EXHIBIT 3

6. Based on my experience treating COVID-19 patients, and daily research and review of emerging and rapidly evolving literature, it is my opinion that ICE detention facilities in Georgia create conditions ripe for an alarming and rapid spread of COVID-19. Based on my review of ICE's Guidance on COVID-19,[1] it is my opinion that the measures described to mitigate the spread of COVID-19 in detention centers are inadequate to protect detained individuals for the reasons outlined below. When COVID-19 disease spread occurs within ICE

including vomiting or diarrhea, rather than the classic symptoms of fever and respiratory symptoms. A small percentage of patients have presented with hypoxia requiring oxygen/intubation despite having no respiratory symptoms. Only half of the patients with COVID-19 had a fever at the time of admission. Thus, assessing individuals who are detained for fever and respiratory symptoms only will exclude many individuals who have COVID-19. Finally, as community spread is highly prevalent now, assessing individuals for travel to high risk areas is no longer as helpful or clinically relevant.

8. From my work with individuals detained by ICE, I am aware that many detained immigrants with medical conditions are placed in medical isolatiohi-/4s whhw98

9. Moreover, the disease can progress over a period of 14 days, and patients can have symptoms for more than 14 days. This requires close observation and safe isolation for over 14 days in many cases. Safe isolation in this case would require continuous monitoring of an individual in isolation with vital sign monitoring every 2-4 hours depending on their condition, consisting of evaluation of temperature, blood pressure, heart rate, and oxygen levels at these intervals. Conditions of the room would consist of continuous access to hydration, three nutritionally adequate meals, and access to medications for specific symptoms (ex. Tylenol for temperature control and analgesia). Most detention facilities do not have the space or staff to safely isolate all patients with symptoms for this period of time.

10. I am also concerned that the Georgia ICE detention centers lack sufficient Personal Protective Equipment (PPE) to adequately protect personnel against the spread of COVID-19 and contain the spread of the disease. Indeed, it has been difficult for the top trauma centers and busiest hospitals in the state—including Grady Hospital—to obtain sufficient supplies, as there are national shortages. Appropriate protection requires all individuals in contact with suspected COVID-19 patients to be trained in appropriate donning and doffing of PPE. When I am caring for COVID-19 patients, for my safety, I have been instructed to wear a head covering, N95 mask with a surgical mask covering the N95 mask, goggles, a

gown, shoe coverings, and two sets of gloves. I have gone through specific training on how to apply and remove PPE to avoid contamination of other sources. All individuals working with suspected COVID-19 individuals should be following this protocol to protect themselves and others.

11. It does not appear that ICE facilities are following similar protocols and are thus placing their employees and all detained individuals in danger. In addition, all employees and detained individuals should have regular access to appropriate hygiene products, including hand sanitizer, and should follow social distancing mandates by staying at least 6 feet apart. Based on reports of conditions in the Georgia ICE detention centers, Stewart, Irwin County Detention Center ("Irwin"), and Folkston ICE Processing Center ("Folkston"), I have serious concerns about the availability of hygiene products.

12. In addition, the Georgia ICE detention centers are geographically isolated from appropriate levels of medical care. Individuals with severe diseases like COVID-19 require an intensive care unit with appropriate medical equipment and staff. Stewart is at least one hour away from a facility where this level of care could be provided—Piedmont Columbus Regional Midtown Hospital in Columbus, Georgia (40 miles from Stewart) or Phoebe Putney Memorial Hospital in Albany, Georgia (53 miles from Stewart). Notably, Phoebe Putney is currently experiencing a Coronavirus outbreak and has severe limitations in caring for

additional COVID-19 patients. Current data indicate that 16 people have died due to COVID-19 at Phoebe Putney alone, and Albany, Georgia, has the highest per

Georgia Health System in Camden with only 40 beds, including 5 ICU beds, approximately 26 miles away. Patients would likely require initial transport or transfer to Southeast Georgia Health System – Brunswick with 300 beds, including 24 ICU beds, which is about 45 miles away.

14. It cannot be overstated that critical access and regional hospitals provide high quality care to all patients. However, critical access hospitals are not designed for high volumes of sick patients. Regional hospitals do not have as many specialty services necessary to treat COVID-19 patients as urban hospitals and serve such a large number of patients that they may quickly reach capacity. A coronavirus outbreak would overwhelm these systems, and many critically ill patients would require transfer to tertiary/quaternary hospitals.

15. It is important to remember that the nature of community spread means that without appropriate measures, just one person with COVID-19 can spread the disease to an entire community. An outbreak in one of the Georgia immigration detention centers would overwhelm the capacity of local hospitals. With the worsening shortage of PPE, providers, hospital capacity, and ICU resources like ventilators, it is impossible to know when specific hospitals in Georgia will run out of any of these necessary resources. HoweverhospulncAcon cin

16. Additionally, the distance and time required to transfer individuals from one of the three Georgia detention centers to any of these hospitals can be significant. First, a call is made to local/regional Emergency Medical Service (EMS) providers. An available unit must be contacted and directed to the location. Upon arrival, they must stabilize the patient and transfer them to the closest facility with appropriate resources (i.e. an ICU) that is not on diversion, meaning that they are so full that they can no longer take additional patients from ambulance crews. The CDC recommendations for transport of patients suspected of having COVID-19 by EMS are appropriately robust, and aim to protect the EMS providers, the patient, and all transfers thereafter. As a result, appropriate cleaning time and protective equipment will severely increase the transfer time and limit the number of units available for transporting patients to the hospital, and between hospitals. In consideration of all of these measures, the concern is that by the time a detained individual can be transferred appropriately, it may be too late. The danger that this lengthy process presents is compounded when individuals in detention do not have immediate access to adequate medical attention.0101 Tm [he ir oce7say-36 496.04101563 Tm ,8

visitors and for staff personal hygiene measures are inadequate to limit the spread of COVID-19. According to these declarations, legal visitors are not required to engage in recommended hygienic practices such as washing their hands or using hand sanitizer despite the risk of sharing items that might carry COVID-19, such as documents or pens, with detained individuals. Nor are legal visitors provided with or required to wear PPE. Officers at the detention center are also failing to take recommended precautions such as wearing even the bare minimum of PPE such as gloves or masks. Legal visitors and staff are congregating in close quarters with each other and with detained individuals. As community spread is our biggest threat, following appropriate CDC recommendations is paramount. Anything but strict adherence to these guidelines poses a serious threat to all individuals.

18. All three declarants report that they had to have their temperatures taken and answer some questions about exposure risk before entering the facilities. As explained above, COVID-19 can be present and transmitted even when an infected individual is asymptomatic and afebrile, and increasing community spread in the United States renders questions about travel irrelevant. These measures are unlikely to prevent transmission of the virus by a legal visitor and moreover could increase transmission. The only safe mechanism for screening individuals prior to entering a facility is through testing.

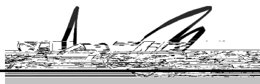
21. According to Laura Rivera's declaration, callers to SPLC's helpline also reported that individuals who display well-known symptoms of COVID-19 such as a cough are returned to the congregate housing units on the same day that they are taken to receive medical attention. Understandably, almost all facilities, including detention facilities, are not designed to appropriately protect individuals during a pandemic like this. Detainees in this situation have few options other than return to normal housing, or be placed in solitary confinement. Both options are highly unsafe to the individual or community.

22. Finally, I have reviewed ICE guidance on COVID-19 detention policies dated March 27, 2020. The measures described there are impracticable and also fail to effectively mitigate the risk of transmission and spread. As explained above, the only truly effective measure is social distancing and diligent hand hygiene. The March 27 guidance contemplates an amount of PPE for detention center staff that simply does not exist. Even if there was a sufficient supply of PPE, the guidance falls short of the only true way of determining whether an individual has contracted the virus and can therefore spread it: blanket testing. Such measures, though, are impossible as we do not have the number of tests needed to test every individual in detention and every staff member, officer, and visitor upon entry. The only appropriate measure is to release individuals so that they can practice social distancing.

23. Based on the above information, Stewart, Irwin, and Folkston are failing to implement adequate COVID-19 infection control measures. It is my opinion based on review of ICE guidance, the above-referenced declarations, and my treatment of COVID-19 patients, ICE is unable to implement adequate measures to prevent the transmission of COVID-19 to these detention centers and its spread among the populations detained there.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 2nd day in April, 2020 in Atlanta, Georgia.



Dr. Amy Zeidan, MD

EXHIBIT A

CURRICULUM VITAE
AMY J ZEIDAN

Revised: 2/21/20

1. **Name:** Amy J Zeidan

2. **Office Address:** Department of Emergency Medicine
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Atlanta, GA 30303

Tel: 267-324-7326
Fax: 404-688-6531

3. **Email:** ajzeida@emory.edu

4. **Citizenship:** United States of America

5. **Current Titles and Affiliations:**

   a. **Academic Appointments:**

      i. **Primary Appointment:**

   Assistant Professor, Department of Emergency Medicine, Emory University School of Medicine, Atlanta, GA, 07/2019-Present

      ii. **Joint and Secondary Appointments:**

   b. **Clinical Appointments:**

   Attending Physician, Grady Memorial Hospital, Atlanta, GA, 07/2019-Present

   c. Administrative Appointments

6. **Previous Academic and Professional Appointments:**

   Clinical Instructor, Department of Emergency Medicine, University of Kentucky, 07/2018-07/2019

7. **Previous Administrative and/or Clinical Appointments:**

8. **Licensures/Boards:**

Pennsylvania State Board of Medicine, 2014-2018

Kentucky Board of Medical Licensure, 2018-2018

3. Treasurer, Awards Co-Chair, CORD Liaison, Resident Representative, and Member, Academy for Advancement of Academy for Women in Academic Emergency Medicine, SAEM, 09/18-Present

4. Co-Chair Finance, Director FemInEM Forward, FemInEM, 07/17-Present

5. Committee Member Consensus Conference & Population Health Advocacy Group, Social Emergency Medicine Section, SAEM, 6/18-Present

6. Member, Research Committee, North American Society of Refugee Healthcare Providers, 09/19-Present

7. Executive Board Member, Young Physicians Initiative (YPI), Doctor for a Day Leader

SAEM 2020 Abstract Reviewer, January 2020

16. Consultantships/Advisory Boards:

1. Author, Quiz for Cause Champion, Rosh Review. Oversee and develop Quiz for Cause Question Banks including Human Trafficking, Sexual Assault, and Firearm Injury Prevention. Co-Developer of Point of Care Ultrasound Question Bank.

2. Co-Founder, Society of Asylum Medicine. Inaugural Society for an emerging field of Asylum Medicine. Goal to establish data driven practice guidelines.

17. Editorships and Editorial boards:

18. Honors and Awards

1. Leonard Tow Humanism in Medicine Award, George Washington University School of Medicine & Health Sciences, 05/14

2. Society for Academic Emergency Medicine Award, George Washington University School of Medicine & Health Sciences, 05/14

3. Chief Residents of the Year, Emergency Medicine Resident Association (EMRA), 04/18

4. Academy of Emergency Ultrasound (AEUS) Resident Educator of the Year, Society of Academic Emergency Medicine (SAEM), 05/18

5. Resident Travel Grant Award, Academy of Women in Academic Emergency Medicine (AWAEM), 05/18

6. Momentum Award, Academy of Women in Academic Emergency Medicine (AWAEM), 05/19

7. Emerging Scholars Award, International Conference on Diversity in Organizations, Communities and Nations, 11/2019

8. Butterfly/Gates Foundation Global Health Program, 10/2020, Support for purchase and ongoing use of Butterfly ultrasound probes in resource limited settings.

3. SAEM, 2014- Present

4. Society for Refugee Health Care Providers, 2016-Present

5. International Society for Traumatic Stress Studies, 2016-2017

20. Organization of Conferences:

FemInEM Conference Planning Committee FIX17, FIX18, FIX19

Doctors Who Create (DWC)

Ultrasound Instructor, Introduction to Clinical Ultrasound, >12 sessions (>40 hours) of instructions for pre-clinical students.

Ultrasound Instructor, Hands-on Workshop. Philly Ultrafest at Jefferson University, 2017.

Ultrasound Instructor, MD814 Ultrasound Lab. University of Kentucky, 8 sessions, >40 hours

b. Graduate Programs

i. Residency Programs – Emergency Medicine

Ultrasound Instructor, Hands-on Workshop. Castlefest Ultrasound Education Conference 2018, Lexington KY.

Ultrasound Instructor, TEE Workshop at SAEM, Indianapolis, IN, May 2018

Ultrasound Instructor, TEE workshop, University of Pennsylvania, August 2018

Ultrasound Instructor, TEE workshop, Miami, FL, February 2018.

Ultrasound Faculty, Point-of-Care Ultrasound in Resource-Limited Environments (PURE) East Africa Emergency Medicine Resident Ultrasound Mentorship Program & Bi-weekly Video Review, Monica Akwaso, PGY1 at Mbarara University of Science and Technology, Uganda. June 2018-Present.

24. Supervisory Teaching:

b. Residents

Asylum Mentor to Dr. Sunny Lee, MD, 2017-2018. Oversaw asylum evaluations and affidavits.

Faculty Mentor to Dr. Kristen Bascombe, 2019-Present

c. Graduate Students

d. Medical Students

Advisor to Dr. Vidya Viswanathan, 2016-2018
Pediatric Resident at CHOP, Pennsylvania, PA

Research Advisor to Hannah Bogen, Penn Center for Primary Care Refugee Clinic Research Initiative, 2017-Present. Presented work at North American

Barriers to Healthcare for Refugee and Immigrant Patients, Georgia State University

Refugees & The ER. Plenary Oral Presentation at the University of Pennsylvania Emergency Medicine Annual Research Day, University of Pennsylvania, April 2017.

Feminist Fight Club. University of Kentucky Women's Forum, October 2018.

27. Abstract Presentations at National/International, Regional, and Institutional Conferences:

a. National and International:

Jennifer S. Love, MD, Mira Mamtani MD, Lauren W. Conlon MD, Francis DeRoos MD, **Amy J. Zeidan MD**, Kevin R. Scott MD. Using a Case-Based Blog to Supplement Emergency Medicine Education: One Residency's Experience. Poster at 2017 CORD Academic Assembly Poster Session, April 2017.

Khatri U, **Zeidan AJ**, Frances Schofer, Lauren Conlon, Kevin Scott, Mira Mamtani, Jaya Aysola. Implicit Bias Training in Emergency Medicine Residency: "There's a right answer." Lightning Oral Presentation at the SAEM Annual Conference, May 2018.

Pwinica-Worms, W, Li J, Zahalka R, **Zeidan AJ**, Chan W. SonOlympics: An Innovative Ultrasound Review for Preclinical Medical Students. Oral presentation at AIUM, May 2018.

Khatri, UG, Bilger, A, **Zeidan AJ**, Samuels Kalow M, Meisel Z, Delgado KM, South EG. Facilitators and Barriers to Healthcare Access after Incarceration: Implications for Acute Care. e-Poster presentation at the Society of Academic Emergency Medicine Annual Meeting, May, 2019.

b. Regional

Zeidan AJ, Khatri U, Munyikwa M, Jones E, Barden-Mejia A, Samuels-Kalow M. Refugees & The ER. Lightning Oral Presentation at the SAEM Mid-Atlantic Regional

Khatri U, **Zeidan AJ**, Frances Schofer, Lauren Conlon, Kevin Scott, Mira Mamtani, Jaya Aysola

ENAF/EMF/AFFIRM Research Grant (Zeidan, PI) 06/01/2020-05/31/2020 0.4 Calendar
Faculty Research Award in Firearm Injury Research $75,000
Application of a Novel SBIRT Model to Reduce Symptoms of PTSD after Gunshot Injury
This project seeks to assess the feasibility of implementing the SBIRT model to screen and/or treat for PTSD in patient with non self-inflicted gunshot wounds, and to assess the effects of SBIRT on PTSD symptoms among patients admitted after non self-inflicted gunshot wounds.

EMCF Research Grant (Smith, PI) 06/01/2020-05/31/2020 0.4 Calendar
Faculty Research Award $25,000
Application of a Novel SBIRT Model to Reduce Symptoms of PTSD after Gunshot Injury
This project seeks to assess the feasibility of implementing the SBIRT model to screen and/or treat for PTSD in patient with non self-inflicted gunshot wounds, and to assess the effects of SBIRT on PTSD symptoms among patients admitted after non self-inflicted gunshot wounds.

Field Scholars Program (Zeidan, PI)
Emory Global Health Institute
Assessing the Legal Need for Medical Evaluations of Asylum Seekers in Metropolitan Atlanta
The proposed projects seeks to understand the current asylum case demand including case outcomes, explore the challenges faced by legal teams representing asylum clients, and explore medical-legal partnerships with local immigration attorneys to understand how attorneys and clinicians can collaborate to support asylum seekers.

Internal Research Funding (Love, PI)
AWAEM
Women Professional Development Outcome Metrics
The proposed study will determine measurable outcome metrics for women PDGs by establishing expert consensus from a panel of emergency medicine department chairs and gender equity leaders.

Internal Research Funding (Salhi, PI)
AWAEM
Professional Development and Gender Identity Among Women Emergency Medicine Residents
The proposed study will seek to elucidate how gender influences the professional identity of women emergency medicine residents as physicians, and how they negotiate and manage their multiple identities as women, physicians, and residents. Additionally, the study will explore strategies women emergency medicine residents utilize to manage conflicting roles and expectations.

30. Bibliography

a. **Published and Accepted Research Articles in Refereed Journals**:

Zeidan AJ, Khatri U, Munyikwa M, Jones E, Barden-Mejia A, Samuels-Kalow M. Barriers to accessing acute care for newly arrived refugees. West J Emerg Med. 2019;20MCID 258uee0v(2)a

Zeidan AJ, Woodward M, Tiballi A, Di Bartolo MI. Targeting Implicit Bias in Medicine: Lessons from Art and Archaeology. West J Emerg Med. 2019;21(1)1-3.

Khatri UG, Love J, **Zeidan AJ**, Hsu C, Mills A. #Shemergency Presents: Recruitment & Retention of Female Residents. Academic Medicine. 2020;95(2):216-220.

Ferdowsian H, McKenzie K, **Zeidan AJ**. Asylum Medicine: Standard and Best Practices.

d. Book Chapters:

Asylum Medicine Textbook Chapter, in process

e. Books edited and written

f. Book review:

g. Manuals, Videos, Computer Programs, and Other Teaching Aids:

Teran F, **Zeidan AJ.** TEE Instructional Video: https://www.resuscitativetee.com/lectures/

h. Published Abstracts:

i. Other Publications:

a. Digital Scholarship

Pellet, A., Zeidan, A., Avila, J. Acute Versus Chronic Right Heart Failure, EMResident, November 2019. Accessed at

Zeidan, AJ. Standing AFFIRM: Firearm Access Raises Teen's Risk of Injury, Death. Emergency Medicine News. November 2019;41(11):12. Accessed at

Zeidan, AJ. #Shemergency - The Unstoppable Movement. Published in the AWAEM Awareness Newsletter and on the FemInEM Blog. April 2017. Accessed at https://feminem.org/2017/08/01/shemergency-unstoppable-movement/.

Waldner, Amy. The truth about refugees and healthcare: 5 myths busted. Posted on The Philadelphia Inquirer. January 2017. Accessed at http://www.philly.com/philly/blogs/healthcare/The-truth-about-

31. **Contributions Not Otherwise Noted:**