Achieving A Fair and Effective COVID-19 Response: An Open Letter to Vice-President Mike Pence, and Other Federal, State and Local Leaders from Public Health and Legal Experts in the United States

Sustained human-to-human transmission of the novel coronavirus in the United States (US) appears today inevitable. The extent and impact of the outbreak in the US is difficult to predict and will depend crucially on how policymakers and leaders react. It will depend particularly on whether there is adequate funding and support for the response; fair and effective management of surging health care demand; careful and evidence-based mitigation of public fear; and necessary support and resources for fair and effective infection control.

A successful American response to the COVID-19 pandemic must protect the health and human rights of everyone in the US. One of the greatest challenges ahead is to make sure that the burdens of COVID-19, and our response measures, do not fall unfairly on people in society who are vulnerable because of their economic, social, or health status.

We write as experts in public health, law, and human rights, with experience in previous pandemic responses, to set forth principles and practices that should guide the efforts against COVID-19 in the US. It is essential that all institutions, public and private, address the following critical concerns through new legislation, institutional policies, leadership and spending.

ADEQUATE FUNDING AND SUPPORT FOR THE RESPONSE MUST BE PROVIDED

- Federal, state and local governments should act immediately to allocate funds to ensure that necessary measures can be carried out and that basic human needs continue to be met as the epidemic unfolds. Mitigating the impact of COVID-19 will be costly. Uneven distribution of resources will compromise collective control efforts and lead to unnecessary suffering and death. A major emergency congressional appropriation must be made for epidemic control and signed by the President, with quick disbursement to state and local actors on the frontlines of the response. In addition, these must be new funds that do not cannibalize existing health and safety net programs, nor social service programs, which are integral to protecting the public health in the long term.

- The federal government and federal, local, and state agencies must minimize disruption to government activities throughout the epidemic to continue providing public services to those who need them. Government must have a coordinated plan for keeping its operations running in the event of work absences. Priority should be given to essential services and support to the public, for example ensuring that Social Security, veterans’ and other benefits are not disrupted.

SURGING HEALTHCARE DEMAND MUST BE MANAGED AND PATIENTS AND HEALTHCARE WORKERS PROTECTED

- Our healthcare system will face severe burdens under all plausible scenarios. Hospitals must receive direct funding and adequate resources for enhanced surge capacity in order to handle the front-line response. Particular attention and funding must also be directed to primary care facilities and community health centers, especially those that are currently under-resourced even under normal circumstances. These front-line sites of healthcare provision need to act as gatekeepers to prevent the overburdening of tertiary hospitals and other acute care facilities and require support to allow them to fulfill this crucial role.

- Healthcare workers and other first responders will be critical to the response. We must ensure their safety and give them fair working conditions. Healthcare workers must, for example, be given adequate
protective equipment, be afforded reasonable respite, and be protected from discrimination arising out of their work with infected patients.

- **Healthcare facilities must be immigration enforcement-free zones so that immigration status does not prevent a person from seeking care.** The COVID-19 response should not be linked to immigration enforcement in any manner. It will undermine individual and collective health if individuals do not feel safe to utilize care and respond to inquiries from public health officials, for example during contact tracing. Similar enforcement-free zones have been declared during hurricanes and other emergencies, including after the September 11 terrorist attacks. These policies should be clearly and unequivocally articulated to the public by the federal, state, and local governments.

- **Policymakers must work directly with insurance companies to allow all insured individuals to adhere to public health recommendations.** It will be critical for policymakers to ensure comprehensive and affordable access to testing, including for the uninsured. Control efforts will be less effective if some fail to seek appropriate diagnosis or care due to large out-of-pocket costs or copays. Out-of-network or other insurance provisions cannot be allowed to disrupt local triage and patient allocation plans.

- **If therapeutics or vaccines are developed, policymakers must assure that they are affordable and available to all.**

- **People residing in close living quarters are especially vulnerable to COVID-19 and will need special attention both to minimize transmission risk and address their healthcare needs in the context of an outbreak.** These populations include those living in nursing homes or other congregate facilities; incarcerated populations in prisons, jails, and other detention facilities along with corrections officers and other personnel; the homeless living on the streets or in homeless shelters.

- **Other critical healthcare programs must be maintained during this crisis.** People with chronic conditions depend on continuity of care to maintain their health. Whether it is dialysis for kidney disease, chemotherapy for cancer, or opioid agonist therapy for opioid use disorder, lapses in these programs can have disastrous implications for patients.

**CLEAR, EVIDENCE-BASED COMMUNICATION IS CRITICAL TO MANAGE PUBLIC FEAR**

- **Science needs to guide messaging to the public, and no government official should make misleading or unfounded statements, nor pressure others to do so.** Honest, transparent, and timely reporting of developments will be crucial to maintaining public trust and cooperation. Suppression of information and attempts to manipulate it during the SARS epidemic in China exacerbated the crisis. Clear, coherent, and uncontradictory messaging based on the best science will improve compliance and effectiveness of voluntary self-isolation, and other voluntary social distancing measures.

- **Government and institutions must also actively prevent discrimination and scapegoating of individuals or groups.** In the context of COVID-19, Chinese-American and other Asian-American communities have already begun to face attacks on individuals linked to fears about the virus. The

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2 Kavanagh, A.M., Bentley, R.J., Mason, K.E., et al. Sources, perceived usefulness and understanding of information disseminated to families who entered home quarantine during the H1N1 pandemic in Victoria, Australia: a cross-sectional study. *BMC Infect Dis* 2011; 11(2).
Centers for Disease Control and Prevention (CDC) has pointed out that such fears and misconceptions create “more fear or anger towards ordinary people instead of the disease that is causing the problem.”

Local, state and federal officials should speak out against discrimination and stigma, and not use the outbreak to stoke xenophobia against Asian-Americans, other immigrant communities, and religious groups, for example.

- **Leaders should refrain from offering false assurances and should act aggressively to correct misinformation**, especially that which can incite panic and lead to hoarding of supplies and protective equipment. Governments must also provide comprehensive advice on best practices during epidemics, including proper personal hygiene and stocking up on, but not hoarding, needed supplies such as personal medications.

**SUPPORT AND RESOURCES MUST BE PROVIDED FOR FAIR AND EFFECTIVE INFECTION CONTROL**

- **The highest priority needs to be placed on allowing people to voluntarily cooperate with public health advice about prevention, by providing robust social and economic support and clear education.** Where social distancing measures are recommended, the government and relevant institutions should help ensure that people are in a position to comply, without excessive or unfairly distributed hardship. For example:
  - To enable people to cooperate with social distancing and other measures, policymakers must ensure that people are protected from job loss, economic hardship, and undue burden. If people are asked to avoid public transport or work, policymakers and employers should give them an explicit incentive to stay home, either with payments or by compensation for lost wages, as has been done elsewhere. Individuals will not cooperate with self-isolation or other voluntary social distancing measures if they are unable to provide for themselves and their families. For low-wage, gig-economy, and non-salaried workers, staying home from work has especially critical implications for economic survival.
  - The elderly and disabled are at particular risk when their daily lives and support systems are disrupted. Many have limited resources and depend on others to assist with care. Policymakers must explicitly accommodate these populations when making self-isolation recommendations.

- **Policymakers should base decisions on social distancing measures and closures on the best available science.** Employers, institutions, and schools should proactively determine adaptations and accommodations for closures (e.g., tele-communication or virtual education). These measures have been effective in mitigating the transmission of influenza. The abundance of evidence about influenza can help inform control efforts, but it will be important to recognize differences in the epidemiology of the diseases.

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6 For example, Britain’s Health Secretary Matt Hancock sent guidance to tell employers that staff who have been asked to self-isolate must be able to clock that time as sick leave. See "Coronavirus UK: will I get paid if I take sick leave?", Guardian (Feb. 26, 2020), https://www.theguardian.com/world/2020/feb/26/coronavirus-uk-will-paid-take-sick-leave.
• **Special attention must be paid to the needs of people in long-term care or confinement, who are particularly vulnerable.** People in nursing homes or long-term care facilities, as well as those who are incarcerated or homeless, are at special risk of infection, given their living situations. These individuals may also be less able to participate in proactive measures to keep themselves safe, and infection control is challenging in these settings. Arrest and short-term incarceration can help amplify epidemics, and broader criminal justice policies should take into account the impact that policing and arrest policies have on health.

• **Mandatory quarantine, regional lockdowns, and travel bans have been used to address the risk of COVID-19 in the US and abroad. But they are difficult to implement, can undermine public trust, have large societal costs and, importantly, disproportionately affect the most vulnerable segments in our communities.** Such measures can be effective only under specific circumstances. All such measures must be guided by science, with appropriate protection of the rights of those impacted. Infringements on liberties need to be proportional to the risk presented by those affected, scientifically sound, transparent to the public, least restrictive means to protect public health, and regularly revisited to ensure that they are still needed as the epidemic evolves.

• **Voluntary self-isolation measures are more likely to induce cooperation and protect public trust than coercive measures, and are more likely to prevent attempts to avoid contact with the healthcare system.** For mandatory quarantines to be effective and therefore scientifically and legally justified, three main criteria must be satisfied: 1) the disease has to be transmissible in its presymptomatic or early symptomatic stages; 2) those who may have been exposed to COVID-19 must be able to be efficiently and effectively identified; and 3) those people must comply with the conditions of quarantine. There is evidence that COVID-19 is transmitted in its pre-symptomatic or early symptomatic stages. However, the contribution of infected individuals in their pre-symptomatic or early symptomatic stages to overall transmission is unknown. Efficiently identifying those exposed will be increasingly difficult as community transmission of the virus becomes more widespread, making quarantine a less plausible measure as community spread proceeds. Whether individuals can comply will be determined by the degree of support provided, particularly for low-wage workers and other vulnerable communities. While quarantines are in effect in many places already, their continuing and new use by federal, state or local officials requires real-time assessment and evaluation to justify them as the science and the outbreak evolve, through a transparent, open decision making process including external scientific and legal experts.

• **Public health officials must provide safe and humane conditions to individuals who are quarantined whether in homes, facilities, or communities.** Government must ensure that anyone isolated or quarantined has access to the basic necessities, including food, water, medicine, and sanitation supplies. Assistance should be provided to individuals who are in need of support to maintain daily living, and attention must be given to religious and communication needs. The failure to do so will undermine

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trust, adherence to the intervention, and the overall effectiveness of quarantine. It will also be imperative not to impose inhumane or discriminatory conditions, as occurred on the Diamond Princess cruise ship, where passengers were quarantined to protect the population on land but were isolated in a high transmission setting. Furthermore, safe and humane conditions need to be provided to all quarantined individuals and do not differentiate between social or economic strata, or in the case of the Princess Diamond, between passengers and workers.

- **Where mandatory measures are used, steps must be taken to ensure that people are protected from job loss, economic hardship, and undue burden.** Government and employers must recognize that low-wage, gig-economy, and non-salaried workers who are unable to work because of quarantine or movement restrictions or other disruptions to the economy and public life face extraordinary challenges. They may find it impossible to meet their basic needs, or those of their family.

- **Individuals must be empowered to understand and act upon their rights.** Information should be provided on the justification of any mandatory restrictions as well as how and where to appeal such decisions. They should be afforded procedural due process, including universal access to legal counsel, to ensure their claims of discrimination or of hazardous conditions associated with their confinement are adjudicated.

- **The effectiveness of regional lockdowns and travel bans depends on many variables, and also decreases in the later stages of an outbreak.** Though the evidence is preliminary, a recent modeling study suggests that in China these measures may have mitigated but not contained the spread of the COVID-19 epidemic, delaying it locally by a few days, while having a more marked, though still modest, effect at the international scale, particularly if not combined with measures that achieved at least 50% reduction of transmission in the community.\(^\text{14}\) Travel restrictions also cause known harms, such as the disruption of supply chains for essential commodities.\(^\text{15}\) The authors of a recent review of research on the subject concluded that “the effectiveness of travel bans is mostly unknown” and “when assessing the need for, and validity of, a travel ban, given the limited evidence, it’s important to ask if it is the least restrictive measure that still protects the public's health, and even if it is, we should be asking that question repeatedly, and often.”\(^\text{16}\)

The COVID-19 outbreak is unprecedented in recent American history, and there is no playbook for an epidemiological event of this scope and magnitude. To mitigate its impact, you must act swiftly, fairly, and effectively. We urge you to take these recommendations seriously and act urgently so that we are best protected from the damage of this unprecedented microbial threat and the possible harms of an uninformed or poorly conceived response.

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[We thank Hanna Ehrlich, Rita Gilles, Mary Petrone and Kayoko Shioda, students at Yale School of Public Health and Yale Law School, for their assistance in the research and writing of this document.]


The letter will be sent to federal officials midday on Monday, March 2nd, but it will remain open for sign-ons at https://forms.gle/gxwhVkmS3PnvFMCC-R7. The online version of the letter will be updated every 24 hours as new endorsements come in. Please include your name, title and affiliation, which you can fill in at the bottom of the form at the link above. If you do not see your name listed 24 hours after you submit, please email covid19.openletter@gmail.com.

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<td>Michael A. Rodriguez, Professor and Vice Chair, Department of Family Medicine, David Geffen School of Medicine at UCLA; Professor, Department of Community Health Sciences, UCLA Fielding School of Public Health; Chair, UCLA Global Health Minor; Director, Health Equity Network of the Americas</td>
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<td>158.</td>
<td>Eugene Shapiro, Professor of Pediatrics and of Epidemiology, Yale University</td>
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<td>159.</td>
<td>Yazdan Yazdanpanah, Head of Infectious Disease Department; Bichat Hospital, Paris, France, Head of Infectious Disease, Immunology, Microbiology Institute Inserm France</td>
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<td>160.</td>
<td>Clifford W. Bogue, Waldemar Von Zedtwitz Professor of Pediatrics, Chair of Pediatrics, Yale School of Medicine, Chief of Pediatrics and Chief Medical Officer, Yale New Haven Children’s Hospital</td>
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<td>161.</td>
<td>Perry N. Halkitis, Dean and Professor of Biostatistics and Urban-Global Public Health; Director, Center for Health, Identity, Behavior &amp; Prevention Studies (CHIBPS), Rutgers School of Public Health; Editor in Chief, Behavioral Medicine; Founding Editor in Chief, Annals of LGBTQ Public and Population Health</td>
<td></td>
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</table>
162. Sunday Clark, Associate Professor of Epidemiology Research, Department of Emergency Medicine, Weill Cornell Medicine
163. El’gin Avila, Principal Investigator/Founder, Equitable Health Solutions
164. Carolyn C. Cannuscio, Associate Professor of Family Medicine and Community Health, Section of Public Health, Perelman School of Medicine, University of Pennsylvania
165. Paula Tavrow, Associate Adjunct Professor, Department of Community Health Sciences, UCLA Fielding School of Public Health
166. Sofia Gruskin, Professor, Keck School of Medicine and Gould School of Law; Director, USC Institute on Inequalities in Global Health, University of Southern California
167. Annunziata van Voorene, Founder, Any Positive Change
168. Sandra Crouse Quinn, Professor and Chair, Department of Family Science; Senior Associate Director, Maryland Center for Health Equity, School of Public Health, University of Maryland
169. Caren Solomon, Associate Professor of Medicine, Harvard Medical School
170. Daniel M. Goldstein, Lecturer, University of Massachusetts Amherst, School of Public Health and Health Sciences
171. David P Eisenman, Director, UCLA Center for Public Health and Disasters; Professor of Medicine, David Geffen School of Medicine at UCLA; Professor of Public Health, Fielding UCLA School of Public Health
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173. Vicki S. Freimuth, Professor Emeritus, Health Communication, University of Georgia; Former Director of Communication, CDC
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175. Sidney D. Watson, Jane and Bruce Robert Professor of Law; Director, Center for Health Law Studies, Saint Louis University School of Law
176. Michael R. Cousineau, Professor Clinical Preventive Medicine, Keck School of Medicine and the Price School of Public Policy; Senior Advisor, Gehr Family Center for Health Systems Science, University of Southern California
177. Lynn P. Freedman, Professor of Population and Family Health, Columbia University Mailman School of Public Health
178. Amelia Reese Masterson, Researcher, Community Alliance for Research and Engagement, Yale School of Public Health & Southern Connecticut State University
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188. Jacob Gross, Tufts University, Vice President of Tufts Public Health Society
189. Naomi Rogers, Professor of the History of Medicine, Yale School of Medicine
190. Jesse A. Goldner, John D. Valentine Professor of Law Emeritus, Center for Health Law Studies, Saint Louis University
191. Parveen Parmar, Associate Professor, Clinical Emergency Medicine; Chief, Division of Global Emergency Medicine, Keck School of Medicine, University of Southern California
192. Robert L. Cohen, NYC Board of Correction
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194. Mardge Cohen, Boston Health Care For the Homeless
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199. Lee Riley, School of Public Health, University of California, Berkeley
200. Eva Raphael, Dept of Family and Community Medicine, UCSF
201. Eric Nilles, Director, Program on Infectious Diseases and Epidemics, Harvard Humanitarian Initiative; Assistant Professor, Harvard Medical School; Attending Physician, Department of Emergency Medicine, Brigham and Women’s Hospital
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203. Mary E. Wilson, Clinical Professor of Epidemiology and Biostatistics, School of Medicine, University of California, San Francisco; Adjunct Professor of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, Massachusetts
204. Trude Bennett, Associate Professor Emerita, Department of Maternal and Child Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill
205. Joseph Fauver, Postdoctoral Research Associate, Department of Epidemiology of Microbial Diseases, Yale School of Public Health
206. Sarah B. Andrea, Postdoctoral Scholar, Department of Epidemiology, University of Washington School of Public Health
207. K. John McConnell, Professor & Director, Center for Health Systems Effectiveness, Oregon Health & Science University
208. Angela Garcia, Associate Professor of Anthropology, Stanford University
209. Gregory R. Wagner, Harvard T.H. Chan School of Public Health; National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (retired)
210. Leslie B. Hammer, Professor of Psychology, Portland State University
211. Pilar N. Ossorio, Professor of Law and Bioethics, University of Wisconsin Law School; Ethics Scholar-in-Residence, Morgridge Institute for Research
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19. Jean Lim, Associate Professor, Icahn school of medicine at Mount Sinai
20. JD Davids, Health Journalist, The Cranky Queer Guide to Chronic Illness
21. Sarah S. Bradley, Professor of Practice, Portland State University School of Social Work
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23. Juan C Salazar, Professor and Chair, Department of Pediatrics, UConn School of Medicine; Physician in Chief, Connecticut Children's Medical Center
24. Professor Rebecca Jordan-Young, WGSS, Barnard College; Director, Science and Social Differences Working Group, Columbia University
25. Jane E. Koehler, Professor of Medicine, Div. of Infectious Diseases, UCSF
26. Akiko Iwasaki, Professor of Immunobiology, Molecular Cellular and Developmental Biology and Dermatology, Yale University School of Medicine
27. Eugene Shapiro, Professor of Pediatrics and of Epidemiology, Yale University
28. Seth Alan Clark, Attending Physician; Assistant professor of Medicine and Psychiatry and Human Behavior, Alpert Medical School, Brown University
29. Nicole Angotti, Assistant Professor of Sociology, Department of Sociology and Research Fellow, Center on Health, Risk and Society, American University
30. Charles S. Dela Cruz, Section of Pulmonary, Critical Care and Sleep Medicine, Department of Internal Medicine; Director, Center of Pulmonary Infection Research and Treatment, Yale School of Medicine
31. Alexander M. Capron, University Professor & Scott H. Bice Chair in Healthcare Law, Policy and Ethics, Gould School of Law and Keck School of Medicine, University of Southern California
32. Richard Bucala, Chief, Division of Rheumatology, Allergy & Immunology; Professor of Medicine, Yale School of Medicine
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37. Joseph L Graves Jr., Professor of Biological Sciences, Dept. of Nanoengineering, Joint School of Nanoscience & Nanoengineering, North Carolina, A&T University and UNC Greensboro
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40. Richard Skolnik, Former Lecturer Yale School of Public Health and the Yale School of Management
41. Michelle Poulin, Social Scientist, Gender Innovation Lab, Africa Region, The World Bank
241. Steffanie Strathdee, Associate Dean of Global Health Sciences, Harold Simon Professor, Co-Director of the Center for Innovative Phage Applications and Therapeutics, Department of Medicine, University of California, San Diego
242. Mary E. O'Brien, primary care physician, Columbia University
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267. Peter Daszak, President of EcoHealth Alliance, New York
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269. Sheldon Krimsky, Lenore Stern Professor of Humanities & Social Sciences, Adjunct Professor of Public Health and Community Medicine, Tufts University
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284. Adetutu Sadiq, student, UC Berkeley School of Public Health
285. Kenneth G. Castro, Professor, Hubert Department of Global Health & Department of Epidemiology, Rollins School of Public Health; Division of Infectious Diseases, Department of Medicine, School of Medicine, Emory University
286. Mindy Jane Roseman, Director of International Programs and Director of the Gruber Program for Global Justice and Women's Rights, Yale Law School
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Marc N. Gourevitch, Professor and Chair, Department of Population Health, NYU Langone Health
Arnab Mukherjea, Assistant Professor of Health Sciences (Public & Community Health); Adjunct Faculty Member, Pre-Professional Health Academic Program (PHAP), Department of Health Sciences, California State University, East Bay
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<tr>
<th>Number</th>
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<tr>
<td>318.</td>
<td>Douglas D. Richman, Distinguished Professor of Pathology and Medicine (Active Emeritus); Director, The HIV Institute; Co-Director, San Diego Center for AIDS Research; Florence Seeley Riford Chair in AIDS Research (Emeritus), University of California, San Diego</td>
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<td>Lori Peek, Professor, Department of Sociology and Director, Natural Hazards Center, University of Colorado Boulder</td>
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<td>Janne Boone-Heinonen, Associate Professor of Epidemiology, School of Public Health, Oregon Health &amp; Science University</td>
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<td>Nino Ricca Lucci, Labor Organizer, UAW Region 9A, MPH Student, Columbia Mailman School of Public Health</td>
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<td>Kathryn M. Barker, Postdoctoral Research Fellow, Center on Gender Equity and Health, Division of Infectious Diseases and Global Public Health, Department of Medicine University of California, San Diego</td>
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<td>323.</td>
<td>Mitch Stripling, National Director, Emergency Preparedness &amp; Response, Planned Parenthood Federation of America</td>
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<td>Esther K. Choo, Associate Professor, Center for Policy and Research in Emergency Medicine, Department of Emergency Medicine, Oregon Health &amp; Science University</td>
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<td>Molly Dondero, Assistant Professor of Sociology, American University</td>
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<td>Mariya Masyukova, Assistant Professor, Department of Family and Social Medicine, Montefiore Medical Center/ Albert Einstein College of Medicine</td>
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<td>Corey Davis, Teaching Professor, Brody School of Medicine, East Carolina University</td>
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<td>Rajesh T. Gandhi, Massachusetts General Hospital, Professor of Medicine, Harvard Medical School</td>
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<td>Gary V. Desir, Paul B. Beeson Professor of Medicine Chair, Internal Medicine, Yale School of Medicine Chief, Internal Medicine, Yale New Haven Hospital</td>
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<td>John Harley Warner, Avalon Professor of the History of Medicine, Yale School of Medicine, and Professor of History, Yale University</td>
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<td>Scott C. Weaver, Professor and Chair, Department of Microbiology and Immunology, University of Texas Medical Branch</td>
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<td>Connie Celum, Professor of Global Health and Medicine, University of Washington</td>
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<td>Laura Ferguson, Assistant Professor, Keck School of Medicine; Director, Program on Global Health</td>
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<td>Phillip Fiuty, Harm Reduction Program Manager, The Mountain Center</td>
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<td>Vasilis Vasihiou, Susan Dwight Bliss Professor of Epidemiology, Department Chair of Environmental Health Sciences, Yale School of Public Health</td>
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<td>Kristine Qureshi, Professor &amp; Associate Dean, University of Hawaii at Manoa, School of Nursing and Dental Hygiene</td>
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<td>David M. Morens, Bethesda, Maryland</td>
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<td>Azita Emami, Robert G. and Jean A. Reid Executive Dean, University of Washington School of Nursing</td>
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<td>Sydney A. Spangler, Assistant Professor, Lillian Carter Center for Global Health and Social Responsibility, Nell Hodgson Woodruff School of Nursing and Hubert Department of Global Health, Emory University</td>
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<td>Ana V. Diez Roux, Dean, Dornsife School of Public Health, Drexel University</td>
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<td>Usha Ramakrishnan, Interim Chair and Professor, Hubert Department of Global Health, Rollins School of Public Health, Emory University</td>
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<td>John Santelli, Professor, Population and Family Health and Pediatrics, Columbia University</td>
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344. Katharine Walter, Postdoctoral Fellow, Stanford University School of Medicine
345. Vidya Eswaran, Chief Resident, McGaw Medical Center of Northwestern University
346. Nina Harawa, Professor-in-Residence, Division of General Internal Medicine and Health Services Research, David Geffen School of Medicine at UCLA (DGSOM), Department of Psychiatry, Charles R. Drew University of Medicine and Science (CDU)
347. James Lloyd-Smith, Professor, Department of Ecology & Evolutionary Biology, University of California, Los Angeles
348. Lance Gable, Associate Professor of Law, Wayne State University Law School.
349. Sherril Gelmon, Professor, Health Systems Management & Policy, Director, PhD in Health Systems & Policy, OHSU & PSU School of Public Health
350. Risha Gidwani-Marszowski, Adjunct Associate Professor, UCLA School of Public Health
351. Carol S. Camlin, Associate Professor, Dept. of Obstetrics, Gynecology & Reproductive Sciences, University of California, San Francisco
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357. Traci C. Green, Professor and Director, the Opioid Policy Research Collaborative, The Heller School for Social Policy and Management, Brandeis University
358. Denise Chrysler, Retired Attorney, Michigan Department of Community Health
359. Corey S. Davis, Former Chair, Orange County (NC) Board of Health, Teaching Professor, East Carolina University Brody School of Medicine
360. Michael S. Lyons, Associate Professor Emergency Medicine, University of Cincinnati College of Medicine
361. K.M. Venkat Narayan, Ruth and OC Hubert Chair of Global Health, Emory University
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363. Brett Feret, Clinical Professor, Director of Experiential Education, University of Rhode Island College of Pharmacy
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365. Pooja Agrawal, Assistant Professor of Emergency Medicine, Yale University School of Medicine
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367. Harsha Thirumurthy, Associate Professor, Department of Medical Ethics and Health Policy, University of Pennsylvania
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369. Deborah McFarland, Associate Professor, Hubert Department of Global Health, Emory University
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<td>Assistant Professor, Lillian Carter Center for Global Health and Social Responsibility, Nell Hodgson Woodruff School of Nursing and Hubert Department of Global Health, Emory University</td>
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<tr>
<td>371</td>
<td>Rosemary K. Sokas</td>
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<tr>
<td>372</td>
<td>Marizen Ramirez</td>
<td>Associate Professor, Director, Midwest Center for Occupational Health and Safety, University of Minnesota School of Public Health</td>
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<td>Andrew Goldstein</td>
<td>Assistant Professor at NYU School of Medicine</td>
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<td>Sandra A. Springer</td>
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<td>375</td>
<td>Jim Lavery</td>
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<td>376</td>
<td>Ted Cohen</td>
<td>Professor, Department of Epidemiology of Microbial Diseases, Yale School of Public Health</td>
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<td>Lorna Thorpe</td>
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<td>380</td>
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<td>381</td>
<td>Isabel Morgan</td>
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<td>382</td>
<td>Barak Richman</td>
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<td>383</td>
<td>Joshua L. Warren</td>
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<td>Carolyn L. Westhoff</td>
<td>Sarah Billinghurst Solomon Professor of Reproductive Health, Columbia University</td>
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<td>385</td>
<td>Maile Phillips</td>
<td>PhD Candidate, Department of Epidemiology of Microbial Diseases, Yale School of Public Health</td>
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<td>Betty Kolod</td>
<td>Resident Physician, Mount Sinai Hospital</td>
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<td>Michelle Mello</td>
<td>Professor of Medicine and Professor of Law, Stanford University</td>
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<td>Peter C. Melby</td>
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<td>389</td>
<td>Joseph S. Ross</td>
<td>Professor of Medicine and Public Health, Yale University</td>
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<td>390</td>
<td>Sangeetha Madhavan</td>
<td>Professor of African American Studies and Sociology, University of Maryland</td>
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<td>391</td>
<td>Anne Davis</td>
<td>OB/GYN, Columbia University Irving Medical Center</td>
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<td>392</td>
<td>Jennifer S. Hirsch</td>
<td>Professor of Sociomedical Sciences, Mailman School of Public Health, Columbia University</td>
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<td>393</td>
<td>Poonam Daryani</td>
<td>Clinical Fellow, Global Health Justice Partnership of the Yale Law School and the School of Public Health, Yale University</td>
</tr>
<tr>
<td>394</td>
<td>Elizabeth Spradley</td>
<td>BHLI Project Connections in Baltimore City</td>
</tr>
</tbody>
</table>
395. Lisa M. Thompson, Associate Professor, Nell Hodgson Woodruff School of Nursing, Emory University
396. Julia Rosenberg, Yale National Clinician Scholar Post-Doctoral Fellow
397. Jenny Trinitapoli, Associate Professor of Sociology & Director of the Center for International Social Science Research, University of Chicago
398. Mary Clare Reidy, Director of Collaborative Partnerships, Health Federation of Philadelphia
400. Susan M. Mason, Assistant Professor, Division of Epidemiology and Community Health, University of Minnesota School of Public Health
401. Parmi Suchdev, Professor of Pediatrics and Global Health, Emory University
402. Robert A. Bednarczyk, Assistant Professor of Global Health and Epidemiology, Emory University
403. Thomas J. Stopka, Associate Professor, Department of Public Health and Community Medicine, Clinical and Translational Science Institute, Tufts University School of Medicine
404. Maggie Ornstein, Psychology, Sarah Lawrence College
405. Maggie Ornstein, Guest Faculty, Psychology, Sarah Lawrence College
406. Kimberley Shoaf, Professor and Associate Chief for Community Engagement, Division of Public Health, University of Utah
407. Gary Bubly, Vice Chair for Clinical Integration and Innovation, Department of Emergency Medicine, Alpert Medical School of Brown University
408. Robert Gatter, Professor of Law, Center for Health Law Studies, Saint Louis University School of Law
409. Hyeyoung Woo, Associate Professor, Portland State University
410. Steven Singer, Professor, Department of Biology; Director of Undergraduate Studies in Biology of Global Health; Director of Graduate Studies in Global Infectious Disease, Georgetown University
411. Alyssa King, Post-doctoral Fellow; Adjunct Professor, Department of Biology, Georgetown University
412. Anne G. Rosenwald, Professor of Biology; Professor of Microbiology and Immunology; Director of Undergraduate Studies in Biology, Georgetown University
413. Joshua Rodriguez, NYU/Bellevue Emergency Medicine
414. Heather-Lyn Haley, Assistant Professor, Family Medicine and Community Health, UMass Medical School
415. Lydia Aoun Barakat, Section of Infectious Disease, Yale School of Medicine
416. Melanie Gross Hagen, Associate Professor, Internal Medicine, University of Florida
417. Alyssa Jordan, RTI International
418. Peter C. Melby, Director, Division of Infectious Diseases; Director, Center for Tropical Diseases; Paul R. Stalnaker Distinguished Professor in Medicine; Professor, Internal Medicine (Infectious Diseases), Microbiology and Immunology, and Pathology, University of Texas Medical Branch (UTMB)
419. Ally Power, University of California, Los Angeles, Fielding School of Public Health, Department of Epidemiology
420. Joshua L. Warren, Associate Professor of Biostatistics, Yale University
421. Maile Phillips, PhD Candidate, Department of Epidemiology of Microbial Diseases, Yale School of Public Health
422. Martha Rogers, Emory University, Retired US Public Health Service
423. Richard A Flavell, Sterling Professor of Immunobiology, Yale University School of Medicine
424. Regina McCoy, Professor, UNC Greensboro
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484. Marney White, Associate Professor of Public Health (Social and Behavioral Sciences); Associate Professor of Epidemiology (Chronic Diseases), Yale School of Public Health and of Psychiatry, Yale Medical School
485. Donna Speigelman, Susan Dwight Bliss Professor of Biostatistics; Director, Center for Methods in Implementation and Prevention Science (CMIPS); Director, Interdisciplinary Research Methods Core, Center for Interdisciplinary Research on AIDS, Yale School of Public Health; Assistant Cancer Center Director, Global Oncology, Yale Cancer Center
486. Ingrid V. Bassett, Associate Professor of Medicine, Harvard Medical School, Massachusetts General Hospital
487. Peter Lurie, President, Center for Science in the Public Interest
488. Sandro Galea, Dean and Robert A. Knox Professor, Boston University School of Public Health
489. Ashley Ceniceros, Physician and Instructor at Albert Einstein School of Medicine and Montefiore Medical Center
490. Danya Keene, Assistant Professor, Yale School of Public Health
491. Maeve McKean, Executive Director, Global Health Initiative, Georgetown University
492. Larry R Martinez, Assistant Professor of Psychology at Portland State University
493. Justin Lowenthal, National Board of Directors, Doctors for America; MD-PhD Candidate, Johns Hopkins University School of Medicine
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495. Janine Sinno Janoudi, PhD- Health Analyst
496. Pamela Pen Erh Pei, Senior Research Scientist, Medical Practice Evaluation Center, Massachusetts General Hospital
497. Adnan Hyder, Senior Associate Dean for Research & Professor of Global Health
498. Tyler Steven Brown, Instructor, Harvard Medical School and Assistant in Medicine, Infectious Diseases Division, Massachusetts General Hospital
499. Melissa Smith, Director, Health Equity Initiatives, UC Santa Barbara
500. Rebecca Katz, Professor and Director, Georgetown University Center for Global Health Science and Security
501. Sarah Deutsch, Director of Programs at Hepatitis Education Project
502. Wolfgang Munar, Associate Professor, Dept of Global Health, Milken Institute School of Public Health
503. Ricky N. Bluthenthal, Associate Dean for Social Justice/Professor, Keck School of Medicine, University of Southern California
504. Daniel Weinberger, Associate Professor of Epidemiology at Yale School of Public Health
505. Leah Jo Carnine, Physician's Assistant at Casa de Salud
506. Sarah Lopez, Patient Safety Officer, Harbor-UCLA Medical Center
507. Kitty Corbett, Professor Emeritus at Simon Fraser University Faculty of Health Sciences
508. Gillian Tarr, Assistant Professor, Division of Environmental Health Sciences, University of Minnesota
509. Erich J. Greene, Associate Research Scientist, Yale Center for Analytical Sciences, Yale School of Public Health
510. Marcelo Jacobs-Lorena, Professor at Johns Hopkins Bloomberg School of Public Health
511. Jamie Song, MPH Student and Graduate Assistant at University of Pennsylvania Center for Public Health Initiatives
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513. Amy N. Sanders, Associate Director, Center for Health Law Studies, Saint Louis University School of Law
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515. Medha D. Makhlof, Assistant Professor of Law at Penn State University - Dickinson Law
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517. Jenna Neasbitt, Executive Director
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520. Sarah Gallagher, MPH Candidate at University of Michigan
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522. Emily R. Smith Assistant Professor of Global Health at George Washington University
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524. Melinda Zipp, Director of Outreach, Lancaster Harm Reduction Project
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526. Kathi Traugh, Director Public Health Workforce Development and Distance Learning, Yale School of Public Health,
527. Jeremy Mosher, Resident Physician in Family Medicine, University of Illinois Chicago Medical Center
528. Jennifer Hochschild, Professor of Government at Harvard University
529. Ryan Thoreson, Clinical Lecturer in Law, Associate Research Scholar in Law, and Robert M. Cover-Allard K. Lowenstein Fellow in International Human Rights, Yale Law School
530. Elaine Janine Abrams, Professor of Pediatrics & Epidemiology, Columbia University
531. Noemi Spinazzi, Physician at UCSF Benioff Children’s Hospital Oakland
532. Donna Spiegelman, Susan Dwight Bliss Professor of Biostatistics, Yale University
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Tim Carey, Professional Consultant at The Chinese University of Hong Kong (Retired)
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Melinda F. Drew, Adjunct Professor at Northeastern University School of Law
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611. Paul Ndebele, Senior Research Regulatory Specialist-Office of Research Excellence (ORE); Professorial Lecturer - Department of Global Health, The George Washington University, Milken Institute School of Public Health
612. Jeffrey Townsend, Elihu Professor of Biostatistics and Ecology & Evolutionary Biology, Yale School of Public Health, Yale University
613. Marco Ramos, Psychiatry Resident and Lecturer in History, Yale University
614. Brad H. Pollock, Professor and Chairman, Department of Public Health Sciences, Associate Dean of Public Health Sciences, University of California Davis School of Medicine
615. Charles Anthony Broh, Principal, Broh Consulting Services
616. Kerry K. McCabe, Vice Chair of Education, Department of Emergency Medicine, Boston Medical Center, Assistant Professor Boston University Medical School
617. Marissa G. Baker, Assistant Professor, Dept. of Environmental & Occupational Health Sciences, University of Washington School of Public Health
618. Abigail Schachter, Epidemiologist, Public Health - Seattle & King County
619. Emily Pinto Taylor, Chief Resident, Yale Primary Care - Internal Medicine, Yale-New Haven Hospital
620. Jim Krieger, Clinical Professor of Medicine and Health Services, University of Washington
621. Christine Eisenhower, Clinical Associate Professor of Pharmacy
622. Maile Young Karris, Associate Professor of Medicine, Divisions of Infectious Diseases and Global Public Health & Geriatrics and Gerontology, University of California San Diego
623. Michael B Bracken, Susan Dwight Bliss Professor Emeritus of Epidemiology, Yale University
624. Lisa S. Meredith, Senior Behavioral Scientist, RAND, Professor, Pardee RAND Graduate School
625. Shanaé Burch, Ed.M, Doctoral Student in the Department of Health & Behavior Studies, Teachers College at Columbia University
626. Niema Moshiri, Assistant Teaching Professor in the Computer Science & Engineering Department at the University of California, San Diego
627. Stanley H. Weiss, Professor of Medicine, Rutgers New Jersey Medical School; Professor of Epidemiology, Rutgers School of Public Health; Past Chair of the APHA Epidemiology Section
628. Scott Heysell, Associate Professor of Medicine, Infectious Diseases and International Health, Pinn Scholar, University of Virginia
629. Angelica Saada, Physician at NY Presbyterian-Columbia University
630. Annette M. Totten, Assoc. Prof., Clinical Epidemiology, Oregon Health & Science Univ.
631. Rose McDermott, David and Marianna Fisher University Professor of Political Science, Brown University
632. Zhiyong Zhao, Associate Professor, University of Maryland School of Medicine
633. Nancy López, Sociologist, Albuquerque, NM
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Joshua Barocas, Assistant Professor of Medicine at Boston Medical Center
Kristin Madison, Professor of Law and Health Sciences
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Sara Marquis, Lead Research Coordinator, Fred Hutchinson Cancer Research Center
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Molly Frankem, Associate Professor of Global Health and Social Medicine, Harvard Medical School
Megan B. Murray, Professor of Global Health at Harvard Medical School
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730. Stephen Eubank, Professor, Biocomplexity Institute & Initiative, University of Virginia; Professor, Dept. of Public Health Sciences, University of Virginia
731. Dorit Reiss, Professor of Law, UC Hastings College of the Law
732. Richard Weinmeyer, Doctoral student, Northwestern University
733. Angelle Desiree LaBeaud, Professor of Pediatrics at Stanford School of Medicine
734. Rahnea Sunseri, Medical Director, Founding Faculty of Physician Assistant Department, University of the Pacific
735. Hannah L. Stewart, Executive Committee Delegate from the United States, Global Mental Health Peer Network
736. Carleigh Krubiner, Policy Fellow, Center for Global Development; Associate Faculty, Johns Hopkins Berman Institute of Bioethics
737. Taleed El-Sabawi, Assistant Professor of Law at Elon University
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741. Lloyd F. Novick, Professor Emeritus of Public Health, East Carolina University
742. Julie R. Hens, Research Associate Scientist at Yale Medical School
743. Lisa Penney, Professor of Management at University of South Florida
744. TerL Gleason, Executive Director, Advocacy House
745. Julie Allison Spencer, Graduate Research Assistant, Los Alamos National Laboratory
746. Mark Vossler, President, Washington Physicians for Social Responsibility
747. Ryan F. Coughlin, Assistant Professor, Emergency Medicine, Yale School of Medicine
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749. Donna E. Levin, National Director, Network for Public Health Law
750. Bruce Jacoby, Associate Clinical Professor, Northeastern University School of Law
751. Diego Rivera, Masters of Public Health Sciences Graduate Student at UC Davis
752. Ruthie Birger, Postdoctoral Associate at Yale School of Public Health
753. Gail D’Onofrio, Professor and Chair Department of Emergency Medicine, Yale School of Medicine
754. Aly Peeler, Advocacy Coordinator at North Carolina Survivors Union
755. Cassandra Fecho, Research Associate, University of California San Francisco; Master's student, School of Public Health Sciences at University of California Davis
756. Caryl Eleanor Waggett, Associate Professor, Global Health Studies at Allegheny College
757. Sarah Boyles-Muehleck, MPH Student
758. Kashti Nayem, MPH student, UC Davis
759. Amelia Alim, Student, Diamond Bar High School
760. Jean Scofi, Assistant Medical Director, Yale New Haven Hospital
761. Tahmina Nassere, Epidemiology PhD Student, Stanford University School of Medicine
762. Michal Caspi Tal, Instructor, Stanford University, School of Medicine
763. Jessica Huang, Doctoral Candidate, Harvard T.H. Chan School of Public Health
764. Andrew Clayton Saunders, Assistant Professor of Pediatrics at Stanford University School of Medicine
765. Jaspreet Pannu, Medical Student, Stanford School of Medicine
766. Thomas G Weiser, Associate Professor of Surgery, Stanford University School of Medicine
767. Lesley King, Board of Directors, Partners In Health
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Karl Klare, Professor of Law, Northeastern University
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Dinah Ortiz, Member, Leadership Team, Urban Survivors Union
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Organizational Signatures

Broken No More
Amnesty International USA
The Public Health Advocacy Institute
Big Cities Health Coalition
Prevention Point Pittsburgh
Any Positive Change
EcoHealth Alliance
Children's Aid
American Public Health Association (APHA)
The Johns Hopkins Center for Health Security
807. The Mountain Center in New Mexico
808. Center for Prisoner Health and Human Rights
809. The National Health Law Program
810. Collaborative for Health Equity Cook County, Chicago, Illinois
811. Tufts Public Health Society
812. Chicago Recovery Alliance
813. New Jersey Public Health Association
814. Human Impact Partners
815. Washington Physicians for Social Responsibility