—present	**Bioko Island Malaria Elimination Program, Technical Advisory Group**	Member, Evaluation Consultant
2006—present	**World Health Organization Evidence Review Groups** • Low density malaria infections • Mass drug administration and chemoprevention • *Plasmodium vivax* • Estimating global malaria burden • Economics, financing and implementation of malaria control • Antimalarial drug policy and access	Member
1999—2008	**NetMark and NetMark Plus Projects, Technical Advisory Group**	Member

Editorial

2019—present	***BioMed Central Health Services Research***	Associate Editor
2019—present	***Journal of Global Health Science***	Editorial Board
2016—2017	***American Journal of Tropical Medicine and Hygiene***	Supplement Editor
2014—2018	***Case Studies in Infectious Diseases***	Editorial Board
2007—2018	***Malaria Journal***	Associate Editor, Editorial Board

ad hoc reviewer	***Acta Tropica*** **American Academy of Pediatrics *Red Book: Report of the Committee on infectious Diseases*** ***American Journal of Tropical Medicine and Hygiene*** ***BioMed Central Public Health*** ***Bulletin of the World Health Association*** ***Emerging Infectious Diseases*** ***Health Policy and Planning*** ***JAMA*** ***Lancet; Lancet Global Health; Lancet Infectious Diseases*** ***New England Journal of Medicine*** ***PLoS Medicine; PLoS Neglected Tropical Diseases; PLoS One*** ***Social Science and Medicine*** ***Transactions of the Royal Society of Tropical Medicine & Hygiene*** ***Tropical Medicine and International Health***	Manuscripts
	American Public Health Association **INDEPTH Network Annual Scientific Meeting** **International Emerging Infectious Diseases Conference** **Multilateral Initiative on Malaria** **TEPHINET Global Scientific Conference**	Abstracts
	Bill and Melinda Gates Foundation **Fondation Botnar** **UNITAID/ WHO** **UK Medical Research Council** **US Agency for International Development** **US National Institutes of Health** **Wellcome Trust**	Proposals

Departmental and University Committees

2020	**Core Curriculum Evaluation Team:** Columbia University Mailman School of Public Health	Member
2019—2020	**Search Committee**: Heilbrunn Department of Population and Family Health, Columbia University Mailman School of Public Health	Member
2019—present	**Faculty Liaison Network**: National Academies of Sciences, Engineering and Medicine Action Collaborative on Preventing Sexual Harassment, Columbia University Irving Medical Center	Member
2018—2021	**Faculty Steering Committee**: Columbia Global Center | Nairobi, Columbia University	Member
2018—present	**Doctoral Committee:** Heilbrunn Department of Population and Family Health, Columbia University Mailman School of Public Health	Member
2017—2018	**Selection Committee:** Director of CDC western Kenya field operations	Member
2016—2017	**Search and Selection Committee:** Principal Deputy Director, National Center for Immunizations and Respiratory Diseases	Member
2015—2017	**Annual Meeting Planning Committee**: Center for Global Health	Member
2008—2012	**Awards Selection Committee:** Center for Global Health	Representative

2004—2015	**Steering Committee**: Antimalarial Combination Therapy Consortium	Officer
2003—2012	**Executive Committee**: INDEPTH Network Effectiveness and Safety Studies Platform	Task Team Lead
2003—2008	**Steering Committee**: Improving access to malaria treatment in the Kilombero Valley	External Expert

External Fellowship and Grant Support

2020 US$ 107,397.	**Clinton Health Access Initiative:** Implementation of a malaria surveillance assessment in Benin	Principal Investigator
2020—2022 US$ 275,000.	**Fogarty International Center, US National Institutes of Health:** Effectiveness of the Diabetes Prevention Program in Urban Bamako, Mali: Small Steps, Big Rewards (primary: University of Sciences, Techniques and Technologies of Bamako)	Co-Investigator
2019—2021 US$ 1,000,000.	**World Bank Group:** Specialized consultancy services to conduct analytical research on critical questions regarding forced displacement on the health sector	Co-Principal Investigator
2019—2021 US$ 5,100,000.	**US Agency for International Development:** Developing Acute Care & Emergency Referral Systems: ACERS Project/ Ghana (primary: Catholic Relief Services)	Consultant
2018—2021 US$ 8,100,000.	**Doris Duke Charitable Foundation, Inc:** A National Program for Strengthening the Implementation of the Community-based Health Planning and Services (CHPS) Initiative in Ghana: CHPS+	Co-Principal Investigator

Teaching/ Training Experience and Responsibilities

Specific Courses

2020—present	**Columbia University Mailman School of Public Health, NY, NY** Pandemic Control and Outbreak Response (pending approval)	Course Director
2020	**Columbia University Mailman School of Public Health, NY, NY** Confronting COVID: Science in Action at Mailman School	Course Moderator
2020—present	**Columbia University Mailman School of Public Health, NY, NY** Applications of Implementation Science in Low- and Middle-Income Countries (P9620)	Instructor
2019	**Columbia University Mailman School of Public Health, NY, NY** Self, Social and Global Awareness Workshop	Facilitator
2019	**University of Minnesota, Twin Cities, Minneapolis, MN** Global Health Course	Lecturer
2019—present	**Columbia University Mailman School of Public Health, NY, NY** Malaria Program Planning (P8654)	Instructor
2019	**Columbia University Mailman School of Public Health, NY, NY** Epidemiology of Infectious Diseases (P8406)	Lecturer
2019	**Columbia College, Columbia University, New York, NY** Fundamentals of Global Health (C3100)	Lecturer
2018—present	**Columbia University Mailman School of Public Health, NY, NY** Advanced Methods in Global Health (P9652)	Lecturer
2018	**Harvard TH Chan School of Public Health, Cambridge USA** Science of Eradication--Malaria	Lecturer/ Resource

2012—2018	**Rollins School of Public Health, Emory University, Atlanta USA** Malaria Prevention, Control and Treatment (GH 574)	Lecturer
2006—2018	**Centers for Disease Control and Prevention, Atlanta USA** Introduction to Parasitology	Lecturer
2016—2017	**School of Public Health, Georgia State University, Atlanta USA** Introduction to Global Health (PH 7600)	Lecturer
2016	**School of Public Health, Georgia State University, Atlanta USA** Introduction to Public Health (PH 2000)	Lecturer
2007—2010	**Rollins School of Public Health, Emory University, Atlanta USA** Global Perspectives in Parasitic Diseases (GH 516)	Lecturer
1999—2002	**Centers for Disease Control and Prevention, Atlanta USA** STOP Polio Initiative Pre-Deployment Course	Lecturer
1996—2000	**Centers for Disease Control and Prevention, Atlanta USA** Introduction to Parasitology	Course Coordinator
1992—1993	**College of Arts & Sciences, Johns Hopkins Univ., Baltimore USA** Introduction to Public Health (AS 230)	Course Director

General Teaching Activities

1996—2018	**Epidemiology Elective for Medical/ Veterinary Students**, Centers for Disease Control and Prevention, Atlanta USA	Supervisor
1995—2018	**Epidemic Intelligence Service**, Centers for Disease Control and Prevention, Atlanta USA	Supervisor
2002—2003	**International Health Program**, Rainbow Babies and Children's Hospital, MetroHealth Medical Center and Case Western Reserve University, Cleveland USA	Preceptor
2000—2002	**Enhanced Capacity Development Program for CDC Malaria Collaborators**, Atlanta USA	Coordinator
1998—2001	**General Preventive Medicine Residency**, Emory University, Atlanta USA	Supervisor
1997—2000	**Asian Collaborative Training Network for Malaria**, Bangkok, THAILAND	Faculty and Curriculum Committee
1992	**US Peace Corps**, Igbo-Ora, NIGERIA	Technical Training Coordinator

PhD and Masters Theses Trainees

2018--2021	**Heilbrunn Department of Population and Family Health, Columbia University Mailman School of Public Health**—DrPH in Leadership for Global Health and Humanitarian Systems 5 DrPH candidates	DrPH academic advisor
2018—2020	**Heilbrunn Department of Population and Family Health, Columbia University School of Public Health** 10 MPH candidates	MPH academic advisor
2011—2014	**Department of Infectious Disease Epidemiology, Imperial College, London UK** Dr Bhargavi Rao: "Barriers to effectiveness—artemisinin combination therapies and the health system."	PhD field advisor
2006—2009	**Department of Economics, Yale University, New Haven USA** Dr. Achuyta Adhvaryu: "Essays on the adoption of new malaria therapy in Tanzania."	PhD field advisor

2004—2010	**Department of Anthropology, New York University, New York USA** Dr René Gerrets: "Globalizing international health—the cultural politics of 'parntership' in Tanzanian malaria control."	PhD field advisor
2003—2009	**Department of Epidemiology and Public Health, Swiss Tropical and Public Health Institute, Basel SWITZERLAND** Dr Rashid Khatib: "Malaria control dynamics in rural Tanzania—evaluation of the implementation of artemisinin-based combination therapy."	PhD field advisor
2008—2009	**Department of Global Health, Morehouse School of Medicine, Atlanta USA** Dr Daniel Okenu: "The impact of antimalarial combination therapy on the prevalence of malaria parasitemia and anemia in rural Tanzania."	MPH preceptor and examiner
2008—2009	**Department of Epidemiology, Emory University, Atlanta USA** Ms Katia Bruxvoort: "Effect of insecticide-treated nets and indoor spraying on parasitemia and anemia in children under five."	MPH preceptor and examiner
2007—2009	**Department of Pediatric Infectious Diseases, Emory University, Atlanta USA** Dr Julie Gutman: "Assessing the efficacy of sulfadoxine/ pyrimethamine (SP), the combination of SP + artesunate, and artemether-lumefantrine for uncomplicated malaria."	MSc mentor
2001—2008	**Department of Zoology, Sokoine Agricultural University, Morogoro TANZANIA** Dr Allan Malisa: "The evolutionary dynamics of genetic determinants of *Plasmodium falciparum* resistance to sulfadoxine/ pyrimethamine in southeastern Tanzania."	PhD field advisor
2005—2006	**African Studies Program, Swiss Tropical Institute and University of Basel, Basel SWITZERLAND** Ms Daria Czendlik: "Malaria in pregnancy—risks, insecticide-treated nets and intermittent preventive treatment, a study in Rufiji District, Tanzania	MA mentor and external examiner
2004—2006	**Australian Centre for Economic Research on Health and Australian National University, Canberra AUSTRALIA** Dr Masha Somi: "Vicious cycles between health and wealth: Evidence from the relationship between socioeconomic status and malaria in rural Tanzania."	PhD field advisor
2004—2005	**Department of Behavioral Science and Health Education, Emory University, Atlanta USA** Ms Meklit Hailemeskal: "Health communication for optimizing antimalarial combination therapy for malaria treatment in Tanzania."	MPH preceptor and examiner

2003—2008	**Department of Public Health and Epidemiology, Karolinska Institute, Stockholm SWEDEN** Dr Achuyt Bhattarai: "Impact of artemisinin combination therapy on the public health burden of malaria in the Zanzibar Archipelago."—INCOMPLETE	PhD field advisor (and proposed external examiner)
1996—2003	**Department of Health Promotion, Universtity of Maastricht, Maastricht, NETHERLANDS** Dr Jane Alai: "Insecticide-treated bednets for malaria control—relevance for utilization in a western Kenyan community."	PhD field advisor

PhD Examination- Advisory- and Defense Committees

2019—2021	**Department of Environmental Health Sciences, Columbia University Mailman School of Public Health, New York, NY** Mr Israel U Ukawuba: "Forecasting malaria incidence from climate data in Rwanda"	PhD Committee
2019—2021	**Department of Population and Family Health, Columbia University Mailman School of Public Health, New York, NY** Dr Hana Thomas: "Acute Care and Emergency Referral Strengthening (ACERS): Improving Emergency Obstetrical and Neonatal Quality of Care in Ghana"	PhD Committee; faculty sponsor
2020 (expected)	**Dept. of Public Health, the Open University, Milton Keynes UK** Beatrice Amboko: "Trends and determinants of the quality of outpatient malaria case-management in Kenya."	External Examiner
2019	**Department of Environmental Health Sciences, Columbia University Mailman School of Public Health, New York, NY** Dr Alexandra K Heaney: "Forecasting childhood diarrhea and environmental drivers in Botswana"	PhD Committee
2019	**Department of Epidemiology, Columbia University Mailman School of Public Health, New York, NY** Dr Beth Rubenstein: "Microcredit, temptation spending and health outcomes in Indonesia: a longitudinal evaluation"	PhD Committee
2017	**Dept. of Public Health, the Open University, Milton Keynes UK** Dr George Okello: "Producing malaria indicators through District Health Information Software 2."	External Examiner
2016	**Department of Public Health and Caring Sciences, Uppsala University, Uppsala SWEDEN** Dr Emily White Johansson: "Beyond 'test and treat'—malaria diagnostic test use, and adherence into IMCI practice"	External Examiner
2009—2015	**Department of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, London UK** Dr Katia Bruxvoort: "Factors associated with adherence to antimalarial combination therapy in Tanzania"	PhD Committee
2010—2013	**Department of Epidemiology, Swiss Tropical and Public Health Institute, Basel SWITZERLAND** Dr Irene Masanja: "Influence of health systems in malaria case management as part of malaria control in Tanzania."	External Examiner

2009—2013	**Department of Health Services Research and Health Policy, Emory University, Atlanta USA** Dr Joseph Njau: "Essays on the economic and socio-economic effectiveness of large-scale malaria control programs in three subSaharan African countries."	PhD Committee
2004—2007	**Department of Epidemiology, Swiss Tropical Institute, Basel SWITZERLAND** Dr. Manuel Hetzel: "Access to prompt and effective malaria treatment in the Kilombero Valley, Tanzania."	External Examiner

Other Trainee Advisory Roles

2019—present	**Department of Environmental Health Sciences, Columbia University Mailman School of Public Health, New York, NY** Ms Victoria Lynch: "Health effects of extreme weather events and seasonal flooding in the United States"	Advisory Committee Member
2019—present	**Department of Pediatrics, Vagelos College of Physicians and Surgeons, Columbia University, New York, NY** Dr Nadir Ijaz (Critical Care Medicine Fellow): "Bubble CPAP implementation for pediatric respiratory distress in district hospitals in Pakistan"	Scientific Oversight Committee Member
2017—present	**Barcelona Institute for Global Health (ISGlobal), Barcelona SPAIN** Research Assistant Professor Dr Carlos Chaccour: UNITAID-funded program: "Broad One Health Endectocide-based Malaria Intervention in Africa"	External Faculty Mentor
2009—2011	**Association of Schools and Programs in Public Health, Allan Rosenfield Fellowship in Global Epidemiology, Washington USA** Ms Eugenie Poirot	Mentor

Patents and Inventions

None.

Publications

Original, Peer Reviewed Articles

1. **SP Kachur**, AJ Sonnega, R Cintron, C Farup, K Silbersiepe, K Marconi, M McKinney, M Pounds, DD Celentano, J Kwait (1992). An analysis of the Greater Baltimore HIV Services Planning Council. *AIDS and Public Policy Journal* 7(4):238-246.
2. LB Potter, KE Powell, **SP Kachur** (1995). Suicide prevention from a public health perspective. Suicide and Life-Threatening Behavior 25(1):82-91. PMID: 7631377.
3. **SP Kachur**, LB Potter, KE Powell, ML Rosenberg (1995). Suicide: epidemiology, prevention and treatment. Adolescent Medicine State of the Art Reviews 6(2):171-182. PMID: 10358309.
4. **SP Kachur** (1995). Premature mortality from firearm-related injuries in the United States: a comparison of methods. Technology: The Journal of the Franklin Institute 332(A):105-110.
5. AM Dellinger, **SP Kachur**, E Sternberg, J Russell (1996). Risk of heat-related injury to disaster relief workers in a slow-onset flood disaster. Journal of Occupational Medicine 38(7):689-692. PMID: 8823659.
6. **SP Kachur**, GM Stennies, KE Powell, W Modzeleski, R Stephens, R Murphy, M Kresnow, D Sleet, R Lowry (1996). School-associated violent death in the United States 1992 to 1994. JAMA: Journal of the American Medical Association 275(22):1729-1733. PMID: 8637169.

7. **SP Kachur**, E Nicolas, V Jean-Francois, PB Bloland, Y Saint Jean, DL Mount, TK Ruebush, A Benitez, P Nguyen-Dinh (1998). Prevalence of malaria parasitemia and accuracy of microscopic diagnosis in Haiti, October 1995. Revista PanAmericana de Salud Publica/ PanAmerican Journal of Public Health 3(1):35-39. PMID: 9503961.
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patients with uncomplicated Plasmodium falciparum malaria. Journal of Infectious Diseases 217(5):685-692. PMID: 29220497.

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123. MC Sheff, AA Bawah, PO Asuming, M Kushitor, K Awoonor-Williams, JF Phillips, **SP Kachur** (2020). Evaluating health service coverage using a modified Tanahashi model in Ghana's Volta Region. Global Health Action 13(1):1732664. PMID: 32174254.
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Case Reports and Non-peer-reviewed Articles

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133. Centers for Disease Control and Prevention (2000). Probable locally acquired mosquito-transmitted Plasmodium vivax infection—Suffolk County, New York, 1999. MMWR Weekly Reports 49:495-498. PMID: 10881766.
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139. LD Zambrano, O Samson, C Phares, E Jentes, M Weinberg, M Goers, **SP Kachur**, R McDonald, B Morawski, H Njuguna, Y Bakhsh, R Laws, C Peak, SA Iverson, C Bezold, H Alkhenfr, R Horth, J Yang, S Miller, M Kacka, A Davids, M Mortimer, N Khan, W Stauffer, N Marano (2018). Unresolved splenomegaly in recently resettled Congolese refugees—multiple states, 2015—2018. MMWR Weekly Reports 67(49):1358-1362. PMID: 30543602.

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140. Office of Disease Prevention and Health Promotion (1994). Tuberculosis (Chapter 42). In *Put Prevention into Practice: Clinician's Handbook of Preventive Services*. Washington: US Public Health Service and Government Printing Office, pp. 227-232.
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143. **SP Kachur**, PB Bloland (1998). Malaria. In RB Wallace [ed.]. Maxcy-Rosenau-Last Textbook of Public Health and Preventive Medicine 14th Edition. Norwalk: Appleton & Lange, pp. 313-326.
144. HO Lobel, **SP Kachur** (2000). Malaria Epidemiology. In HL DuPont and R Steffen [eds.]. Textbook of Travel Medicine and Health 2nd Edition. Hamilton: BC Decker, pp. 184-189.
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149. PM Arguin, **SP Kachur** (2008). Malaria. In RE Rakel and ET Bope [eds.]. Conn's Current Therapy 2008. Philadelphia: Saunders, pp. 105-113.
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151. **SP Kachur** (2011). The plausibility design, quasi-experiments and real world research: a case study of artemisinin-based combination therapy in Tanzania. in PW Geissler and S Molyneux [eds.]. Evidence, Ethos and Ethnography: The Anthropology and History of Medical Research in Africa. London: Berghahn, pp. 197-227.
152. H Williams, M Schilperoord, DA Townes, **SP Kachur** (2018). Malaria in Humanitarian Emergencies. in DA Townes, M Gerber, M Anderson [eds.]. Health in Humanitarian Emergencies: Principles and Practice for Public Health and Healthcare Practitioners. Cambridge: Cambridge University Press, pp. 348-361.

Reviews, Correspondence and Editorials

153. **SP Kachur** (1991). Uninsured in Akron, Ohio: the national crisis in local perspective. Part 1. Summit County Medical Bulletin Issue 7.
154. **SP Kachur** (1991). Uninsured in Akron, Ohio: the national crisis in local perspective. Part 2. Summit County Medical Bulletin Issue 8.
155. JR Zucker, **SP Kachur** (1996). Transfusion-associated malaria [letter]. Emerging Infectious Diseases 2(2):152.
156. **SP Kachur** (1999). Improving referral. Child Health Dialogue 17:14-15.
157. **SP Kachur**, S Abdulla, K Barnes, H Mshinda, D Durrheim, A Kitua, PB Bloland (2001). Complex and large trials of pragmatic malaria interventions [letter]. Tropical Medicine and International Health 6(4):324-325. PMID: 11348524.
158. **SP Kachur**, L Slutsker (2006). Measuring malaria drug efficacy and transmission intensity [editorial]. Lancet 368(9529):10-12. PMID: 16815361.

159. **SP Kachur**, JR MacArthur, L Slutsker (2010). A call to action: addressing the challenge of artemisinin-resistant malaria [editorial]. Expert Review of Anti-Infective Therapy 8(4):365-366. PMID: 20377330.
160. J Gutman, **SP Kachur** (2010). Treating malaria in pregnant women: a pressing problem [comment]. Lancet Infectious Diseases 10(11):739-740. PMID: 21029982.
161. M Lynch, E Korenromp, R Steketee, T Eisele, **SP Kachur**, H Newby, BL Nahlen, JR MacArthur, RD Newman, R Cibulskis, S Yoon, A Bhattarai (2012). New global estimates of malaria deaths [comment]. Lancet 380(9841):559-561. PMID: 22883496.
162. L Slutsker, **SP Kachur** (2013). It is time to rethink tactics in the fight against malaria [comment]. Malaria Journal 12:140e. PMID: 23617700.
163. EA Poirot, J Skarbinski, D Sinclair, **SP Kachur**, L Slutsker, J Hwang (2013). Mass drug administration for malaria. Cochrane Database of Systematic Reviews 2010(11):CD008846. PMID: 24318836.
164. **SP Kachur** (2016). 'Beyond "test and treat"—Malaria diagnosis for improved pediatric fever management in sub-Saharan Africa' by Emily White Johansson [invited commentary]. Global Health Action 9:34416. PMID: 27989276.
165. MM Plucinski, ES Halsey, M Venkatesan, **SP Kachur**, PM Arguin (2017). Interpreting data from passive surveillance of antimalarial treatment failures [letter]. Antimicrobial Agents and Chemotherapy 61(6):e000498-17. PMID: 28539500.
166. LS Lau, G Samari, R Moresky, SE Casey, **SP Kachur**, L Roberts, M Zard (2020). COVID-19 in Humanitarian Settings and Lessons Learned from Past Epidemics [comment]. Nature Medicine (electronic release ahead of print publication). PMID: 32269357.

Abstracts and Presentations
(limited to lead author presentations)

1. A role for medical treatment in the community based control of guinea worm disease. Oral presentation to the Nigerian Guinea Worm Eradication Program 2nd National Task Force Meeting. (Lagos NIGERIA: 1988).
2. International collaboration in community-based medical education. Panel presentation with S Gloyd, J Ryan and G Smilkstein. National Council for International Health Annual Meeting (Washington, DC USA: 1989).
3. Underserved, ignored or forgotten? Lessons from the international health community. Workshop presented with D Hilfiker and CW Keck to the Human Values in Medicine Program, Northeastern Ohio Universities College of Medicine (Rootstown, Ohio USA: 1992).
4. HIV services in Baltimore and the impact of the Ryan White CARE Act (with AJ Sonnega and the Ryan White Services Project). Poster presentations at VIII International Conference on AIDS and III STD World Congress (Amsterdam NETHERLANDS: 1992), and at American Public Health Association Annual Meeting (Washington, DC USA: 1992).
5. Observations on the Greater Baltimore HIV Services Planning Council (with AJ Sonnega and the Ryan White Services Project). Poster presentations at VIII International Conference on AIDS and III STD World Congress (Amsterdam NETHERLANDS: 1992), and at American Public Health Association Annual Meeting (Washington, DC USA: 1992).
6. Years of potential life lost to firearm injuries in the United States. Oral presentation at the Epidemic Intelligence Service Conference (Atlanta, Georgia USA: 1994).
7. Violent deaths associated with schools in the United State—a public health perspective and findings from a nation-wide study. Oral presentation with W. Modzeleski at CDC Epidemiology Grand Rounds (Atlanta, Georgia USA: 1995).
8. Suicide among older persons in the United States, 1980 to 1992. Oral presentation at the Annual Meeting of the American Association of Suicidology (Phoenix, Arizona USA: 1995).
9. Violent deaths associated with schools in the United States, 1992 to 1994. Oral presentation at CDC-sponsored National Violence Prevention Conference (Des Moines, Iowa USA: 1995).

10. Malaria prevention and treatment in the United States. Oral presentation to Texas Department of Health Continuing Medical Education Conference (Austin, Texas USA: 1996).
11. Narratives of fatal childhood illness in the Asembo Bednet Project. Oral presentation to the Society for Literature and Science (Pittsburgh, Pennsylvania USA: 1997).
12. Bednets, revisited: sustainability of insecticide-treated materials for malaria control. Lessons from the efficacy trials. Oral presentation to 2nd International Congress of Vector Ecology (Orlando, Florida USA: 1997).
13. Risk factors for child mortality in the Asembo Bednet Project. Oral presentation at the 46th Annual Meeting of the American Society for Tropical Medicine and Hygiene (Lake Buena Vista, Florida USA: 1997).
14. Social and behavioral science priorities for emerging infectious diseases. Invited presentation with PJ Brown at American Psychological Association-sponsored meeting: Public Health in the 21st Century, Behavioral and Social Science Contributions (Atlanta, Georgia USA: 1998).
15. Promoting rational antimalarial drug use by health workers, vendors and consumers. Invited oral presentations of background papers prepared for CDC-supported workshops: Confronting the challenge of antimalarial drug resistance in Africa (Nairobi KENYA and Harare ZIMBABWE: 1998).
16. Causes of child mortality in the context of a bednet intervention trial in western Kenya. Abstract accepted for oral presentation at 47th Annual Meeting of the American Society of Tropical Medicine and Hygiene (San Juan, Puerto Rico USA: 1998); meeting cancelled.
17. Use of commercial pharmaceuticals in severe and fatal childhood illness in western Kenya. Invited oral presentation at Makerere Institute of Social Research and Danish Bilharziasis Laboratory-sponsored workshop: People and Medicines in East Africa (Mbale UGANDA: 1998).
18. Local perceptions of malaria treatment options: a cross national comparison. Invited oral presentation at Makerere Institute of Social Research and Danish Bilharziasis Laboratory-sponsored workshop: People and Medicines in East Africa (Mbale UGANDA: 1998).
19. Malaria epidemiology and prevention. Invited oral presentation to Los Alamos National Laboratory (Los Alamos, NM USA: 1998).
20. Local illness classifications, treatment preferences and the construct of efficacy: implications for malaria control programs in Zambia and Malawi. Oral presentation at the American Anthropology Association Annual Meeting (Philadelphia, Pennsylvania USA: 1998) and poster presentation at the Multilateral Initiative on Malaria 2nd PanAfrican Malaria Conference (Durban SOUTH AFRICA: 1999).
21. Anthropological approaches to understanding community drug use: implications for malaria control. Oral presentation at the Society for Applied Anthropology Annual Meeting (San Francisco, California USA: 2000).
22. Antimalarial drugs: trends in drug resistance and efficacy perceptions among health workers and consumers. Oral presentation at a Danish Bilharziasis Laboratory-sponsored workshop: Rolling Back Malaria. Prospects and Constraints (Usa River TANZANIA: 2000).
23. Improving community drug use: a trials of improved practices approach to combating antimalarial drug resistance. Invited presentation at 2nd International Conference on Emerging Infectious Diseases (Atlanta, Georgia USA: 2001).
24. Home management of childhood febrile illness in the context of emerging antimalarial drug resistance, Blantyre District, Malawi. Poster presentation at 49th Annual Meeting of the American Society of Tropical Medicine and Hygiene (Houston, Texas USA: 2001).
25. Overview and baseline findings from the Interdisciplinary Monitoring Project for Antimalarial Combination Therapy in Tanzania. Invited oral presentation at Harvard University-sponsored workshop: Developing Methodologies for the Economic Assessment of Malaria Drug Combination Therapies (Cambridge, Massachusetts USA: 2001).

26. Home and community management in the era of antimalarial drug resistance. Plenary oral presentation at Danish Bilharziasis Laboratory-sponsored workshop: People and Malaria Medicines (Mbarara UGANDA: 2001).
27. Post-modern, post-colonial, post-global: examining the theoretical crisis in international public health. Invited oral presentation at American Public Health Association's 129th Annual Meeting (Atlanta, Georgia USA: 2002).
28. A strategic framework for approaching interventions to improve malaria home care. Invited presentation with V. Marsh at East Africa and Great Lakes subRegional Meeting for Roll Back Malaria (Mombasa KENYA: 2002).
29. Utilization patterns for malaria treatment and prevention services in Blantyre District, Malawi. Oral presentation at World Bank-supported meeting: Ensuring Malaria Control Interventions Reach the Poor (London UNITED KINGDOM, 2002).
30. Effective malaria treatment: is access enough? Panel discussion with P. Olumese, R. Shretta-Chag and A. Mwita at 3rd Multilateral Initiative on Malaria PanAfrican Malaria Conference (Arusha TANZANIA: 2002).
31. Developing interventions to promote coadministration of sulfadoxine/ pyrimethamine and artesunate in rural Tanzania. Poster presentation at 3rd Multilateral Initiative on Malaria PanAfrican Malaria Conference (Arusha TANZANIA: 2002).
32. Prevalence of malaria parasitemia and recent pharmaceutical medicine use in rural Tanzania: Implications for a multi-year evaluation of artemisinin-containing combination therapy. Oral presentation at 3rd Multilateral Initiative on Malaria PanAfrican Malaria Conference (Arusha TANZANIA: 2002).
33. Optimizing access to and utilization of malaria treatment in Africa. Invited oral presentation of background paper for US Institute of Medicine Task Force on the Economics of Antimalarial Drugs (London UNITED KINGDOM: 2003).
34. Implementation of artemisinin-containing antimalarial combination therapy in Tanzania. Oral presentation at 52nd Annual Meeting of the American Society of Tropical Medicine and Hygiene (Philadelphia, Pennsylvania USA: 2003).
35. Comparing socioeconomic status data across sites in repeated household surveys, methodologic considerations; and Describing quality of care received from retrospective interviews. Oral presentations at London School of Hygiene and Tropical Medicine-sponsored Workshop on Undertaking Household Surveys in Low and Middle Income Countries (Ahmedabad INDIA: 2004).
36. Adherence to antimalarial combination therapy with sulfadoxine/ pyrimethamine plus artesunate in Tanzania: a practical methodology for programmatic assessment. Oral presentation at 53rd Annual Meeting of the American Society of Tropical Medicine and Hygiene (Miami, Florida USA: 2004).
37. Implementation of artemisinin-containing combination therapies in an area of stable malaria transmission: implications for enhanced diagnostic services. Invited presentation to a World Health Organization technical consultancy on rapid diagnostic tests for malaria (Geneva SWITZERLAND: 2004).
38. Prevalence of malaria parasitemia among clients obtaining treatment for fever or malaria at drug stores in rural Tanzania, 2004. Oral presentation at 4th MIM Pan-African Conference on Malaria (Yaonde CAMEROON; 2005).
39. The plausibility design, quasi-experiments, and real world research: A critical perspective. Oral presentation to Conference on Ethnography of Health Research in African Settings (Kilifi KENYA: 2005).
40. Trends in malaria parasitemia, malaria-related anemia and malaria-related child mortality before, during and after the introduction of sulfadoxine/ pyrimethamine monotherapy and artemisinin-based combination therapy. Oral presentation to 55th annual meeting American Society of Tropical Medicine and Hygiene (Atlanta, GA USA: 2006).

41. Consumer perceptions and care seeking for febrile illness associated with the availability of antimalarial combination therapy in Rufiji District, Tanzania, 2003-2006. Oral presentation to 56th annual meeting American Society of Tropical Medicine and Hygiene (Philadelphia, PA USA: 2007).
42. Quality of antimalarial drugs sold at retail outlets in Tanzania, 2005. Results of a nationally representative survey: Poster presentation to 56th annual meeting American Society of Tropical Medicine and Hygiene (Philadelphia, PA USA: 2007).
43. Factors impacting the effectiveness of antimalarial combination therapy interventions. Oral presentation at 5th MIM Pan-African Congress on Malaria (Nairobi KENYA: 2009).
44. Potential role for transmission blocking vaccines in the context of scaled up malaria control and elimination efforts. Invited oral presentation at Symposium on Malaria Transmission Blocking Vaccines, sponsored by Malaria Vaccine Initiative, with J Skarbinski and L Slutsker (Bethesda, Maryland USA: 2010).
45. Investing in Strategic and Applied Science for Malaria at CDC. Invited presentation at Advancements in US Science and Technology, a Capitol Hill Reception convened by Malaria No More, with R Shah, B Hall, and P Weina (Washington, DC USA; 2012).
46. Malaria Control and Elimination: Progress and Promise. Invited key note lecture at annual meeting of the Malaria Capacity Development Consortium (Atlanta, Georgia USA; 2012).
47. Malaria elimination redux. Invited presentation at "Disease Elimination and Eradication in Theory and Practice: Multidisciplinary Perspectives" sponsored by Emory University Institute for Developing Nations and Carter Center Malaria Program (Atlanta, Georgia USA; 2013).
48. How is the malaria landscape shifting? Closing remarks from a veteran in the war against malaria. Keynote presentation at "The Secret Life of Malaria: A Global Journey to Cure and Prevention," organized by University of Georgia Center for Tropical and Emerging Diseases (Athens, Georgia USA; 2014).
49. Rethinking tactics in the new push for malaria elimination. Invited presentation at "World Malaria Day, 2014: Fighting Malaria with Faith and Facts," sponsored by Johns Hopkins Malaria Research Institute (Baltimore, Maryland USA; 2014).
50. Haemoloysis in US patients treated with intravenous artesunate. Symposium presentation at 24th European Congress on Clinical Microbiology and Infectious Diseases (Barcelona SPAIN; 2014).
51. The threat of artemisinin and pyrethroid resistance [Chair]. Invited panel presentation with Pascal Ringwald, Christopher Plowe, Fredros Okumu, and Martin Akogbeto, at "A Strategic Approach to Malaria in the Post-2015 Era," sponsored by Center for Strategic International Studies (Washington, DC USA; 2014).
52. CDC and the global response to the Zika virus public health emergency. Invited presentation to the United Nations Economic and Social Council (New York, NY USA; 2016).
53. Zika virus: clinical considerations and CDC response. Invited panel presentation with C Chinn, J Patz, K Spong, and M Wilson at 8th Annual Global Health Conference, Consortium of Universities for Global Health (San Francisco, CA USA; 2016).
54. Achieving a bold vision for global health: Policy solutions to advance global health research and development. Invited panel presentation with: P Hotez, J Kolkor, D Shoultz and E Will Morton, sponsored by Global Health Technologies Coalition at Russell Senate Office Building (Washington, DC USA; 2016).
55. Combatting infectious disease: the unfolding threat of Zika. Invited panel presentation with: JS Morrison, A Pope, M Espinal and D Dulitsky, at Center for Strategic and International Studies' Annual Global Development Forum (Washington, DC USA; 2016).
56. Priority setting in global health symposium. Invited panel presentation at Harvard TH Chan School of Public Health (Cambridge, MA USA; 2016).
57. Malaria Epidemiology, Control and Treatment. Invited presentation at Congressional Briefing (Washington, DC USA; 2017).

58. Surveillance as a malaria intervention, pivoting from control to elimination. Invited panel presentation with B Nahlen, BL Hall, S Hoffman and L Slutsker at inaugural Alan J Magill Malaria Eradication Symposium sponsored by American Society of Tropical Medicine and Hygiene and Council for Strategic International Studies (Washington, DC USA; 2017).
59. The on-going fight to eliminate malaria. Invited panel presentation with S Baker, I Priestley and D Zimmerman at Rotary International Convention (Atlanta, GA USA; 2017).
60. Fulcrum or fetish? The appeal of commodities in the global malaria effort. Leverhulme Lecture at Liverpool School of Tropical Medicine (Liverpool UNITED KINGDOM; 2017).
61. CDC and US Government contributions to the global malaria effort. Presentation to Washington Global Health Alliance (Seattle, WA; 2017).
62. Malaria Control: A critical investment for saving lives in Africa. Invited panel presentation with J Kates, B Nahlen, SS Peterson, R Rabinovich, A Glassman, sponsored by Center for Global Development and American Society of Tropical Medicine and Hygiene (Washington, DC; 2017).
63. US Government Priorities for Ending Preventable Child and Maternal Deaths. Invited panel presentation with B Hughes and BL Nahlen at US State Department's Foreign Service Institute Global Health Diplomacy Course (Washington, DC; 2017).
64. Disease on our borders: Fighting global health threats in the Americas. Invited panel presentation with Marcos Espinal, and Greg Noland at UN Foundation Nothing But Nets Malaria Leadership Summit (Washington, DC; 2018).
65. Malaria elimination in high burden countries. Invited panel presentation with K Sturm-Ramirez at Science of Eradication—Malaria Course, sponsored by Harvard University (Cambridge, MA; 2018).
66. Malaria Control: Where are we now? Grand Rounds webinar presentation to ICAP at Columbia University (New York, NY; 2018).
67. Epidemiology, control and prevention of malaria in pregnancy and implications for maternal and newborn survival. Invited presentation to Department of Family Health Services, Ministry of Health (Monrovia LIBERIA; 2019).
68. Malaria: Progress and promise. Watanakunakorn Memorial Lecture. Northeast Ohio Medical University (Rootstown, OH; 2019).
69. Community Health Planning and Services in Ghana: Implementation Science for Universal Health Coverage. Invited presentation at Korea International Cooperation Agency's Ghana Community-based Primary Health Care Conference (Seoul, REPUBLIC OF KOREA; 2019).
70. Transforming the epidemiology of malaria through control and elimination efforts. Infectious Disease Epidemiology Seminar, Department of Epidemiology, Columbia University Mailman School of Public Health (New York, NY; 2019).
71. Tangible and intangible assets for malaria programs across the elimination spectrum. Invited presentation at the Allan Magill Symposium. American Society for Tropical Medicine and Hygiene (National Harbor, MD; 2019). CANCELLED.

Exhibit C

LESLIE F. ROBERTS, PHD

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Education

Ph.D.	(1992) Johns Hopkins University, Baltimore, MD Department of Geography and Environmental Engineering
M.S.P.H.	(1987) Tulane School of Public Health and Tropical Medicine, LA Department of Environmental Health
B.S.	(1983) St. Lawrence University, Canton, NY Major: Physics

Professional Experience

9-11/14, 3-4/15	**Regional Epidemiologist & Foreign Medical team Coordinator,** WHO, Sierra Leone. Worked as an administrator and epidemiologist to address an EVD outbreak.
4/14 – Present	**Professor**, Columbia Univ., Mailman School of Pub. Hlth.
11/17 – 8/18 3/12 – 3/14	**Director, Program on Forced Migration and Health**
9/06 – 3/14	**Associate Professor of Clinical Public Health**
10/02 – 9/06	**Adjunct Faculty**, Columbia Univ., Mailman School of Pub. Health, NY, NY. Teaching responsibilities include: courses in applied epidemiology for complex emergencies, water and sanitation, and epidemiological methods for documenting human rights abuses.
3/97 – 11/00 5/03 – 9/06	**Consultant**, Clients included: Univ. of B.C. Human Security Centre; Overseas Development Institute (ODI); City of Westminster, CO.; a recreational water park in Georgia; Centers for Disease Control and Prevention; and the International Rescue Committee. Teaching clients

included: BPRM of the US State Dept., USAID, University of Hawaii COE, CDC, the National Academy of Pediatrics and ICDDR,B. In 2005, provided technical oversight and support of a World Bank funded project in Afghanistan.

9/95 – 7/2006 **Lecturer**, Department of Geography and Environmental Engineering, Johns Hopkins Whiting School of Engineering. Responsibilities include: teaching a joint engineering – public health course entitled, "Engineering Responses to Public Health Crises" and giving approximately 10 other lectures each year. In 2003, ran seminar entitled, "Epidemiological Methods for Documenting Human Rights Abuses."

12/00 - 5/03 **Director of Health Policy**, International Rescue Committee, NY, NY. Responsibilities included: developing policy for health programs, providing technical support and oversight for 5 programs in the Great Lakes Region of Africa, providing epidemiological support and training. Conducted mortality surveys in Rwanda, the Democratic Republic of Congo and Sierra Leone.

6/97 – Present **Adjunct Faculty**, Tulane School of Public Health and Tropical Medicine. Conduct an intensive summer course entitled, "Field Methods in Complex Emergencies."

5/95 – 2/97 **Sr. Assistant Scientist**, CDC, Nat. Ctr. Environmental Health, EHHE, HSB Activities included: conducting human health studies regarding domestic water issues; providing technical support to staff epidemiologists and oversight of EIS Fellows; assisted in humanitarian relief efforts related to water and sanitation; and responded to public, congressional, and technical inquiries. Teaching activities included: lectures at the Emory Rollins School of Public Health, the Army War College, the University of Maryland, and U.S. Office of Foreign Disaster Assistance workshops in Bangladesh and Hawaii, and an intensive week-long class at Johns Hopkins University. Represented CDC as the Executive Secretary of the HHS Subcommittee on Drinking Water and Health, a body for coordinating Federal efforts related to human health and drinking water.

10/94 - 4/95 **Consultant**, Activities included: lecturing in the U.S. Office of Foreign Disaster Assistance Training Course and at the Johns Hopkins School of Public Health, reviewing reports for UNICEF.

6/94 - 9/94 **Epidemiologist**, World Health Organization, Rwanda.
Established disease surveillance systems and assisted with epidemic responses in Northern Rwanda and Goma, Zaire.

7/92 - 5/94 **EIS Officer**, CDC/International Health Pgm. Office/TSD, Atlanta, GA.

	As a postdoctoral fellow, conducted assessments in Southern Africa and Bosnia; a nationwide household survey in Armenia, and an intervention trial to prevent diarrhea among refugees in Malawi.
12/90 - 5/91	**Study Director**, PRISMA, Lima, Peru. Conducted a study of the movement of fecal material within shantytown households.
5/90 - 10/90	**Public Health Engineer II**, DOE, Dundalk, MD. Conducted field studies examining the function of stormwater management facilities.
1/85 - 6/85	**Physics Teacher**, Fayetteville-Manlius High School, Fayetteville, NY.
9/83 - 6/84	**Physics Teacher**, Old Rochester Regional High School, Mattapoiset, MA.

Selected Publications

Lau LS et al. COVID-19 in Humanitarian Settings and Lessons Learned from Past Epidemics. Nature Medicine volume 26, pages647–648(2020).

Jarrett P, Zadravecz FJ, O'Keefe J, Nshombo M, Karume A, and Roberts L. Evaluation of a population mobility, mortality, and birth surveillance system in South Kivu, Democratic Republic of the Congo. Disasters, 2020, 44(2): 390−407.

Flaherty MG, Roberts L. Internet searching and potential for promoting humanitarian injustice: short report. Confl Health. 2019; 13: 4

Briody C, Rubenstien L, Roberts L. Penney E, Keenan W, Horbar J. Review of attacks on health care facilities in six conflicts of the past three decades. Confl Health. 2018; 12: 19.

Roberts LF. When Violence becomes Endemic. Int. J. Pub. Hlth. June 2017.

Sara A. Snyder, and Columbia Epidemiology of Human Rights Study Group. The Eric Garner Case: Statewide survey of NY voters' response to proposed police accountability legislation. J. of Social Service Research. October 2016.

Bennouna, Cyril; van Boetzelaer, Elburg; Rojas, Lina; Richard, Kinyera; Karume, Gang ; Nshombo, Marius ; Roberts, Les; Boothby, Neil. Monitoring and Reporting Attacks on Education in Somalia and the Democratic Republic of the Congo. Disasters. Aug. 9, 2017

Bennouna C. Ali I, Nshombo M, Karume G, Roberts L. Improving surveillance of attacks on children and education in South Kivu: A knowledge collection and sensitivity analysis in the D.R. Congo. Vulnerable Children & Youth Studies. 23 Jan, 2016 http://dx.doi.org/10.1080/17450128.2016.1139221

Checchi F, Waldman R, Roberts L. et al. The World Health Organization and emergency health: if not now, when? *BMJ* 2016; 352 doi: http://dx.doi.org/10.1136/bmj.i469 (Published 28 January 2016)

Parcesepe A, Stark L, Roberts L. Boothby N. Measuring Physical Violence and Rape Against Somali Women Using the Neighborhood Method. Violence Against Women. 1-17, 2015.

Roberts L, VanRooyen MJ. Ensuring Public Health Neutrality. New Engl. J. Med. 2013;368: 1073-1075. March 21.

Carpenter D, Fuller T, Roberts L. WikiLeaks and Iraq Body Count: the Sum of Parts May Not Add Up to the Whole-A Comparison of Two Tallies of Iraqi Civilian Deaths. Prehospital and Disaster Med. 2013 Feb 6:1-7.

Alfaro S, Myer K, Anonymous, Ali I, and Roberts L. Estimating Human Rights Violations in South Kivu Province, Democratic Republic of the Congo: A Population-Based Survey. Vulnerable Children and Youth Studies. 7;3:201-210. Sept. 2012

Potts A, Myer K, Roberts L. Measuring human rights violations: Results from a nationwide cluster survey in Central African Republic. Conflict and Health. 2011; 5: 4.

Henderson SW, Olander WE, Roberts LF. Reporting Iraqi civilian fatalities in a time of war. Conflict and Health. Nov. 2009; 3:9.

Stark L, Roberts L, Wheaton W, et al. Measuring Violence against Women amidst War and Displacement in Northern Uganda Using the 'Neighborhood Method.' JECH Online First, Nov. 24, 2009. 10.1136/jech.2009.093799

Cairns LK, Woodruff BA, Myatt M, Bartlett L, Goldberg H. and Roberts L. Cross-sectional survey methods to assess retrospectively mortality in humanitarian emergencies. Disasters. Vol. 33(4) :503-21. Feb. 17, 2009.

Flaherty MG, Roberts L. Rural Outreach Training Efforts to Clinicians and Public Library Staff: NLM Resource Promotion. J of Consumer Hlth. on the Internet. Vol. 13(1):14-30. Jan. 2009.

Siegler A, Roberts L, Balch E. et al. Media Coverage of Violent Deaths in Iraq: An Opportunistic Capture-Recapture Analysis. Prehosp. and Disaster Med. 2008; 23(4):369-371.

Checchi F, Roberts L. Documenting mortality in crises: what keeps us from doing better? PLoS Med. 2008 Jul 1;5(7):e146

Roberts L. Advances in monitoring have not translated into improvements in humanitarian health

services. Prehosp. Disaster Med. 2007 Sept-Oct;22(5):384-9.

Burnham G, Doocy S, Roberts L. Making data on Iraqi mortality rates available. Science: Vol 316. No 5830: 1424-5. June 2007.

Burnham G, Roberts L. A Debate Over Iraqi Death Estimates. *Science* **24:** Vol. 314 no. 5803 (1241). Nov 2006.

G Burnham, R Lafta, S Doocy, L Roberts. Mortality after the 2003 invasion of Iraq: a cross-sectional cluster sample survey. Lancet Vol. 368; 9545: 1421–1428. Oct. 2006

Salama P, Roberts L.
Evidence-based interventions in complex emergencies. Lancet. 2005 May 28;365(9474):1848.

Roberts L, Lafta R, Garfield R, et al.
Mortality before and after the 2003 invasion of Iraq: cluster sample survey. Lancet. Volume 364;9448:1857-1864. Oct. 29, 2004.

Roberts L, Hoffman C-A.
Assessing the impact of humanitarian assistance in the health sector. Emerging Themes in Epidemiology. Vol. 1:3, October 7, 2004

Roberts L.
Little relief for eastern Democratic Republic of Congo. Lancet (Dispatch) Vol. 357;9266:1421, May 5, 2001.

Roberts L, Chartier Y, Toole M, et al.
Keeping Clean Water Clean in a Malawi Refugee Camp: A Randomized Intervention Trial. Bull. W.H.O., Vol. 79(4):280-287, 2001.

Mermin, J, Villar R, Carpenter J, Roberts L, et al.
A Massive Epidemic of Multidrug-Resistant Typhoid Fever in Tajikistan Associated with Consumption of Municipal Water. *Journal of Infectious Diseases.* 179 (6): 1416-1422. June, 1999.

Roberts L, Despines M.
Mortality in Katana Health Zone, Eastern DRC. Lancet (Letter) Vol. 353;9171:2249-50, Jan. 26, 1999.

Peterson AE, Roberts L, Toole MJ, et al.
The Effect of Soap Distribution on Diarrhea: Nyamithuthu Refugee Camp. Int. J. of Epi., 1998;27:520-524.

Semenza J, Roberts L, Henderson A, et al.
Water Distribution System and Diarrheal Disease Transmission: A Case Study in Uzbekistan. Am. J. Trop. Med. Hyg. 59(6), 1998, pp. 941-46.

Roberts L, Toole M.
Cholera Deaths in Goma (Letter). Lancet, Vol.346:1431. Nov. 25, 1995.

Goma Epidemiology Group
Public Health Impact of Rwandan Refugee Crisis: What Happened in Goma, Zaire, in July, 1994? Lancet. Vol.345:339-44. Feb. 11, 1995.

Ventura G, Roberts L, Gilman R.
Vibrio cholerae non-O1 in sewage lagoons and seasonality in Peru cholera epidemic. Lancet. 339(8798):937-8. Apr. 11, 1992.

Lindsay G, Roberts L, Page W.
Inspection and Maintenance of Infiltration Facilities. Journal of Soil and Water Conservation Vol. 47(6):481-486. Nov. 1992.

Esrey SA, Potash JB, Roberts LF, Shiff C.
Water Supply and Sanitation: Health Effects on Ascariasis, Diarrhoea, Guinea Worm, Hookworm, Schistosomiasis, and Trachoma. Bull. W.H.O. 69 (5):609-621, 1991.

MMWR Publications

Elevated Mortality Associated With Armed Conflict --- Democratic Republic of Congo, 2002. Vol. 52(20); 469-471.

Spontaneous Abortions Possibly Related to Ingestion of Nitrate-Contaminated Well Water -- LaGrange County, Indiana, 1991-1994. Vol. 45(26); 569-572.

Status of Public Health - Bosnia and Herzegovina, August-September 1993. Vol. 42;50:973-82.

Mortality among Newly Arrived Mozambican Refugees - Zimbabwe and Malawi, 1992. Vol. 42;24:468-77.

Other Publications

Roberts L. War: Not Anarchy but Shrinking Circles. In: Why Peace? Marc Guttman Editor, 2012.

Roberts L. Advancing Humanitarian Aid: Infusing the era of hope with a dash of accountability. In *Health G20.* Carballo M Editor. International Center for Migration. Oct. 2010.

http://healthg20.com/info

Roberts LF. A Plea For Cost-Effectiveness, or at Least Avoiding Public Health Malpractice Am J Public Health, Sep 2009; 99: 1546 - 1548.

Roberts L, Muganda C. War in the Democratic Republic of Congo. In Levy B & Sidel V (Eds.), War and Public Health. Oxford: 2008.

Roberts L. Burnham G. Ignorance of Iraqi death toll no longer an option. Global Research Sept. 22, 2007. http://www.globalresearch.ca/index.php?context=va&aid=6848 and in Baltimore Sun and Oneonta Daily Star.

Roberts L. Iraq's Death Toll is Far Worse than our Leaders Admit. Independent. Feb. 14, 2007. http://www.independent.co.uk/opinion/commentators/les-roberts-iraqs-death-toll-is-far-worse-than-our-leaders-admit-436291.html

Roberts L.
100,000 deaths in Iraq: A year later. American Friends Service Committee Oct. 26, 2005 http://www.afsc.org/iraq/news/2005/10/100000-deaths-in-iraq-year-later.htm and in Baltimore Times.

Roberts L.
The Iraq War: Do Civilian Casualties Matter? Audit of Conventional Wisdom, MIT Center for International Studies, July 2005.

Roberts L.
Civilian Deaths a Murky Issue in the War in Iraq. Humanitarian Exchange, Humanitarian Practice Network, #29, Mar. 2005.

Checci F, Roberts L.
Interpreting and Using Mortality Data in Humanitarian Emergencies: A Primer for Non-Epidemiologists. Humanitarian Policy Network Paper #52, 2005.

Lafta R, Roberts L, Garfield R and Burnham G.
Role of Small Arms during the 2003 – 2004 Conflict in Iraq. Working Paper 1. Small Arms Survey, Geneva, Switzerland 2005.

Roberts L, Ngoy P, Mone C. et al.
Mortality in the Democratic Republic of the Congo: Results from a nation-wide survey. IRC, New York, March 2003. http://www.theirc.org/DRCongo/index.cfm Accessed 1/10/03

Roberts L, Hale C, Belyakdoumi F, et al.
Mortality in Eastern Democratic Republic of Congo: Results from Eleven Mortality Surveys. IRC, New York, 2001. http://intranet.theirc.org/docs/mortII_report.pdf Accessed 11/20/02

Roberts L.
Mortality in Eastern DRC: Results from Five Mortality Surveys. The International Rescue Committee, May, 2000.

Roberts L.
Diminishing standards: How much water do people need? In *Forum: Water and War*. Geneva: ICRC, 1998.

Esrey SA, Shiff C, Roberts LF, Potash JB.
The Health Benefits following Improvements in Water and Sanitation: Synthesis of Existing Knowledge concerning Diarrheal Disease, Ascariasis, Guinea Worm, Hookworm, Schistosomiasis, and Trachoma. W.A.S.H. Technical Report #66. June, 1990.

Reinke WA, Stanton BF, Roberts L, Newman J.
Rapid Assessments for Decision Making: Efficient Methods for Data Collection and Analysis. W.A.S.H. Field Report #391. January, 1993.

Roberts L, Lindsey G.
Maintenance Needs of Stormwater Facilities in Baltimore, Carroll, Cecil, and Harford Counties. Maryland Department of the Environment, Sediment and Stormwater Administration. Dundalk, Maryland. September, 1990.

Awards and Honors

2012	Teaching Excellence Award, Mailman School of Public Health.
2008	Edward Barsky Award at APHA Annual Conference.
2007	APHA Special Award for Conflict Epidemiological Research,. With Burnham G, Doocy, S, Lafta R.
2006	Ambassador, Paul G. Rogers Society for Global Health Research.
1995	The Paul C. Schnitker Award for Outstanding Contribution to International Health, Centers for Disease Control and Prevention, Atlanta, GA., March.
1994	Medal of Achievement, USPHS, Spring.
1990 – 1991	The Dick C. Heil Memorial Scholarship. Chesapeake Chapter of the American Water Works Association.

Exhibit D

Bradley A. Woodruff, MD, MPH
November 30, 2020

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Victoria, BC V8R 2G1	Skype name: BradWoodruff	GMT -7 hours (summer)
Canada	Telephone: +1 (778) 967-1874	GMT -8 hours (winter)

EDUCATION

E.I.S. Epidemic Intelligence Service, Centers for Disease Control, stationed in West Virginia Department of Health. June 1989.

M.P.H. The Johns Hopkins University School of Hygiene and Public Health, Baltimore, MD. May 1986. Concentration in epidemiology and international health.

M.D. Upstate Medical Center, Syracuse, N.Y. May 1980.

B.A. State University College at Fredonia, N.Y. and State University of New York at Buffalo, in biology. January 1976.

HONORS AND AWARDS

Awards from the United States Government:

Charles C. Shepard Award for Outstanding Scientific Contribution to Public Health, 2003.
Secretary's Award for Distinguished Service; Department of Health and Human Services, 2000.
Achievement Medal; United States Public Health Service, 1993.
PHS Citation; United States Public Health Service, 1989.
NCEH Director's Award (2), 1997 and 2000.
Outstanding Unit Citations (3); United States Public Health Service, 1995, 1997, and 2001.
Meritorious Group Award; U.S. Agency for International Development, 2003.
Unit Commendations (6); United States Public Health Service, 1989 (2), 1992, 1993 (2), 2003.
Group Special Recognition Award; United States Dept of Health and Human Service, 1992.
Group Honor Award, International Health; United States Dept of Health and Human Service, 1997.
Foreign Duty Service Ribbons (11); United States Public Health Service, 1992-2003.
Hazardous Duty Service Ribbon (3); United States Public Health Service, 1993, 1994, 2003.
Isolated Hardship Service Ribbon; United States Public Health Service, 1994.
Crisis Response Service Ribbon; United States Public Health Service, 1994.
Special Assignment Service Ribbon; United States Public Health Service, 1995.

Other honors and awards:

Dean's List, Phi Beta Kappa, and Summa Cum Laude; State University of N.Y., 1970-76.
Alpha Omega Alpha Medical Honor Society; Upstate Medical Center, 1979.
Listed in Who's Who in Medicine and Health Care 2009-2010 7th edition and International Who's Who in Medicine, 2nd edition, 1995.
Distinguished Alumnus, Upstate Medical Center, 2010.

LICENSES AND CERTIFICATES

State medical license in New York, 1981; Pennsylvania, 1983; and Maryland, 1985. National medical license in Kenya, 1983.

WORK EXPERIENCE

Positions in Epidemiology and Public Health:

July 2007 – present: Consultant in International Health and Nutrition.

Assist non-governmental organizations and United Nations agencies, including the World Food Programme, the World Health Organization, and UNICEF, in carrying out assessments, evaluations, and studies of public health and nutrition programs in less-developed countries. Provide training and supervision, both in the classroom and in the field, for agency personnel in epidemiologic techniques of assessment and investigation. Review protocols, reports, and other documents for technical quality and accuracy. Write technical reports and articles for publication.

June 2004 – June 2007: Senior Medical Epidemiologist, International Micronutrient Malnutrition Prevention and Control Program (IMMPaCt), Maternal Child Nutrition Branch, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), U.S. Public Health Service; Atlanta, Georgia.

Provide technical supervision to IMMPaCt staff in matters of micronutrient status assessment, program design, and other issues. Investigate improvements in survey and assessment methodology and make recommendations to IMMPaCt and Branch leadership.

Design training programs for partner organizations, including UNICEF, the World Food Programme, and the Pan-American Health Organization, in methods of assessing micronutrient status, laboratory techniques of measuring micronutrient status, and monitoring and evaluation of micronutrient deficiency prevention and control programs. Design and teach a course at the Rollins School of Public Health at Emory University on food and nutrition in humanitarian emergencies.

Write and review guidelines for the World Food Programme, UNICEF, USAID, and other organizations on nutrition assessment techniques in both humanitarian emergencies and stable populations.

Supervised Epidemic Intelligence Service officers during 2-year training in epidemiology and public health.

April 1996 – June 2004: Medical Epidemiologist, International Emergency and Refugee Health Branch, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), U.S. Public Health Service; Atlanta, Georgia. Job duties included:

Responded to requests for technical assistance from other organizations, including other parts of the U.S. government, U.N. agencies, international organizations, and nongovernmental organizations (NGOs). Such technical assistance activities encompassed all fields of public health, disease control, and nutrition in humanitarian emergencies. Specific activities included management and technical direction of the public health portions of multimillion dollar relief programs, quantitative and qualitative assessment of the health and nutrition status of displaced populations, evaluation of specific programs, and implementation of disease control programs. Assisted other parts of CDC in activities related to refugees and displaced populations.

Trained health personnel from many organizations in public health practice in refugee emergencies, including designing curriculum, presenting lectures, and facilitating exercises and case studies.

Determined research priorities in refugee and emergency response, prepare and supervise preparation of research project proposals and protocols, obtain funding, and implement and supervise research studies.

Developed and implemented International Emergency Capacity Development program, a training program for CDC personnel with a $185,000 annual budget. Oversaw all aspects of this program, including recruitment and selection of training candidates, development of curriculum,

review of technical content, development and selection of teaching methods, implementation of special seminars, and organization of overseas field experiences.

Wrote guidelines and recommendations for refugee health and nutrition. Provided technical expertise to international groups and committees writing such guidelines and developing consensus regarding best practices in public health in emergency situations. Carried out research on all aspects of refugee health and nutrition and presented results in published scientific articles and presentations.

Supervised Epidemic Intelligence Service officers during 2-year training in epidemiology and public health.

May 2000 – June 2001: Acting Chief, International Emergency and Refugee Health Branch, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC), U.S. Public Health Service; Atlanta, Georgia.

Coordinated CDC's overall response to refugee and humanitarian emergencies, including providing liaison with other parts of the U.S. government, U.N. agencies, international organizations, and nongovernmental organizations. Provided supervision for eight staff members and oversaw all activities of the Branch and maintained coordination with other parts of the National Center for Environmental Health and CDC. The total budget of the Branch increased from $US 1.2 million to $US 6.2 million during this time.

July 1990 - March 1996: Medical Epidemiologist; Hepatitis Branch, Division of Viral and Rickettsial Diseases, Centers for Disease Control and Prevention (CDC), U.S. Public Health Service; Atlanta, Georgia.

a) In San Francisco (May 1992 - March 1996):

Infant hepatitis B vaccination. Implemented demonstration project funded by a $1.5 million federal grant to carry out universal infant immunization against hepatitis B in the city of San Francisco. Duties included developing policy guidelines for administration of hepatitis B vaccine, coordinating research projects, and supervising 7 full-time project staff members and 6 public health students. Program implementation activities included organizing community advisory committee meetings, developing a vaccine distribution system, and designing a vaccine dose reporting system. Also served as liaison to San Francisco medical providers and conducted educational campaigns, including publishing articles in local medical publications and giving numerous presentations at Pediatric Grand Rounds and other medical meetings on hepatitis B virus infection, hepatitis B control strategies, hepatitis B vaccination, and the San Francisco Demonstration Project.

Supervised staff members, public health students, and preventive medicine residents who carried out research projects, including: 1) a questionnaire survey of hospital nursery staff regarding attitudes toward hepatitis B vaccination of newborns; 2) medical record reviews in birthing hospitals to estimate first dose vaccine coverage of newborns at the time of hospital discharge; 3) medical record reviews in public clinics and private offices to estimate overall vaccine coverage at 9 months of age; 4) a questionnaire survey of parents of infants to estimate vaccine coverage, attitudes toward hepatitis B vaccination, and barriers to vaccination; 5) a survey of nursing administrators of obstetric hospitals in the San Francisco. metropolitan area to assess policies and practices regarding newborn hepatitis B vaccination; 6) a survey of obstetric providers to determine feasibility of providing vaccination education during prenatal visits. Collaborated on questionnaire survey of pediatric providers to determine why and when pediatricians incorporate new preventive technologies into their practice. Assisted staff members and students in preparing presentations for national scientific meetings and articles for publication in peer-reviewed biomedical journals.

School-based hepatitis B vaccination. Served as technical consultant to the San Francisco Unified School District for pilot project in adolescent in-school hepatitis B vaccination. Reviewed for technical accuracy all materials produced during the project, including those for teacher, student,

and parent education. Supervised design and conduct of: 1) pre- and post-testing of students to assess knowledge acquired during lessons about hepatitis B; 2) a questionnaire survey of parents to determine attitudes about school-based vaccination and reasons for consenting to or refusing vaccination; 3) collection and analysis of data from refusal form on reason for refusal; and 4) an intervention trial to assess the effect of incentives designed to induce peer pressure. Supervised planning and conduct of meeting of school-based hepatitis B vaccination projects to summarize nationwide experience and preparation of a comprehensive report.

Other projects. 1) Served as technical consultant to the Vietnamese Community Health Promotion Project of the University of California, San Francisco for their cancer prevention program; one portion included health education about hepatitis B and hepatitis B vaccination. 2) Designed and conducted a serologic and questionnaire survey of employees of the Oakland Police Department to determine the occupational risk of hepatitis B virus infection. 3) Designed and collaborated in conduct of serologic survey of residents of a residential institution for developmentally disabled persons to determine risk of hepatitis C and hepatitis A virus infections. 4) Designed and collaborated in conduct of immunogenicity trial of hepatitis B vaccination of adolescents according to a 0,2,4 months schedule. 5) Analyzed hospital and outpatient data to determine risk of various adverse reactions to hepatitis B vaccination among newborns.

b) In Atlanta (July 1990 - May 1992):

Responsible for conduct of epidemiologic research supporting implementation of initiative to eliminate hepatitis B virus transmission in the United States. Also participated in education of state and local health officials, practicing physicians, and others regarding perinatal hepatitis B screening and infant immunization.

Other research activities included: 1) Assisted in planning and execution of a serologic survey to evaluate the hepatitis B vaccination program in American Samoa; 2) Planned and collected specimens for a study comparing the detection hepatitis B serologic markers in dried blood spot specimens and serum specimens; 3) Directed collection of data and special studies of adverse reactions to recombinant hepatitis B vaccines; 4) Collected and analyzed available hepatitis B screening data from health programs for refugees entering the United States; 5) Designed a case-control study of the association of hepatitis C infection and primary hepatocellular carcinoma; 6) Designed and carried out a multicenter serologic and questionnaire survey of public safety workers to investigate their risk of occupational hepatitis B virus infection; 7) Reviewed available research results on intradermal administration of hepatitis B vaccine and presented results in publications; 8) Coordinated testing and analyzed data from serum specimens from migrant workers in San Diego County, California to determine prevalence of past hepatitis E virus infection; and 9) Coordinated testing and analyzed data from serum specimens from slum dwellers in Trujillo, Peru to determine the prevalence of hepatitis E virus infection.

Supervised and assisted epidemiology trainees during field outbreak investigations and analytic projects, specifically the investigation of an outbreak of hepatitis A in a residential institution for the severely disabled, the investigation of a nosocomial outbreak of hepatitis A in a pediatric hospital, and a serologic survey for hepatitis B and C virus infection in women seeking prenatal care in San Juan, Puerto Rico.

Answered inquiries regarding viral hepatitis from state and local health officials, private physicians, journalists, and the public.

July 1989 - June 1990: Resident in Preventive Medicine; Enteric Disease Branch, Division of Bacterial Diseases, Centers for Disease Control (CDC), U.S. Public Health Service; Atlanta, Georgia.

Reviewed current status of immunization against typhoid fever, including all work, published and unpublished, on the Ty21a oral vaccine and presented a summary to the Immunization Practices Advisory Committee (ACIP).

Collected and analyzed 14 years of botulism surveillance and laboratory data to explore clinical and laboratory differences between types A, B, and E botulism.

Carried out survey of state health department policies regarding chronic typhoid carriers and compiled epidemiologic description of currently known carriers in the United States.

Supervised and assisted epidemiology trainees during field investigations of outbreaks, specifically a state-wide outbreak of *Salmonella heidelberg* in Maine and a community outbreak of E. Coli O157:H7 in Missouri.

Answered inquiries regarding bacterial enteric diseases from state and local health officials, private physicians, journalists, and the public.

July 1987 - June 1989: Epidemic Intelligence Service Officer; Assigned to the West Virginia Department of Health from the Division of Field Services, Epidemiology Program Office, Centers for Disease Control (CDC), U.S. Public Health Service; Atlanta, Georgia.

Conducted field investigations of 1) shigellosis in a religious commune, 2) epidemic psychogenic illness in a workplace, 3) viral conjunctivitis in a nursing home and an elementary school, and 4) respiratory disease in a nursing home. Assisted in investigations of nosocomial legionellosis and community-acquired tuberculosis.

Planned and carried out epidemiologic studies, including: 1) a case-control study of the risk factors for La Crosse encephalitis; 2) a questionnaire survey regarding immunization coverage and reasons children are not fully immunized at age two years; and 3) collection of data regarding incidents in West Virginia and South Carolina of exposure to rabies from domesticated raccoons.

Evaluated surveillance systems for spinal cord injury and Lyme disease and analyzed data contained therein.

Provided technical advice to personnel in the West Virginia Health Department and answered phone and mail inquiries from local health department personnel, legislators, physicians, journalists, and the public.

Gave presentations and workshops to local health officials, physicians, nurses, other health professionals, and the public on various topics, including: 1) The epidemiologic, legal, and economic aspects of AIDS; 2) Lyme disease; 3) La Crosse encephalitis; 4) Methods of tuberculosis contact investigation; 5) Spinal cord injury surveillance; and 6) The use of statistics in hospital infection control.

February - June 1987: Technical Advisor, Operations Research; Stationed in Dakar, Senegal for Center for Population and Family Health, Columbia University; New York, N.Y.

Provided advice on research techniques to local investigators carrying out operations research on family planning programs.

Academic Appointments in Epidemiology and Public Health:

Senior Lecturer: Columbia University, Mailman School of Public Health, Program on Forced Migration; New York City, New York. November 2012 – present.

Adjunct Associate Professor: Emory University, Rollins School of Public Health, Department of International Health; Atlanta, Georgia. April 1997 - present.

Adjunct Assistant Professor: Tulane University School of Public Health and Tropical Medicine, Department of International Health and Development; New Orleans, Louisiana. May 2002 – present.

Lecturer: University of California Berkeley School of Public Health, Department of Epidemiology; Berkeley, California. August 1993 - present.

Clinical Assistant Professor: Emory University School of Medicine, Department of Community and Preventive Medicine; Atlanta, Georgia. September 1990 - May 1992.

Clinical Instructor: West Virginia University School of Medicine, Department of Community Medicine; Charleston, West Virginia. February 1988 - June 1989.

Visiting Professor of Epidemiology: Co-director of introductory epidemiology course, St. George's University School of Medicine; Grenada, West Indies. March - April 1986.

Positions in Clinical Medicine:

Emergency Physician: Allegheny Valley Hospital, Natrona Heights, Pennsylvania. June 1984 - June 1985.

General Physician: Hôpital St. Jean de Dieu in Parakou, Benin, West Africa, February - March 1983; and P.C.E.A. Tumutumu Hospital in Karatina, Kenya, March - October 1983.

Resident in General Surgery: Upstate Medical Center, Syracuse, New York. July 1981 - June 1982.

Intern in General Surgery: University of Cincinnati Medical Center, Cincinnati, Ohio. July 1980 - June 1981.

SELECTED INTERNATIONAL CONSULTANCIES IN EPIDEMIOLOGY AND PUBLIC HEALTH

Jordan: Assisted with design, planning, and execution of a national nutrition and micronutrient assessment survey; for UNICEF and Ministry of Health. April 2018 ongoing.

Somalia: Assisted with design, planning, and execution of a national nutrition and micronutrient assessment survey; for UNICEF and Ministries of Health of Somaliland, Puntland, and the Republic of Somalia. April 2018 ongoing.

Kenya: Negotiated evaluation methodology for program integrating agricultural assist, nutrition training, and provision of nutrition-related products. Created a data analysis plan and performed preliminary data analysis for two double-masked follow-up interventin trials; for One Acre Fund and GroundWork. April 2017.

Ghana: Assisted with training of survey workers, including training in anthropometry and laboratory procedures; for University of Ghana Legon and UNICEF. April 2017.

Guinea: Carried out analysis of data from 1999, 2005, and 2012 DHS to identify risk factors for wasting and stunting; presented findings to Ministry of Health, UN agencies, and non-govermental agencies in French; for UNICEF Guinea. October 2015 – August 2016.

Uzbekistan: Assisted with design and planning of a national nutrition and micronutrient assessment survey; for UNICEF and Ministry of Health. February 2016.

Zambia: Assisted with all aspects of design and analyzed data for survey evaluating multi-intervention social development program; for Concern. May 2015-present.

Sierra Leone: Assisted with design of data collection forms, formulation of sampling scheme, writing report and manuscripts, and analyzed final data for nationwide micronutrient assessment survey; for WHO. May 2014 – present.

Oman: Assisted with design and planning of a national nutrition and micronutrient assessment survey; for UNICEF and Ministry of Health. September 2014.

Telangana State, India: Designed data collection instruments and analyzed data evaluating coverage and effectiveness of distribution of fortified food; for GAIN. September 2014 – March 2015.

Ethiopia: Analyzed data from Demographic and Health Surveys in 2000, 2005, and 2011 to identify factors leading to a substantial decline in the prevalence of stunting in Ethiopia; for UNICEF. July 2013 – October 2014.

Senegal: Analyzed differences in methods of assessing household food security and nutrition status in young children and recommended ways to combine these methods in integrated population assessments; for Save the Children. August – September 2013.

Azerbaijan: Assisted with designed, implementation, data analysis, and report writing of national nutrition assessment survey; for UNICEF Azerbaijan. August 2012 to October 2014.

Uganda: Designed a template for integrated survey assessment of household food security and nutritional status and supervised implementation of a pilot survey; for World Food Programme and UNICEF. March 2011 to April 2013.

China: Analyzed data from a series of surveys and wrote report evaluating the distribution of micronutrient powder in earthquake-affected areas of Sichuan Province, China; for UNICEF-China and China Institute for Nutrition and Food Safety. February – October 2011.

Philippines: Assisted Global Alliance for Improved Nutrition, UNICEF, and the University of the Philippines in developing plans for a baseline survey to be carried out in selected areas to measure the effectiveness of a wide-scale nutrition improvement program. Subsequently, analyzed the data from this survey for publication. December 2010 - August 2011.

Bangladesh: Assisted the Global Alliance for Improved Nutrition, UNICEF, and the International Center for Diarrheal Disease Research – Bangladesh in formulating a plan for a nationwide survey of micronutrient deficiency as a baseline against which to measure the effectiveness of a program for fortification of edible oil. September 2010.

United Arab Emirates: Assisted the UAE Ministry of Health, the World Health Organization, and additional collaborators in designing UAE's first nation-wide nutrition assessment survey to assess the prevalence and severity of risk factors for selected micronutrient deficiencies, overweight, and nutrition-related chronic diseases; for United Arab Emirates Ministry of Health. June 2010.

Mongolia: Designed and supervised all aspects of a nationwide nutrition assessment survey, including determining indicators, calculating equipment and supply needs, designing the sampling scheme, creating data collection forms, training survey workers, cleaning and organizing computer datasets, analyzing data, and writing and disseminating the final report; for Mongolia Nutrition Research Center UNICEF. January 2010 - September 2011.

Republic of Georgia: Designed and supervised all aspects of a nationwide nutrition assessment survey, including determining indicators, calculating equipment and supply needs, designing the sampling scheme, creating data collection forms, training survey workers, cleaning and organizing computer datasets, analyzing data, and writing and disseminating the final report; for Georgian National Center for Disease Control and Public Health and UNICEF. June 2009 – May 2010.

Canada: Reviewed survey documents and prepared report of recommended revisions in methodology for Canadian Red Cross evaluation surveys. December 2008 – January 2009.

Ethiopia: Designed and supervised a large prospective controlled trial of supplementary feeding in Ethiopia for the World Food Programme. November 2007 - March 2009.

United Kingdom: Created web-based course in epidemiologic methods in conflict situations for the London School of Hygiene and Tropical Medicine. January – May 2008. (see http://conflict.lshtm.ac.uk/page_02.htm)

Ethiopia, *India*, *Uganda*, *Egypt*, *Indonesia*, *Zambia*, *Nepal, Cambodia, Pakistan*: Designed, supervised, and conducted 6-day training workshops in the assessment of nutritional status and mortality rates using cross-sectional surveys; activities included delivering lectures, coordinating case studies, and supervising field exercises; for the World Food Programme. Altogether, trained more than 200 staff of WFP, UNICEF, and other organizations. June 2005 (Ethiopia), November 2005 (India), February 2007 (Uganda), April 2007 (Egypt), July 2007 (Indonesia), November 2007 (Zambia), June 2008 (Zambia), September 2008 (Nepal), November 2009 (Cambodia), and September 2011 (Pakistan).

Fiji: Assisted the UNICEF Pacific Sub-Regional Office in formulating a strategy to collect data on micronutrient deficiencies in Pacific island countries in order to support a regional food fortification policy. October 2006.

Jordan: Assisted the Iraq Ministry of Health in designing a baseline nationwide micronutrient assessment survey. Assisted the Jordan Ministry of Health in designing a follow-up nationwide micronutrient survey to measure the effect of flour fortification. July-August 2006.

Kenya: Supervised the design of a community trial of distribution of micronutrient powder through a social marketing program. June-July 2006.

Bolivia: Worked with the Ministry of Health, Pan-American Health Organization, and Micronutrient Initiative on creating a monitoring and evaluation plan for a nationwide program of micronutrient powder to young children. May 2006.

Sri Lanka: Set-up and directed a WHO sub-office in Southern Province; assisted Sri Lankan health officials in monitoring health, water, sanitation, and nutritional status of persons affected by the Indian Ocean tsunami of December 2004. January – February 2005.

Papua New Guinea: Supervised CDC's assistance to UNICEF and the Department of Health in the planning, implementation, analysis, and reporting of a national survey assessing nutrition and micronutrient status of young children and adult women. July 2004 - October 2006.

Liberia: Served on the USAID Office of Foreign Disaster Assistance (OFDA) Disaster Assistance Response Team (DART) by determining health and nutrition priorities in the Monrovia area, evaluating funding proposals submitted to OFDA, and assessing performance of USAID-funded programs. August – September 2003.

Kuwait and Iraq: Served on the USAID Office of Foreign Disaster Assistance (OFDA) Disaster Assistance Response Team (DART) by assisting in evaluating health and nutrition needs, investigating reported disease outbreaks, and funding programs for relief and reconstruction in southern Iraq during and after the second Iraq War. March – May 2003.

Tanzania: Carried out follow-up surveys to assess the impact on the prevalence of anemia in young children and women of eating food cooked in iron pots distributed to refugees, in collaboration with UNHCR, WFP, and the London School of Hygiene and Public Health. August 2002 - January 2003.

Afghanistan: Assisted with training of Afghan professionals in techniques of assessment of micronutrient deficiencies. Also conducted workshops in Mazar-i-Sharif in survey and sampling methodology and computer analysis of survey data, in collaboration with UNICEF. November – December 2002.

Afghanistan: Designed and supervised the implementation, analysis, and reporting of a health and nutrition survey of young children and women of child-bearing age assessing the effects of civil conflict and drought in Badghis Province, in collaboration with the provincial health authorities and UNICEF. March - April 2002.

Oman: Created and presented training module on micronutrient status assessment which included instruction on the design and implementation of surveys, sampling techniques, and data analysis, to public health professionals from seven Gulf countries. September 2001.

Mongolia: Designed and supervised the implementation, analysis, and reporting of a national health and nutrition survey assessing the effects of severe winter weather, in collaboration with the Mongolian Ministry of Health, the World Health Organization, and UNICEF. March – July 2001.

Laos: Assisted the Laotian Ministry of Health in analyzing and interpreting data from a national nutrition survey, in collaboration with the World Food Programme. December 2000.

East Timor: Designed a survey to assess health and nutritional status, in collaboration with U.N. organizations, international nongovernmental organizations, and local. August - September 2000.

Uganda and Sierra Leone: Supervised an exploratory mission to assess the feasibility of measuring the prevalence of HIV infection in displaced populations in these countries in order to plan more comprehensive HIV treatment and prevention services. January 2000.

Nepal: Designed, supervised, implemented, analyzed, and reported the results of a survey measuring anthropometric indices, assessing the prevalence of anemia, and investigating riboflavin deficiency among adolescents in seven refugee camps; supervised a team of 4 expatriates from CDC and WHO, in collaboration with UNHCR and WFP. September - October 1999.

Macedonia: Designed, supervised, implemented, analyzed, and reported four multi-sector assessment surveys of Kosovar refugees in refugee camps in Macedonia. Assisted in overall coordination of public health and health services for refugees living in camps and host families, in collaboration with UNHCR. May - July 1999.

Kenya: Designed, supervised, implemented, and analyzed nutrition survey and investigation of the causes of anemia among adolescents in four refugee camps; supervised a team of 3 CDC personnel, in collaboration with UNHCR. November - December 1998.

Tanzania: Supervised and assisted CDC personnel in refugee camps in Kigoma Region in: 1) assessing reproductive health services, including analysis of birthweight data, 2) evaluating public health surveillance, 3) assessing the extent of malaria and anemia, including carrying out a malaria smear survey, and 4) designing a study of interventions for severe anemia in children, for UNHCR and IFRC, August - September 1997. Supervised implementation and follow-up of intervention trial of treatment of severe anemia in children < 5 years of age. February - June 1998.

Afghanistan: Assessed health status and health programs in Afghanistan, especially in the capital city of Kabul, and made recommendations regarding funding of health and nutrition programs, in collaboration with the Office of Foreign Disaster Assistance (OFDA). October - November 1997.

Zaire: Designed strategy for assessment of health status and health services in rebel-held eastern part of Zaire, in collaboration with UNICEF. March - April 1997.

Rwanda: Coordinated health services during repatriation and assessed capacity of local health services and the impact of the repatriation, in collaboration with UNHCR. November 1996 - January 1997.

Kenya: Presented lectures and exercises on refugee health and emergency health assessment at UNICEF Emergency Management Workshop in Lokichokio, Kenya. October 1995.

Zaire: Assessed, coordinated, and supervised preventive and curative medical care in centers for unaccompanied children in Goma, Zaire, in collaboration with UNICEF. August - September 1994.

Moldova: Conducted assessment of the public health importance and modes of transmission of hepatitis B virus infection, in collaboration with USAID. June-July 1993.

Tajikistan: Conducted overall health assessment after the two-year civil war, in collaboration with USAID. April 1993.

Somalia: Implemented emergency disease surveillance and conducted health and nutrition assessment surveys, in collaboration with UNICEF. December 1992 – February 1993.

Middle East: Assisted in the design, implementation, and analysis of a nutrition survey assessment of Palestinian refugee children and women in Syria, Jordan, Gaza, and the West Bank, in collaboration with UNRWA. December 1989 - May 1990.

Saudi Arabia: Taught computer and epidemiology skills. February - March 1989

S*udan*: Implemented emergency disease surveillance after a flood in Khartoum, in collaboration with USAID. August - September 1988.

SELECTED MAJOR PRESENTATIONS

Spinal-cord-injury surveillance, West Virginia. 37th Annual EIS Conference, Centers for Disease Control. Atlanta, GA; April 1988.

La Crosse encephalitis in West Virginia. EPO Professional Staff Seminar, Centers for Disease Control. Atlanta, GA; June 1988.

Disease surveillance and control after the Khartoum flood of 1988. 38th Annual EIS Conference, Centers for Disease Control. Atlanta, GA; April 1989.

Spinal cord injury surveillance in West Virginia. 117th Annual Meeting of the American Public Health Association. Chicago, IL; October 1989.

Typhoid immunization and the Ty21a live-attenuated vaccine. Meeting of the Advisory Committee on Immunization Practices, Centers for Disease Control. Atlanta, GA; February 1990.

Nutritional status of Palestinian refugee children. EPO Professional Staff Seminar, Centers for Disease Control. Atlanta, GA; June 1990.

Clinical and laboratory evaluation of 239 cases of botulism. 30th Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC). Atlanta, GA; October 1990.

Viral hepatitis in the USSR and among Soviet immigrants to the United States. National Conference on Soviet Refugee Health and Mental Health. Chicago, IL; December 1991.

Risk of occupational hepatitis B virus (HBV) infection among firefighters (poster). 5th National Forum on AIDS, Hepatitis, and Other Blood-Borne Diseases. Atlanta, GA; March 1992.

The risk of hepatitis B and hepatitis C virus infections among health care workers. 60th Annual Meeting of the American Academy of Orthopedic Surgeons. San Francisco, CA; February 1993.

Risk of hepatitis B virus infection in firefighters (poster). The 8th Triennial International Symposium on Viral Hepatitis and Liver Disease. Tokyo, Japan; May 1993.

Hepatitis B vaccination of infants and adolescents: results of the San Francisco demonstration projects. 27th National Immunization Conference. Washington, DC; June 1993.

The evolution of U.S. national recommendations for hepatitis B control and the cost-benefit of hepatitis B vaccination in the United States. Meeting of the National Health Insurance and Physicians Board. Bonn, Germany; June 1993.

Military involvement in humanitarian assistance, the Somalia experience. 121st Annual Meeting and Exhibition of the American Public Health Association. San Francisco, CA; October 1993.

Progress in integrating hepatitis B vaccine into infant immunization schedules. 28th National Immunization Conference. Charlotte, NC; June 1994.

How to immunize hard-to-reach groups. Canadian National Immunization Conference: Immunizations in the 90s, challenges and solutions. Quebec, Canada; October 1994.

School-based adolescent hepatitis B vaccination in San Francisco (poster). Prevention '95, the Twelfth Annual National Preventive Medicine Meeting. New Orleans, LA; April 1995. (Selected as one of three best posters)

Adolescent hepatitis B - results of demonstration projects: San Francisco, San Diego, and Baltimore. 29th National Immunization Conference. Los Angeles, CA; May 1995. (presenter and moderator of session on school-based hepatitis B vaccination)

Parents' attitudes toward school-based vaccination. 123d Annual Meeting and Exposition of the American Public Health Association. San Diego, CA; October 1995. (presenter and moderator of session on school-based hepatitis B vaccination)

Attitudes and practices of hospital newborn care personnel regarding hepatitis B vaccination. 123d Annual Meeting and Exposition of the American Public Health Association. San Diego, CA; October 1995.

Risk factors for hepatitis C virus infection among STD clinic patients. IX Triennial International Symposium on Viral Hepatitis and Liver Disease. Rome, Italy; April 1996.

School-based hepatitis B vaccination in the United States. IX Triennial International Symposium on Viral Hepatitis and Liver Disease. Rome, Italy; April 1996.

Coordination of the international relief effort during the mass repatriation to Rwanda, November and December, 1996. 46th Annual EIS Conference, Centers for Disease Control and Prevention. Atlanta, GA; April 1997.

Organization of health services for displaced populations. 125th Annual Meeting and Exposition of the American Public Health Association. Indianapolis, IN; November 1997.

Reproductive outcomes and risk factors in a refugee population in western Tanzania (Discussant). EPO Professional Staff Seminar, Centers for Disease Control. Atlanta, GA; June 1998.

What are they exposed to? Diseases affecting refugees. (invited talk) 48th Annual Meeting of the American Society of Tropical Medicine and Hygiene. Washington, D.C.; December 1999.

HIV/STDs - What do we know and what can we do? (Moderator and discussant) Conference 2000: Findings on reproductive health of refugees and displaced populations. Washington, D.C.; December 2000.

Using Cormic index to adjust the body mass index of older adolescents and adults, Bhutanese refugees in Nepal, 1999. ACC Sub-Committee on Nutrition. Nairobi, Kenya; April 2001.

Moderated discussion and lead working group on assessment of adult malnutrition. 28th session of the U.N. ACC Sub-Committee on Nutrition. Nairobi, Kenya; April 2001.

Statistical considerations in the analysis and presentation of urinary iodine concentration (UIC) in population-based surveys. Micronutrient Forum 2016. Cancun, Mexico; October 2016.

PUBLICATIONS

Refereed national and international journals

1. **Woodruff BA**, Baron RC, Heydinger DK. Mandatory premarital HIV screening in West Virginia. West Virginia Medical Journal 1988;84:22-23.
2. **Woodruff BA**, Baron RC. Letter to the editor. JAMA 1989;262:350.
3. **Woodruff BA**, Toole MJ, Rodrigue D, et al. Disease surveillance and control after a flood in Khartoum, Sudan - 1988. Disasters 1990;14:151-163.
4. AbuRahma AF, **Woodruff BA**. Edema following femoropopliteal bypass: lymphatic and venous theories of causation. Journal of Vascular Surgery 1990;11:461-467.
5. AbuRahma AF, **Woodruff BA**. Effects and limitations of pentoxifylline therapy in various stages of peripheral vascular disease of the lower extremity. American Journal of Surgery 1990;160:266-270.
6. **Woodruff BA**, Pavia AT, Blake PA. A new look at typhoid vaccination: information for the practicing physician. JAMA 1991;265:756-759.
7. **Woodruff BA**, Chen RT. Oral typhoid vaccination for travelers (letter). Archives of Internal Medicine 1991;151:619-620.
8. AbuRahma AF, **Woodruff BA**, Lucente FC, Stuart SP, Boland JP. Factors affecting survival of patients with ruptured abdominal aortic aneurysm in a West Virginia community. Surgery Gynecology and Obstetrics 1991;172:377-382.
9. **Woodruff BA**, Jones JL, Eng TR. Human exposures to rabies from pet wild raccoons in South Carolina and West Virginia, 1987-1988. American Journal of Public Health 1991;81:1328-1330.
10. McCrosky LM, Hatheway CL, **Woodruff BA**, Greenberg JA, Jurgensen P. Type F botulism due to neurotoxigenic *Clostridium baratii* from an unknown source in an adult. Journal of Clinical Microbiology 1991;29:2618-2620.
11. Niu MT, Polish LB, Robertson BH, Khanna BK, **Woodruff BA**, et al. Multistate outbreak of hepatitis A associated with frozen strawberries. Journal of Infectious Diseases 1992;166:518-524.
12. **Woodruff BA**, Baron RC, Tsai TF. Symptomatic La Crosse virus infections of the central nervous system: a study of risk factors in an endemic area. American Journal of Epidemiology 1992;136:320-327.

13. **Woodruff BA**, Moyer LA. Intradermal vaccination for hepatitis B (letter). Clinical Infectious Diseases 1992;15:1063-1064.

14. **Woodruff BA**, Griffin PM, McCroskey LM, et al. Clinical and laboratory comparison of botulism from types A, B, and E in the United States, 1975-1988. Journal of Infectious Diseases 1992;166;1281-1286.

15. Swerdlow DL, **Woodruff BA**, Brady RC, et al. A waterborne outbreak in Missouri of *Escherichia coli* O157:H7 associated with bloody diarrhea and death. Annals of Internal Medicine 1992;117:812-9.

16. Mahoney FJ, **Woodruff BA**, Erben JJ, et al. Effect of a hepatitis B vaccination program on the prevalence of hepatitis B virus infection. Journal of Infectious Diseases 1993;167:203-207.

17. **Woodruff BA**, Moyer LA, O'Rourke KM, Margolis HS. Blood exposure and the risk of hepatitis B virus infection in firefighters. Journal of Occupational Medicine 1993;35:1048-1054.

18. **Woodruff BA**, Popovici F, Beldescu N, Shapiro CN, Hersh BS. Hepatitis B virus infection among pregnant women in northeastern Romania. International Journal of Epidemiology 1993;22:923-926.

19. **Woodruff BA**, Baron RC. A description of non-fatal spinal cord injury using a hospital-based registry. American Journal of Preventive Medicine 1994;10:10-14.

20. Deseda CC, Sweeney PA, **Woodruff BA**, Lindegren ML, Shapiro CN, Onorato IM. Prevalence of hepatitis B, hepatitis C, and human immunodeficiency virus infection among women attending prenatal clinics in San Juan, Puerto Rico, 1989-1990. Obstetrics and Gynecology 1995;85:75-78.

21. Pegues DA, **Woodruff BA**, Lambert SB, Tant M, Woernle CH. Immune response to revaccination among public safety workers who received primary intradermal vaccination against hepatitis B. Clinical Infectious Diseases 1995;20:335-341.

22. Burkholder BT, Coronado VG, Brown J, Hutto JH, Shapiro CN, Robertson B, **Woodruff BA**. Nosocomial transmission of hepatitis A in a pediatric hospital traced to an anti-hepatitis A virus-negative patient with immunodeficiency. Pediatric Infectious Disease Journal 1995;14:261-266.

23. The Goma Epidemiology Group. Public health impact of Rwandan refugee crisis: what happened in Goma, Zaire, in July, 1994? Lancet 1995;345:339-344.

24. Dowell SF, Toco A, Sita C, Piarroux R, Duerr A, **Woodruff BA**. Health and nutrition in centers for unaccompanied refugee children: experience from the Rwandan refugee crisis. JAMA 1995;273:1802-1806.

25. **Woodruff BA**, Stevenson J, Yusuf H, et al. Progress toward integrating hepatitis B vaccine into routine infant immunization schedules in the United States, 1991 through 1994. Pediatrics 1996;97:798-803.

26. **Woodruff BA**, Unti L, Coyle K, Boyer-Chuanroong L. Parents' attitudes toward school-based hepatitis B vaccination of their children. Pediatrics 1996;98:410-413.

27. Mahoney FJ, **Woodruff BA**, Auerbach S, McReady J, Williams I, Pretrick E. Progress on the elimination of hepatitis B virus transmission in Micronesia and American Samoa. Pacific Health Dialog 1996;3:140-146.

28. Walker LR, Moscicki AB, Wong V, Wibbelsman C, **Woodruff BA**. Immunization of adolescents for hepatitis B using a 0, 2 and 4-month schedule. Pediatric Research 1996;39 Supplement 2:36.

29. Zola J, Smith N, Goldman S, **Woodruff BA**. Attitudes and educational practices of obstetric providers regarding infant hepatitis B vaccination. Obstetrics and Gynecology 1997;89:61-64.

30. Unti LM, Coyle KK, **Woodruff BA**, Boyer-Chuanroong L. Incentives and motivators in school-based hepatitis B vaccination programs. Journal of School Health 1997;67:265-268.

31. Boyer-Chuanroong L, **Woodruff BA**, Unti LM, Sumida YU. Immunizations from ground zero: lessons learned in urban middle schools. Journal of School Health 1997;67:269-272.

32. Hutin YJ, Harpaz R, Drobeniuc J, Melnic A, Ray C, Favorov M, Iarovoi P, Shapiro CN, **Woodruff BA**. Injections given in healthcare settings as a major source of acute hepatitis B in Moldova. International Journal of Epidemiology 1999;28:782-786.

33. Drobeniuc J, Hutin YJF, Harpaz R, Favorov M, Melnik AA, Iarovoi R, Shapiro CN, **Woodruff BA**. Prevalence of hepatitis B, D, and C virus infections among children and pregnant women in Moldova: additional evidence supporting the need for routine hepatitis B immunization of infants. Epidemiology and Infection 1999; 123: 463-467.

34. Spiegel PB, Sheik M, **Woodruff BA**, Burnham G. The accuracy of mortality reporting in displaced persons camps during the post-emergency phase. Disasters 2001;25:172-180.

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PERSONAL DATA

Date of birth:	May 24, 1953
Marital status:	Married
Citizenship:	Canada
	United States
Languages:	French, able to work in language
	German, basic
	Swedish, basic
	Mandarin, basic

DECLARATION OF JAVIER O. HIDALGO

I, Javier O. Hidalgo, swearing under penalties of perjury, that the following is true and correct to the best of my knowledge:

1. My name is Javier O. Hidalgo and I am the Supervising Attorney of the Family Detention Services Program at the Refugee and Immigrant Center for Education and Legal Services ("RAICES"). I have been the Supervising Attorney since October 2018. I am licensed to practice law in the states of New York and Texas.

2. My colleague Andrea Meza previously provided a declaration that described RAICES's work providing free legal services at Karnes County Family Residential Center in Karnes City, Texas ("Karnes family detention center" or "Karnes") since its opening as a family detention center in August 2014. *See* ECF No. 5-2.

3. RAICES has now represented dozens of families subjected to Title 42 expulsion while detained at Karnes. The following information is based on information learned from representing these families, as well as our communications with DHS officers.

4. The intake process for new families arriving at Karnes currently includes testing for COVID-19 and a period or quarantine. Typically, for family units that include both parents, the fathers are quarantined separately from the rest of the family. After a family who has tested negative for COVID-19 finishes their quarantine period, they are allowed to access some common spaces with other detained families.

5. Karnes currently has a total bed capacity of approximately 830 individuals.[1] We believe that it currently houses 78 individuals as of the date of this declaration, which is a relatively small percentage of its total capacity.

6. ICE detains families at Karnes in both Title 42 and Title 8 proceedings, though we believe that currently only Title 42 families are detained at Karnes. In our experience, families in Title 42 proceedings are detained at Karnes for at least two weeks on average. We have seen families in Title 42 proceedings detained at Karnes as long as forty seven

[1] *See* https://www.ice.gov/factsheets/karnes-county-residential-center (last accessed February 3, 2021).

(47) days. In comparison, families at the facility in Title 8 proceedings have most recently been detained at Karnes an average of twenty-seven (27) days.

7. When we learn of a detained family subject to Title 42 expulsion, and that family has a fear of return to their home country, we notify DHS that the family needs an assessment for relief under the Convention Against Torture (as DHS's guidance requires). Thus far, we are not aware of any Title 42 families who have passed DHS's screening for torture claims.

8. The families in Title 8 proceedings receive a credible or reasonable fear interview as a threshold screening for potential asylum protection. If a family receives a negative fear determination, they can ask an immigration judge to review that finding. Upon review of our data from July 2020 through the present, the majority of families in Title 8 proceedings for whom our team provided legal services received a positive fear finding or had a negative fear finding vacated by an immigration judge. In even more cases, DHS releases the family from Karnes before we learn of the results of their fear screening, likely because family passed the screening. Generally, families in Title 8 proceedings are at Karnes for an average of 27 days, after which they are served with Notices to Appear for removal proceedings under section 240 of the INA if they receive a positive credible fear finding. Families are then are released to a sponsor, usually a family member here in the United States, or to a shelter.

9. In the Fall of 2020, due to our advocacy DHS decided to reprocess a number of families detained at Karnes from Title 42 to Title 8. The majority of those families reprocessed into Tile 8 proceedings received positive credible fear findings and were released to their sponsors in the United States.

I declare under penalty of perjury, under the laws of the United States of America and Texas, that the foregoing is true and correct.

Date: February 4, 2021

/s/ Javier O. Hidalgo
Javier O. Hidalgo

DECLARATION OF ALLISON HERRE

I, Allison Herre, pursuant to 28 U.S.C. § 1746, declare as follows:

1. I am an attorney licensed to practice law in Ohio. Since July 2019, I have been the Managing Attorney for Proyecto Dilley (formerly the CARA Pro Bono Project and Dilley Pro Bono Project). Proyecto Dilley has provided pro bono legal services to asylum-seeking immigrant parents and their children who are detained by U.S. Immigration and Customs Enforcement ("ICE") at the South Texas Family Residential Center ("Dilley") in Dilley, Texas since the facility opened at the end of 2014. Our project provides direct representation in immigration proceedings through project staff as well as volunteers from all over the country.

2. I have been practicing law since 2012 during which time I have focused my practice on immigration law at both private and non-profit organizations. Immediately prior to joining Proyecto Dilley, I served as the director of Immigration Legal Services, for Catholic Charities of Southwestern Ohio in Cincinnati, Ohio.

3. This declaration is based on my personal experience working with noncitizen children and families detained at Dilley. I am also familiar with the facility after having visited Dilley almost daily prior to the outbreak of the COVID-19 pandemic and by regularly interacting with facility staff and ICE officers both before and during the COVID-19 pandemic.

4. Proyecto Dilley's volunteer-based model has allowed our project to represent the overwhelming majority of families who have been detained at Dilley. In 2015 we represented 10,804 families, in 2016, we represented 12,850 families; in 2017, we represented 13,291 families, in 2018, we represented 16,734, and in 2019, we represented 10,086 families.

5. Subsequent to the government's implementation of the Title 42 expulsion process, ICE's use of Dilley to detain asylum-seeking families dropped dramatically. In fact, since the start of the COVID-19 pandemic in March 2020, our office has only represented fewer than 500 families.

6. In a report filed by ICE Juvenile Coordinator Deane D. Dougherty with the District Court for the Central District of California on January 19, 2021, 194 beds of the 2,400 beds available at Dilley were occupied, an 8% total occupancy of the facility's total capacity. This capacity reflects what we have seen for many months in Dilley.

7. Our clients typically come to the United States fleeing great danger in their home countries, including El Salvador, Guatemala, Honduras, Brazil, Ecuador, Haiti, Mexico, Cuba, Venezuela, the Democratic Republic of the Congo, Romania, Angola, Uzbekistan, and many others.

8. The families we represent seek safety in the United States after experiencing unimaginable harm. For example, Ms. K is a young mother, who was kidnapped by her child's father and held hostage for two years during which time he beat her, raped her daily, and locked her and her child in the house for days without any food. The abuser held guns to her head and threatened to kill her many times. On one occasion, he beat her so severely that she went into premature labor and her child was born with weak lungs, which have made him susceptible to severe respiratory infections. When Ms. K and her one-year-old child arrived at the border, Ms. K had a fractured collar bone from the final beating she received before escaping her abuser. Her child became very ill and required hospitalization while detained by border patrol.

9. Another client, Ms. C, is from an ethnic minority in her home country. As a member of the minority ethnic group, Ms. C was beaten by her teachers in school, had rocks thrown at her, was denied medical care, and was prohibited from entering any public buildings, such as the police station and government benefits office. Ms. C's son was murdered by a man who is a member of the majority ethnic group because Ms. C's son tried to defend himself from the man's son who punched Ms. C's child. When Ms. C tried to report her son's murder, the police refused to permit her into the building and called her "dirty" and other slurs for the ethnic minority. The man later broke into Ms. C's home with a group of men and raped Ms. C, beat her son, and raped her daughter-in-law. The man has also beaten Ms. C's son on numerous occasions.

10. We recently represented the "L" Family that openly opposed their government's anti-capitalist policies by importing goods from the United States to sell in the family's store. As punishment for the family's defiance, the government sent police to Mr. and Ms. L's store where they ransacked and looted the store on at least two occasions, arrested Mr. and Ms. L, and tortured Mr. L while he was detained. The police repeatedly beat Mr. L in the groin so many times that he required hospitalization and surgery after police finally released him.

11. As of November 2020, it is my understanding that all of the families detained at Dilley are being processed under Title 8, rather than being subjected to immediate expulsion under Title 42. Prior to November 2020, the overwhelming majority of families that we represented and worked with were also placed in proceedings under Title 8.

12. Dilley has instituted policies to house, quarantine, isolate, process, and release immigrant families from the facility. Each family at the facility is put in the facility and quarantined for about fourteen days. All family members are tested for COVID-19 and either remain in quarantine, or if they test positive, are put in medical isolation for at least fourteen days after the positive test. If the family includes both a father

and mother, the fathers are held in a different wing of the facility apart from the mothers with their children.

13. Families who are detained in Dilley are housed in rather large solid-sided trailers, where they have access to beds, sinks, telephones, showers, bathrooms, and a sitting area. While most trailers in Dilley have capacity to hold up to six families at a time, until recently, each family was put in a trailer alone. Recently, DHS has sometimes put two or three families (mothers and children) together in a trailer, and sometimes put multiple fathers in a trailer together.

14. Many of our clients have recently reported that they were asked by facility staff if they would like to receive a COVID-19 vaccine. Clients who declined to receive a vaccine were provided with contact information for a health center close to their final destination and informed they could access the vaccine upon release from detention.

15. Typically, families who come to Dilley in Title 8 proceedings participate in interviews with the U.S. Citizenship and Immigration Services. During the interview, an asylum officer quickly determines whether the family has bona fide claim for protection from persecution or torture. If families receive a positive determination subsequent to their interview, they are processed into removal proceedings before an immigration judge and are eligible for release. They are then released, typically to the care of a sponsor in the United States who assumes responsibility for their care and housing.

16. Over the last five years, with the exception of a period of time between July 2019 and March 2020, more than 99% of the families represented by Proyecto Dilley received positive decision in their case and were released from detention.

17. Families in Title 8 proceedings can be screened, processed, and released from Dilley within 20 days, which is more than enough time for each family to complete 14 days of quarantine for COVID-19. In my experience, the vast majority of immigrant families we serve are well-suited for immediate release, because they have genuine claims for relief from persecution, pose no danger to society, and are not flight risks.

I declare under penalty of perjury under the laws of the United States of America and Texas that the foregoing is true and correct.

Executed on: February 5, 2021, in San Antonio, Texas, United States.

Signature: Allison E. Herre

Allison Herre

DECLARATION OF LINDA CORCHADO

I, Linda Corchado, pursuant to 28 U.S.C. § 1746, declare as follows:

1. I am an attorney licensed to practice law in New York. Since May 2019, I have been the Legal Director at Las Americas Immigrant Advocacy Center ("Las Americas"). I engage in direct representation of noncitizen clients and also supervise attorneys and other staff at Las Americas who represent individuals detained during immigration proceedings.

2. I have been practicing law since 2014. Prior to joining Las Americas, I worked as a private immigration attorney for four years.

3. I make this declaration based on my personal experience working with noncitizen families and children subject to the Title 42 Process since the process came into effect in March 2020.

4. Our office regularly provides legal services and other assistance to low-income refugees and asylum seekers in CBP and ICE custody. Our clients typically come to the United States fleeing great danger in their home countries, including Brazil, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, and others. Because they are often escaping death threats and other forms of extreme persecution, summary expulsion of our clients endangers their lives.

5. Since the CDC order went into effect in March 2020, it has been extremely difficult to find our clients before they are deported under Title 42. Some children and families are summarily deported after only a few days in government custody, and sometimes after just a few hours. We often hear of clients subject to Title 42 expulsion because we get an urgent call from a family member of the detained person, saying that the person is subject to imminent expulsion and needs help.

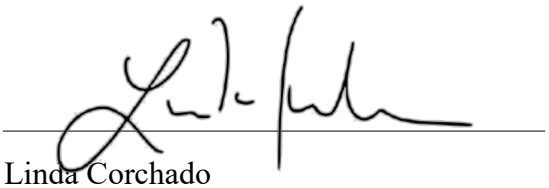
6. Despite these impediments, our office has now represented a number of children and family members who were subject to the Title 42 Process. In my experience, these individuals all have significant protection needs, fear return to their home countries or expulsion to Mexico, and would be potentially eligible for various forms of humanitarian relief if they were put into regular removal proceedings.

7. Under the Title 42 Process, families—including families with young children—are being expelled without any meaningful opportunity to prove their claims of persecution or torture. Generally, noncitizens are apprehended and quickly processed and sent back across the border to Mexico or sent to detention centers awaiting expulsion to another country.

8. I now know of clients and clients' family members who have been kidnapped, threatened, or otherwise harmed after being expelled to Mexico or to their origin countries under the Title 42 Process. In August 2020, I represented an 8-year-old client who had originally fled Honduras with his father. Under the Title 42 Process, both the child and his father were summarily expelled to Mexico, where his father was soon kidnapped. My client then entered the United States a second time, by himself, to reunite with his grandmother and escape persecution.

I declare under penalty of perjury under the laws of the United States of America and Texas that the foregoing is true and correct.

Executed on: February 5, 2021, in El Paso, Texas, United States.

Signature: 

Linda Corchado

DECLARATION OF LISA FRYDMAN

I, Lisa Frydman, pursuant to 28 U.S.C. § 1746, declare as follows:

Information about KIND and the Declarant

1. I am Vice President of International Programs at Kids in Need of Defense ("KIND"), a nonprofit advocacy and legal services organization based in the United States. I am an attorney and have been, since March 2020, Vice President of International Programs at KIND. From 2017-2020 I was Vice President for Regional Policy and Initiatives ("Regional Team") at KIND. From 2015-2017 I served as KIND's Director for Regional Policy and Initiatives. In my work at KIND, I supervise KIND's International Team with programming in Central America, Mexico, and Europe, and regularly visit the northern countries of Central America and Mexico (referred to collectively herein as "the Region") to carry out the organization's work described here.

2. KIND's International Team offers direct programming with children and adolescents in the northern countries of Central America. The International Team, through civil society partner organizations, provides reintegration support services for children repatriating to Guatemala and Honduras, as well as sexual and gender-based violence prevention programming for children in certain high migration communities in Guatemala and Honduras. Through its Reintegration Program and other Regional programming and visits, KIND's International Team communicated with approximately 550 Central American children in 2019. From 2015-2017, the Regional Team provided support services to children in Honduras and El Salvador with pending cases for refugee resettlement in the United States under an in-country refugee processing and parole effort known as the Central American Minors ("CAM") Program. In 2018 the Regional Team, through civil society partners, conducted a project in the Region to empower adolescent

refugees and migrants, as well as internally displaced adolescents from El Salvador, Guatemala, and Honduras, to tell their stories related to immigration and internal displacement. In 2020, KIND launched a broader set of programming in Mexico, with staff located along the U.S.-Mexico border and in Mexico City.

3. While KIND's focus is on unaccompanied children, our work along the border regularly intersects with families that include children. Our U.S. offices have served dozens of children who reached the borders with their families; were placed in the Trump Administration's "Migrant Protection Protocols" (MPP) program that involved returning the families to northern Mexico to await their immigration court hearings; and who subsequently entered the United States as unaccompanied children, often because their parent or guardian was kidnapped or killed while the family waited in Mexico. The experiences of families in the MPP program are relevant here because many families expelled under Title 42—particularly those who are from Guatemala, Honduras, and El Salvador—are sent to Mexico and forced to live there, instead of being returned to their countries of origin.

4. Children and families expelled to Guatemala, Honduras, and El Salvador under Title 42 are returning to three of the most dangerous countries in the world. Guatemala, Honduras, and El Salvador all rank among the top ten most dangerous countries by homicide rates globally.[1] Accordingly, these countries send significant numbers of asylum seekers with *bona fide* claims to the United States each year. In 2018, the United States granted asylum to 7,350 individuals from these countries.[2]

[1] According to the United Nations Office on Drugs and Crime (UNODC), in 2017, El Salvador ranked first in the world by homicide rate, followed by Honduras (third) and Guatemala (ninth). UNODC, *Global Study on Homicide* (2019).

[2] Dep't of Homeland Security, Office of Immigration Statistics, *Annual Flow Report, Refugees and Asylees: 2018* (Oct. 2019), at 8, *available at*

5. Violence, in combination with impunity and a failure of protection, causes children and families to flee their homes in the northern countries of Central America and seek safety in the United States. Migrants from these countries seek to escape violence inflicted by criminal gangs or other organized crime, for example by drug cartels; sexual and gender-based violence, including violence and extreme discrimination based on sexual orientation and/or gender identity; and domestic abuse. Women and girls, and lesbian, gay, bisexual, transgender, and intersex ("LGBTI") individuals, face very high levels of sexual and gender-based violence. Children are also frequently trafficked from rural to urban areas and across borders or to border areas, where they are often sexually exploited or subject to exploitative labor. Femicide, or the gender-motivated killing of women and girls, is also pervasive in these countries.[3]

6. Gangs now dominate much of the urban areas of the Northern Triangle countries, and their control has increasingly spread to rural areas as well, where international drug cartels also, increasingly, operate. The most recent U.S. State Department Travel Advisory for Guatemala illustrates this point, issuing a level 3 travel advisory for the departments of Guatemala, Escuintla, Chiquimula, Quetzaltenango, Izabal, and Petén.[4] The departments of San Marcos and Huehuetenango have also experienced significant growth of organized crime in recent years. Where these criminal groups dominate, women and girls are in constant danger of

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https://www.dhs.gov/sites/default/files/publications/immigration-statistics/yearbook/2018/refugees_asylees_2018.pdf.

[3] *See* UNODC, *Global Study on Homicide* (2019), *supra* note 4 (reporting that in 2017, El Salvador and Honduras ranked first and third in the world for female homicide rates); Mimi Yagoub, *Why Does Latin America Have the World's Highest Female Murder Rates*, InSight Crime (Feb. 11, 2016), *available at* https://www.insightcrime.org/news/analysis/why-does-latin-america-have-the-world-s-highest-female-murder-rates/ (reporting Guatemala ranked third in the world by female murder rate).

[4] U.S. Dep't of State, *Guatemala Travel Advisory*, https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/guatemala-travel-advisory.html (last visited Feb. 5, 2021).

being targeted for sexual violence, as they use rape and the threat of rape as a tactic of control in the areas where they operate. Women and girls are also frequently targeted for forced sexual relationships with organized crime members, and those who resist these advances face violence or even death. When family members seek to protect women and girls from forced relationships they face violence repercussions.

7. Gangs also forcibly recruit boys and girls and, once invited to join, those who resist (or are related to those who resist) face threats, torture, and ultimately death. These same consequences also face individuals who fail to comply with violent extortion demands from these groups, which have become very common in recent years. When victims attempt to escape by relocating within their countries, gangs often track them down and ruthlessly punish them.

8. Gang-based violence is pervasive in Guatemala, Honduras, or El Salvador. Over 90% of homicide cases in the northern countries of Central America end in impunity, and in cases involving sexual and gender-based violence the impunity rate is even higher—at 95%. Law enforcement officers sometimes target LGBTI individuals precisely when they come in to report violence. Violence against women and children has increased during the pandemic, at the same time that severe restrictions on movement and reduced staff at government agencies in Guatemala, El Salvador, and Honduras, have made reporting it even more difficult.

9. COVID-19 has exacerbated gender-based violence, gang violence, and other longstanding concerns in Northern Central America, making the situation even more dire for expelled families. The increase in violence against women and children has been evident in the spike in calls to emergency hotlines during the pandemic. The Organization of Salvadoran Women for Peace (ORMUSA) reported a 70 percent increase in complaints of violence against

women in El Salvador between mid-March and late May of 2020.[5] In Honduras, since the pandemic started, every hour a woman experiences some form of GBV[6], and the number of reported cases of domestic and intra-family violence increased by 4.1 percent per week during the first months of lockdown (March through May), reaching 10,000 reports made to the National Emergency System in April alone.[7]

10. In El Salvador, Honduras, and Guatemala, street gangs have used COVID-related confinement to strengthen their control over communities.[8] This includes "stepping up of extortion, and sexual and GBV, and using forced disappearances, murders, and death threats against those who do not comply"[9] with curfews and other restrictions. In Honduras, for example, gangs have used such tactics against citizens who did not comply with stay-at-home orders.[10] In El Salvador, gangs, like the MS-13, enforced the implementation of COVID-19 lockdown restrictions in several cities, including Santa Ana and San Salvador, through threats and violence.[11] Gangs killed 74 people during the first week of lockdown, far surpassing the previous average of approximately three deaths per day due to gang violence.[12]

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[5] https://ormusa.org/organizaciones-lanzan-campana-de-sensibilizacion-de-la-violencia-contra-las-mujeres-en-el-marco-de-la-emergencia-por-covid-19/ and https://www.elsalvador.com/eldiariodehoy/violencia-domestica-coronavirus-cuarentena/702488/2020/

[6] https://honduras.unfpa.org/es/news/es-prioridad-asegurar-la-continuidad-de-los-servicios-de-atenci%C3%B3n-victimas-de-violencia-durante

[7] https://www.rescue.org/press-release/irc-data-shows-increase-reports-gender-based-violence-across-latin-america and https://presencia.unah.edu.hn/noticias/observatorio-de-la-violencia-reporta-45-muertes-violentas-de-mujeres-en-el-periodo-de-confinamiento/

[8] UNHCR staff. 2020. "Central America's displacement crisis aggravated by COVID-19." UNHCR

[9] Ibd.

[10] UN News. 2020. "Coronavirus Lockdowns in Central America, Exploited by Criminal Gangs | COVID-19 | UN News." United Nations.

[11] Linthicum, Kate. O'Toole, M. Renderos, A. 2020."In El Salvador, gangs are enforcing the coronavirus lockdown with baseball bats." Los Angeles Times.

[12] Edgardo Ayala.2020. "Pandillas, virus más letal que el COVID-19 en El Salvador." La

11. Expelled families are returning to grave food insecurity, a longstanding problem in Guatemala, El Salvador, and Honduras, where over 35 percent of the population experiences extreme, chronic undernourishment, but made much worse by the economic impacts of the pandemic.[13] Increased economic and social insecurity combined with heightened control exerted by gangs during the pandemic, has left children and their families more vulnerable to violence, displacement and forced recruitment by gangs. This has had an even greater impact on children and families who had already being displaced within their own country in previous years due to escalating violence and insecurity.[14]

12. Closely related to impunity are the well-documented problems of corruption and repression in all three of these countries. In one notable example, the former Guatemalan president, Jimmy Morales, recently expelled the International Commission against Impunity in Guatemala ("CICIG"), an entity created by agreement with the United Nations to prosecute corruption. In its final report, CICIG described the Guatemalan government as a "mafia coalition," noting that corruption in that country could not be solved without "a profound restricting of the state."[15] In October 2019, the brother of Honduran president Juan Orlando Hernández was convicted on charges of drug trafficking, in a trial in which multiple witnesses testified that President Hernández himself was aware of the activity, but accepted bribes and

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Jornada. And Martinez, C. Martinez, O. Lemus, E. 2020 "Pandillas amenazan a quien incumpla la cuarentena." El Faro

[13] Food and Agriculture Organization. 2020. "SDG Indicator 2.1.1 – Prevalence of Undernourishment." United Nations.

[14] https://www.unhcr.org/news/briefing/2020/5/5ebe47394/central-americas-displacement-crisis-aggravated-covid-19.html

[15] *Guatemala in grip of* '*mafia coalitio*n'*, says UN body in scathing corruption report*, The Guardian (Aug. 8, 2019), *available at* https://www.theguardian.com/world/2019/aug/28/guatemala-corruption-mafia-coalition-jimmy-morales.

political support in exchange for turning a blind eye.[16] In January 2020 President Hernández shut down the mandate for the Mission to Support the Fight Against Corruption and Impunity in Honduras (MACCIH), the anti-graft body backed by the Organization for American States.

13. I am aware of numerous cases involving domestic violence or sexual violence perpetrated by a male involved in organized crime in which the perpetrator was able to "buy off" law enforcement, as well as examples of police officers and judges being bought off. I have spoken with numerous women, including some adolescent girls, who fled abusive domestic partners in the northern countries of Central America whose partners had either money or family connections that protected them from prosecution.

14. In addition to these forms of violence, children and families expelled to Guatemala, El Salvador, and Honduras face discrimination from those fearful that they will introduce COVID-19 to the community. Expelled migrants have faced threats of lynching or burning in some cases.[17] Asylum-seekers expelled to the country of origin have also continued to face threats from their persecutors. KIND referred a number of expelled children and their families to protective housing arrangements in order to provide some limited, short-term safety, but asylum-seekers returned to dangerous conditions lack long-term protection. Migrants, like the 19 shot and charred dead Guatemalans recently found in a truck in Tamaulipas, are often the victims, with perpetrators ranging from police or other security forces to drug cartels and other organized criminal groups.[18] These cases include a Guatemalan family who had fled persecution

[16] *Honduran President's Brother is Found Guilty of Drug Trafficking*, N.Y. Times (Oct. 18, 2019), *available at* https://www.nytimes.com/2019/10/18/world/americas/honduras-president-brother-drug-trafficking.html.
[17] *U.S. returns migrant children despite risks worsened by Coronairus: UNICEF*, Reuters (May 21, 2020), *available at:* https://www.reuters.com/article/us-health-coronavirus-usa-mexico/us-returns-migrant-children-despite-risks-worsened-by-coronavirus-unicef-idUSKBN22X1RP.
[18] https://www.washingtonpost.com/world/the_americas/mexico-tamaulipas-police-migrant-

in their country of origin, after they had unsuccessfully attempted to relocate in Guatemala and their persecutors found them. The family—which included a parent and two children—came to the United States and were placed in MPP and forced to live in Mexico while awaiting their removal proceedings. Conditions in Mexico became so unsafe that the children crossed the border without their mother to seek safety in the United States, but were then expelled to Guatemala. The parent, who remained in Mexico when the children went on to the United States, returned to Guatemala after learning of the children's expulsion, although the parent felt terrified to return.

15. Mexican children and families risk return to the same dangers they fled, typically violence at the hands of drug cartels. Central American families expelled to Mexico face the additional risk of being targeted because of their status as migrants.[19] In one family's case, the family was returning to one of the encampments along the U.S.-Mexico border where migrants are living while awaiting removal proceedings in the United States. The mother was targeted by kidnappers and escaped, but her child was injured in the process. Another family faced threats by criminal gangs who were attempting to steal children in an encampment in Matamoros, Mexico.[20] We are also aware of three families whose children suffered sexual abuse while living

killing/2021/02/03/32c22274-65c7-11eb-8468-21bc48f07fe5_story.html.

[19] According to Human Rights First, as of May 13, 2020 there were over 1,114 reported cases of "murder, rape, torture, kidnapping, and other violence assaults against asylum seekers and migrants" at the U.S. Mexico border, *available at:* https://www.humanrightsfirst.org/campaign/remain-mexico; *More People Kidnapped, Abused on Migration Route in Southern Mexico*, Doctors Without Borders (Oct. 30, 2019), *available at* https://www.msf.org/increase-kidnappings-and-violence-against-migrants-southern-border-mexico.

[20] Brief of Young Center for Immigratn Children's Rights, Kids in Need of Defense, et al., *Wolf v. Innovation Law Lab*, No. 19-1212 (Jan. 22, 2021) at 19-20, 31-21, http://www.supremecourt.gov/DocketPDF/19/19-1212/167044/20210122180800456_19-1212%20Amici%20Curiae.pdf.

in a migrant shelter in Ciudad Juarez, Mexico.

16. Mexico ranks in the top 20 countries with the highest global homicide rates, and border towns in Mexico—where many children and families are expelled to—have some of the highest rates of homicide, kidnapping, and femicide in the country. In 2016 the average homicide rate per capita in 35 Mexican border municipalities was over four times the rate in the corresponding U.S. border counties.[21]

17. In addition, the U.S. government currently expels many families from Guatemala, Honduras, and El Salvador to Mexico. Such families often face grave threats at the U.S.-Mexico border. In the Mexican border state of Tamaulipas, children face high rates of kidnappings and murder. From 2006 to 2014 at least 2,000 children were murdered or mutilated, and in the first five months of 2020, 265 children were reported missing.[22] Children in Mexico's border regions are particularly vulnerable to human trafficking, sexual exploitation, and forced labor, in many cases at the hands of organized criminal groups. Over the past five years, rates of femicide, or gender-motivated killing of women and girls have increased 137 percent and in many cases these murders are accompanied by torture, mutilation, and sexual violence. The border states of Sonora, Nuevo León, and Chihuahua had the highest femicide rates in the country, almost twice the rate of Mexico City. Femicide rates in the border city of Ciudad Juarez have been on the rise since 2019, and historical data show that young women are disproportionately targeted, with half

[21] *Here's What Violence Along the U.S.-Mexico Border Really Looks Like*, Igarape Institute (Jul 3, 2017), *available at:* https://igarape.org.br/en/heres-what-violence-along-the-u-s-mexico-border-really-looks-like/.

[22] *Relatoría sobre los Derechos de la Niñez culmina su visita a México* (Rapporteur on children's rights completes visit to Mexico), Organization of American States (Oct. 20, 2014), *available at:* http://www.oas.org/es/cidh/prensa/comunicados/2014/125.asp; https://www.hrw.org/news/2020/06/02/dhs-oig-formal-complaint-regarding-remain-mexico.

of victims under the age of 19.[23]

18. Ninety-nine percent of crimes committed against migrants in Mexico end in impunity.[24] The vast majority of gender-based crimes in Mexico also go unpunished due to widespread underreporting, corruption, and the failure of government institutions to effectively investigate and prosecute crimes. As many as 99 percent of femicides result in impunity.[25] Migrant women and children who are victims of gender-based violence in Mexico face even greater barriers to accessing protection and justice, including fear of discrimination or deportation if they report violence.

19. KIND has also worked with families subjected to Title 42 expulsion, including a family that repeatedly expressed a strong fear of return to their Central American country of origin while caring for a child recovering from a serious medical condition. After being apprehended by CBP in July 2020, the family was held for several days in hotels near the border, under guard and allowed only brief, non-private telephone calls with their U.S. citizen family member; the child's medication was taken and not replaced, and a promised visit from a doctor

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[23] Femicide in Juárez is Not a Myth, Texas Observer (Sept. 28, 2015), *available at:* https://www.texasobserver.org/femicide-in-juarez-is-not-a-myth/. In July 2020 there were 161 homicides in Juarez, which was only the third-highest month this year; 15 of the victims were female, including a two-year-old child. Luz del Carmen Sosa, Cobra julio 161 víctimas de homicidio (In July, 161 victims of homicide), *El Diario* (Aug. 1, 2020), *at* https://diario.mx/juarez/cobra-julio-161-victimas-de-homicidio-20200801-1691599.html.

[24] *Access to Justice for Migrants in Mexico: a Right that Exists Only on the Books*, Washington Office on Latin America, Fundar, Fundacion Para la Justicia, Hermandos del Camino, Red Migrantes Sonora, La 72, Casa del Migrante Saltillo (Jul. 2017), *available at:* https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwi2ot-onNPuAhU9CjQIHQwBD-MQFjABegQIBBAC&url=https%3A%2F%2Fwww.wola.org%2Fwp-content%2Fuploads%2F2017%2F07%2FAccess-to-Justice-for-Migrants_July-2017.pdf&usg=AOvVaw1xJPmgWElEm8dNetnhVxxY.

[25] *Despite the Coronavirus Mexican Women are Fighting Femicide*, Foreign Policy (May 20, 2020), *available at: https://foreignpolicy.com/2020/05/20/coronavirus-mexico-women-fighting-femicide/.*

never materialized. They were then expelled on a flight to their country of origin.

I declare under penalty of perjury under the laws of the United States of America and California that the foregoing is true and correct. Executed on: February 5, 2021, in Berkeley, California, United States.

Signature: /s/ Lisa Frydman

Lisa Frydman

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

NANCY GIMENA HUISHA-HUISHA, et al. *Plaintiffs*, v. ALEJANDRO MAYORKAS, Secretary of Homeland Security, in his official capacity, et al., *Defendants*.	)	No. 20-cv-00100-EGS

DECLARATION OF TAYLOR LEVY IN SUPPORT OF PLAINTIFF'S MOTION FOR CLASSWIDE PRELIMINARY INJUNCTION

I, Taylor Levy, hereby declare:

1. I am an attorney admitted to practice in Texas. I became licensed in 2019. I am in good standing with the State Bar of Texas (State Bar No. 24113588). I specialize in immigration law, and run a private law firm called Taylor Levy Law through which I provide primarily pro bono legal services to individuals along the U.S.-Mexico border.

2. Since 2009, I have worked as an attorney and advocate in various capacities for noncitizens at or near the border. Among other roles, I have worked as Legal Coordinator for Annunciation House in El Paso, Texas, where I coordinated volunteers who represent and advocate for immigrants in the El Paso area. Before I became licensed as an attorney, I worked for five years as a Department of Justice Accredited Representative representing individuals in immigration court in the El Paso, Texas area.

3. Beginning in March 2020 I began going to the Mexican side of the Paso del Norte Port of Entry in Ciudad Juarez, Mexico to provide free legal advice to migrants presenting for their (cancelled) Migrant Protection Protocols ("MPP") hearings. From March 2020 through August 2020, I went to the Paso del Norte Port of Entry almost every weekday from approximately 4 am to 10 am and provided free legal advice and free consultations. From March 2020 through November 2020, I also frequently visited migrant shelters to give free legal advice and consultations to families who had been expelled under Title 42. In addition to my work in Juarez, I serve as a free mentor to immigration attorneys from across the country. Since March 2020, I have consulted on numerous cases involving asylum-seeking families expelled across the southern border.

4. Since the Title 42 Process went into effect in March, I have worked with dozens of families subjected to expulsion under Title 42. Many of these families include very

young children, some of whom are infants or toddlers. Most of the families I have worked with come from El Salvador, Guatemala, Honduras, and Venezuela.

5. Between March and August 2020, I personally observed hundreds of Title 42 expulsions, which included a number of families with parents and their children. The children who I observed being expelled ranged from infants held in their mothers' arms who were too young to walk, to four-year-old toddlers, to teenagers. Many of the children I saw being expelled were in wet and muddy clothes. They told me that they were hungry and thirsty.

6. When I observed people who I thought had been expelled, I would approach them and try to explain that I was an immigration lawyer and there to help if they needed help. They were often too scared to speak with me, as they did not know who I was or if I was going to hurt them or trick them. However, during this period I spoke with dozens of people who were expelled, including many families with minor children, both at the bridge and in migrant shelters.

7. The families I have worked with were frequently fleeing grave persecution and threats in their countries of origin. I would ask families if they had asked US border agents for asylum prior to their expulsions. Many said they had asked for asylum but that US immigration agents had told them that asylum had been cancelled and that it was impossible to ask for asylum. Many would break down crying, sobbing, shaking, saying they had nowhere to go in Mexico, they did not know where they were, and that they could not return to their home countries. They would often tell me that they had told immigration agents details about the violence and persecution they were fleeing in their home countries and were ignored. The most common refrain from people was, "what am I supposed to do, where am I supposed to go."

8. People were scared of being in Juarez because they did not know how to navigate the area or where they could go to stay safe, and they were scared they would be kidnapped. They were too scared and uninformed to know who was there to help them and who was there to hurt them, so there was no way for them to learn about the (few) resources that exist in Juarez for migrants, like migrant shelters. Some expelled migrants told me that they attempted to turn themselves in to Mexican immigration officials, but the officials told the migrants that they could not help because of the pandemic. Some even asked Mexican officials to deport them back to their home countries because they felt safer hiding there than trying to survive on the streets of Juarez, but that Mexican officials declined because there were no deportations happening due to the pandemic.

9. On one occasion I spoke with a family from Central America. The family consisted of a mom and her school-aged son who were originally too scared to talk to me. After they had been at the bridge for several hours, observing me speak with other migrants, they finally trusted me enough to talk to me. They told me that they had been expelled after being apprehended at a Border Patrol checkpoint, trying to leave El Paso. The mother was despondent and told me she told the agents she wanted to seek asylum. She said they told her that no asylum was available. She did not know what she was going to do and did not know where to go in Juarez and was scared they would be harmed in Juarez. This

family was emblematic of many other families I observed and spoke with, who similarly were fleeing persecution and were told by U.S. officials that asylum was no longer available.

10. On another occasion I saw a mom with a little boy who was 4 or 5 years old. I saw them at 4 am, right when I got to the bridge. I knew she was a migrant because of the hour and because she had a small child with her. She was an asylum seeker from Honduras who was too traumatized to tell me why she was fleeing, she just kept saying "asylum, asylum," when I asked. The mom was very upset because when she was picked up, Border Patrol had taken her passport and her son's birth certificate. When she was expelled, Border Patrol had not returned these documents to her. Like other people who were expelled under Title 42, she had been taken to the middle of the bridge by Border Patrol and told to walk south. She told me that once she understood she was being expelled, she asked the officers repeatedly to return her documents to her. Now that she was in Juarez without these documents, she was terrified that someone would take her child from her since, without her son's birth certificate, she could not prove that her son was her son. I immediately took her back to the middle of the bridge and asked the officers for her documents. The officers I spoke with initially denied that Border Patrol agents had taken her documents, saying Border Patrol did not do that. I then called Border Patrol Station 1 and begged them to listen to me. After several phone calls and being bounced around to different officers, I was finally told that Border Patrol agents did have her documents and would return them. Approximately one hour later, a Border Patrol officer came to the middle of the bridge where we were waiting and returned her passport and her son's birth certificate to her. I feel confident that she would not have been able to recover her documents without my advocacy.

11. I have also consulted on numerous cases involving kidnapped Central American asylum-seeking families. In many of these cases, the families were kidnapped immediately upon being expelled from the United States. Because the families are not Mexican, and lack connections and resources in that country, they are frequently preyed upon and victimized by gang members, the cartels, or others seeking to take advantage of their vulnerable circumstances. The families are easily-recognizable in Mexico because of the locations where they are returned, their clothing, and their accents.

I declare under the penalty of perjury under the laws of the United States that the foregoing is true and correct. Executed in Hallandale Beach, Florida.

Dated: February 5, 2021

/s/ *Taylor Levy*
TAYLOR LEVY