

**UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et  
al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

**MEMORANDUM OF LAW IN SUPPORT OF PLAINTIFFS' MOTION FOR A  
PRELIMINARY INJUNCTION**

## TABLE OF CONTENTS

	<b>PAGE</b>
INTRODUCTION .....	1
FACTUAL BACKGROUND .....	4
I. The COVID-19 Pandemic .....	4
II. Public Health Guidance Regarding COVID-19 .....	5
III. The Effect of COVID-19 in Alabama .....	6
IV. Alabama’s Upcoming Elections .....	8
V. The Risks Posed by the Challenged Provisions in the COVID-19 Crisis .....	10
A. The Witness Requirement .....	10
B. The Photo ID Requirement .....	11
C. Curbside Voting Prohibition .....	13
D. The Challenged Provisions and COVID-19’s Severe Impact on Black Voters .....	14
VI. Injuries and Irreparable Harm to Plaintiffs.....	16
ARGUMENT .....	20
I. Plaintiffs Are Likely to Prevail on the Merits of Their Constitutional, Section 201, and ADA Claims Against the Challenged Provisions.....	20
A. The Witness Requirement Violates the Constitution, Section 201, and the ADA during the COVID-19 Crisis.....	20
1. The Witness Requirement severely burdens the fundamental right to vote in violation of the Constitution. ....	20

a.	The Witness Requirement forces many thousands of people to face disenfranchisement or risk their safety. ....	22
b.	The Witness Requirement’s severe burdens on voters far outweigh any nominal State interest in enforcing it. ....	26
2.	The Witness Requirement violates Section 201 of the VRA. ....	30
3.	The Witness Requirement violates Title II of the ADA. ....	32
B.	The Constitution and the ADA Demand the Elimination of the Photo ID Requirement for those Voters who are the Most Vulnerable to COVID-19 .....	34
1.	The Photo ID Requirement severely burdens the constitutional rights of vulnerable voters by requiring them to risk COVID-19 exposure. ....	34
2.	The Photo ID Requirement’s burden on vulnerable voters is unjustified because Defendants lack an interest in putting them at risk of COVID-19 infection or in construing this requirement in a manner that violates the fundamental rights of Plaintiffs. ....	36
C.	The Curbside Voting Prohibition Unlawfully Burdens Voters.....	39
1.	The Curbside Voting Prohibition is unconstitutional. ....	39
2.	The Curbside Voting Prohibition Violates the ADA.....	42
II.	Plaintiffs Will Suffer Irreparable Harm Absent Preliminary Relief .....	43
III.	The Balance of Equities and Public Interest Support Injunctive Relief .....	44
	CONCLUSION .....	45

## TABLE OF AUTHORITIES

	PAGE(S)
<b>CASES</b>	
<i>Anderson v. Celebrezze</i> , 460 U.S. 780 (1983).....	20, 36
<i>Burdick v. Takushi</i> , 504 U.S. 428 (1992).....	20, 40, 41
<i>Charles H. Wesley Educ. Found v. Cox</i> , 324 F. Supp. 2d 1358 (N.D. Ga. 2004), <i>aff'd</i> 408 F.3d 1349 (11th Cir. 2005).....	38, 44
<i>Common Cause Ga. v. Kemp</i> , 347 F. Supp. 3d 1270 (N.D. Ga. 2018).....	44
<i>Democratic Exec. Comm. of Fla. v. Lee</i> , 915 F.3d 1312 (11th Cir. 2019) .....	<i>passim</i>
<i>Diretto v. Country Inn &amp; Suites by Carlson</i> , No. 16-cv-1037, 2016 WL 4400498 (E.D. Va. Aug. 18, 2016) .....	45
<i>Disabled in Action v. Bd. of Elec. in City of N.Y.</i> , 752 F.3d 189 (2d. Cir. 2014) .....	32, 39, 42
<i>Esshaki v. Whitmer</i> , No. 20-cv-10831, 2020 WL 1910154 (E.D. Mich. Apr. 20, 2020).....	22
<i>Fla. Democratic Party v. Scott</i> , 215 F. Supp. 3d 1250 (N.D. Fla. 2016) .....	22, 26, 41
<i>Frank v. Walker</i> , 819 F.3d 384 (7th Cir. 2016) .....	37, 38
<i>Ga. Coal. for the People's Agenda, Inc. v. Kemp</i> , 347 F. Supp. 3d 1251 (N.D. Ga. 2018).....	22, 35
<i>Ga. Coal. for the Peoples' Agenda, Inc. v. Deal</i> , 214 F. Supp. 3d 1344 (S.D. Ga. 2016) .....	22

**TABLE OF AUTHORITIES**  
(CONTINUED)

**PAGE(S)**

**CASES**

<i>Ga. Muslim Voter Project v. Kemp</i> , 918 F.3d 1262 (11th Cir. 2019) .....	30
<i>Garbett v. Herbert</i> , No. 2:20-cv-245-RJS, 2020 WL 2064101 (D. Utah Apr. 29, 2020) .....	22, 37
<i>Gun S., Inc. v. Brady</i> , 877 F.2d 858 (11th Cir. 1989) .....	45
<i>Hollis v. Davis</i> , 941 F.2d 1471 (11th Cir. 1991) .....	20
<i>Jones v. Governor of Fla.</i> , 950 F.3d 795 (11th Cir. 2020) .....	<i>passim</i>
<i>League of Women Voters of Fla., Inc. v. Detzner</i> , 314 F. Supp. 3d 1205 (N.D. Fla. 2018) .....	38
<i>League of Women Voters of Fla. v. Browning</i> , 863 F. Supp. 2d 1155 (N.D. Fla. 2012) .....	44
<i>League of Women Voters of Okla. v. Ziriaux</i> , No. 118,765, __ P.3d __, 2020 WL 2111348 (Okla. May 4, 2020) .....	29
<i>League of Women Voters of Va. v. Va. State. Bd. of Elec.</i> , No. 6:20-cv-0024, __ F. Supp. 3d __, 2020 WL 2158249 (W.D. Va. May 5, 2020) .....	<i>passim</i>
<i>Libertarian Party of Ill. v. Pritzker</i> , No. 20-cv-2112, 2020 WL 1951687 (N.D. Ill. Apr. 23, 2020) .....	22, 35
<i>Lodge v. Buxton</i> , 639 F.2d 1358 (5th Cir. 1981), <i>aff'd sub nom. Rogers v. Lodge</i> , 458 U.S. 613 (1982) .....	31
<i>N.C. State Conf. of NAACP v. Cooper</i> , No. 18-cv-1034, 2019 WL 7372980 (M.D.N.C. Dec. 31, 2019) .....	44

**TABLE OF AUTHORITIES**  
(CONTINUED)

**PAGE(S)**

**CASES**

<i>N.W. Austin Mun. Util. Dist. No. One v. Holder</i> , 557 U.S. 193 (2009).....	30
<i>Nat’l Ass’n of the Deaf v. Florida</i> , 945 F.3d 1339 (11th Cir. 2020) .....	32, 33
<i>Nat’l Fed. of the Blind v. Lamone</i> , 813 F. 3d 494 (4th Cir. 2016) .....	32, 33, 34
<i>O’Brien v. Skinner</i> , 414 U.S. 524 (1974).....	26, 31
<i>Obama for Am. v. Husted</i> , 697 F.3d 423 (6th Cir. 2012) .....	38
<i>Oregon v. Mitchell</i> , 400 U.S. 112 (1970) (opinion of Harlan, J.).....	31
<i>Price v. N.Y. State Bd. of Elec.</i> , 540 F.3d 101 (2d Cir. 2008) .....	22
<i>Thakker v. Doll</i> , No. 1:20-cv-480, 2020 WL 1671563 (M.D. Pa. Mar. 31, 2020).....	43
<i>Tolman v. Doe</i> , 988 F. Supp. 582 (E.D. Va. 1997) .....	45
<i>U.S. Airways, Inc. v. Barnett</i> , 535 U.S. 391 (2002).....	33
<i>U.S. ex rel. Osheroff v. Humana, Inc.</i> , 776 F.3d 805 (11th Cir. 2015) .....	20
<i>Underwood v. Hunter</i> , 730 F.2d 614 (11th Cir. 1984), <i>aff’d</i> , 471 U.S. 222 (1985).....	31

**TABLE OF AUTHORITIES**  
(CONTINUED)

**PAGE(S)**

**CASES**

<i>United States v. Alabama</i> , 691 F.3d 1269 (11th Cir. 2012) .....	44
<i>United States v. Logue</i> , 344 F.2d 290 (5th Cir. 1965) .....	31
<i>United States v. Ward</i> , 349 F.2d 795 (5th Cir. 1965) .....	31
<i>Veasey v. Abbott</i> , 830 F.3d 216 (5th Cir. 2016) (en banc) .....	31

**STATUTES**

28 U.S.C. § 1746 .....	28
42 U.S.C. § 12131(2) .....	33
42 U.S.C. § 12132 .....	32
52 U.S.C. § 10310 .....	31
52 U.S.C. § 10501 .....	30, 31
52 U.S.C. § 10508 .....	40
52 U.S.C. § 20102 .....	38
Ala. Code § 12-21-83 .....	28
Ala. Code § 13A-10-109 .....	28
Ala. Code §§ 17-9-1 et seq. ....	13, 42
Ala. Code § 17-9-30(d) .....	2, 13, 34
Ala. Code § 17-10-2(a)(3) .....	11, 12
Ala. Code § 17-11-3(e) .....	9

**TABLE OF AUTHORITIES**  
(CONTINUED)

**PAGE(S)**

**STATUTES**

Ala. Code § 17-11-4.....	28
Ala. Code § 40-29-115.....	28
Ala. Code § 17-11-7.....	<i>passim</i>
Ala. Code §17-11-9.....	2, 11, 27
Ala. Code § 17-11-10.....	<i>passim</i>
Ala. Code § 17-17-24.....	28
Ala. Code § 36-20-74.....	26

**OTHER AUTHORITIES**

28 C.F.R. § 35.108 .....	33
28 C.F.R. § 35.130 .....	33
28 C.F.R. § 35.150 .....	42
Fed. R. Evid. 201 .....	20
Senate Rep. 103-6, 1993 WL 54278 (1993) .....	28



## INTRODUCTION

Plaintiffs People First of Alabama, Robert Clopton, Eric Peebles, Howard Porter, Jr., Annie Thompson, Greater Birmingham Ministries, and the Alabama State Conference of the NAACP (collectively “Plaintiffs”) move to preliminarily enjoin Defendants Secretary of State John Merrill, Governor Kay Ivey, the State of Alabama (collectively, “State Defendants”) and Jefferson, Lee, and Mobile counties’ absentee election managers (together with the State Defendants, “Defendants”).

Our country is in an unprecedented state of emergency. COVID-19 has infected over one million people. Alabama alone has over 10,000 confirmed COVID-19 cases and over 400 deaths and there could be up to 11 unconfirmed cases for every confirmed one. This crisis is likely to last for many months or longer.

As a result of COVID-19, in early April Governor Ivey ordered Alabamians to remain at home, and advised people to follow social distancing protocols, like staying six-feet away from people not part of their household. On April 28 and May 8, Governor Ivey amended her order, but continued to instruct individuals—especially those like the individual Plaintiffs who are at higher risk of death or serious illness from COVID-19—to stay home and to follow social distancing rules.

In these extraordinary circumstances, multiple provisions of Alabama law, as interpreted by the State Defendants, pose direct and severe obstacles to voting: (1) the requirement that the affidavit that must be included with an absentee ballot

be notarized or signed by the voter in the presence of two adult witnesses, Ala. Code §§ 17-11-7 to 17-11-10 (the “Witness Requirement”); (2) the requirement that copies of photo identification accompany absentee ballot applications, *id.* § 17-9-30(b), and, in some cases, absentee ballots, *id.* §§ 17-11-9 and 17-11-10(c) (the “Photo ID Requirement”); and (3) the prohibition on curbside voting (the “Curbside Voting Prohibition”) (collectively, the “Challenged Provisions”).

First, Plaintiffs seek an injunction on behalf of all voters against the Witness Requirement. By requiring another person to vouch for the voter’s identity, the Witness Requirement violates Section 201 of the Voting Rights Act (“VRA”). Even beyond this VRA violation, in the current environment, this requirement poses a serious obstacle to many thousands of vulnerable Alabamians, like Plaintiffs, who cannot—and should not have to—risk the threat of contagion to obtain witnesses. The Witness Requirement violates the fundamental right to vote under the U.S. Constitution and the Americans with Disabilities Act (“ADA”) because it does not meaningfully advance any valid government interest since many other provisions of state law safeguard the integrity of absentee voting without endangering voters.

Second, Plaintiffs People First of Alabama, Porter, and Thompson seek an injunction against the Photo ID Requirement. This requirement creates an unreasonable barrier for many voters seeking to exercise their fundamental right to vote amid the pandemic. Many voters lack a reliable means of photocopying their

ID, so they would need to leave their homes and come into close contact with other people to do so. Others have no photo ID at all. Secretary Merrill narrowly interprets the existing exemption to the Photo ID Requirement not to apply to voters like Plaintiffs Porter and Thompson who cannot comply with the requirement without violating social distancing protocols and endangering their safety. Given his interpretation, the Photo ID Requirement, as applied in the current crisis, violates the ADA and the U.S. Constitution. Plaintiffs ask that it be enjoined at least as to those voters who are most vulnerable to death or serious illness from COVID-19.

Finally, Plaintiffs seek an injunction against the State Defendants' policy of prohibiting people from voting at their polling location without leaving their vehicle. Many voters must vote in person because they require assistance or cannot satisfy the Witness and Photo ID Requirements. By reducing the number of people coming into close contact at the polls, curbside voting can limit the opportunities for COVID-19 to spread at in-person poll sites. Yet, in violation of the U.S. Constitution and Title II of the ADA, the Curbside Voting Prohibition means that significant numbers of vulnerable voters who need to vote in-person have no option for doing so because of the increased risk of infection from traditional in-person voting.

To ensure voters remain safe during the pandemic, the Centers for Disease Control and Prevention ("CDC") recommends that states "[e]ncourage voters to use voting methods that minimize direct contact with other people" and permit "drive-

up voting.” Ex. 1. The Challenged Provisions flout this guidance and pose a risk to the lives of Plaintiffs and many thousands of other voters who are seeking a safe method of exercising their right to vote in the statewide Republican Senatorial and the First Congressional District Democratic July 14, 2020 primary runoff elections.

The burdens of the Witness Requirement and Curbside Voting Prohibition fall more heavily on Black voters, who are more likely to live alone and have a disability and are afflicted by and die from COVID-19 at starkly disproportionate rates. Ex. 2.

At least tens of thousands of Alabama voters are at risk of being disenfranchised. Thus, Plaintiffs ask that the Court enjoin the Challenged Provisions.

## **FACTUAL BACKGROUND**

### **I. The COVID-19 Pandemic**

Since April, the United States has been the epicenter of the global COVID-19 pandemic, leading the world in both cases and deaths. As Plaintiffs’ expert Dr. Arthur Reingold explains: the novel coronavirus SARS-CoV-2, causes individuals to contract COVID-19. Reingold Decl. ¶ 6 (attached as Ex. 3). COVID-19 spreads mainly from person-to-person through close contact and through respiratory droplets when an infected person coughs or sneezes. *Id.* ¶ 7. People infected may transmit the virus even without showing symptoms themselves. *Id.* ¶ 10.

COVID-19 can cause severe consequences, including long-term illness and death. *Id.* ¶ 6. Estimates from early March put the fatality rate for COVID-19 at

about ten times higher than influenza even in a severe season and including in countries with advanced health care systems. Ex. 4. Some survivors will experience long-term drops in lung capacity of 20 to 30%. Ex. 5.

While people of all ages have contracted and died from COVID-19, it is particularly fatal for older individuals. Reingold Decl. ¶ 6. Preliminary reports based on WHO data show a 3.6% mortality rate for individuals between 60-69 years old, and an 8% mortality rate for those 70-79 years old. Ex. 6. COVID-19 also poses greater risks for people with preexisting heart and respiratory conditions, including asthma, and individuals with compromised immune systems. Reingold Decl. ¶ 6

## **II. Public Health Guidance Regarding COVID-19**

No vaccine currently exists and will likely not for a year or more, at least for the public at large. Reingold Decl. ¶ 9. Public health experts have explained that social distancing measures, including staying home and maintaining at least six feet of space between people, are the only known effective measures for protecting against COVID-19 transmission. *Id.* Similarly, Governor Ivey has stated: “Maintaining a 6-foot distance between one another is paramount.” Ex. 7. And the Alabama Department of Public Health (“ADPH”) has instructed the public “to spend as much time as possible at home to prevent an increase in new infections.” Ex. 8.

Even maintaining six feet of separation from others does not eliminate the risk of infection. Researchers have demonstrated that particles from a cough may spread

as far as 16 feet, while a sneeze may spread particles as far as 26 feet. Ex. 9.

The CDC has also issued specific guidelines concerning voting during the COVID-19 pandemic. It recommends that states “[e]ncourage voters to use voting methods that minimize direct contact with other people and reduce crowd size at polling stations[,]” including “drive-up voting” and “mail-in methods of voting.” Ex.

1. There is no evidence that the virus is spread through the mail. Ex. 10.

The medical risks of widespread in-person voting during the pandemic are increasingly clear, particularly when polling locations are crowded and where mail-in voting is not readily available. In Chicago, a poll worker died from COVID-19. Ex. 11. In Broward County, Florida, two poll workers tested positive. Ex. 12. And, after its April 7 primary elections, which saw multi-hour waits and lines stretching blocks—in part caused by the lack of a viable absentee voting for all voters—Wisconsin officials have identified at least 52 people who voted in-person or worked as poll workers in the primary and have tested positive for COVID-19. Ex. 13.

### **III. The Effect of COVID-19 in Alabama**

Governor Ivey declared a State of Emergency on March 13, 2020. Ex. 14. On March 19, she issued an order closing or limiting the use of facilities like schools, senior centers, and beaches. Ex. 15. On March 26, Governor Ivey closed all schools. Ex. 16. On April 2, she authorized all notaries to use videoconferencing. Ex. 17.

On April 3, Governor Ivey issued a “Stay at Home” order requiring “every

person . . . to stay at his or her place of residence except as necessary to perform” an enumerated list of “essential activities” through April 30. Ex. 18 at 1.

On April 28, Governor Ivey announced a “Safer-at-Home” order effective from April 30 to May 15. The order prohibited all non-work-related gatherings, except between groups of fewer than ten people or those that can maintain six feet of distance between people from different households. Ex. 19 at 2. Some businesses may open subject to sanitation and social distancing rules. *Id.* at 3-5. All Alabamians, but “especially vulnerable persons”—*i.e.*, those who because of age or preexisting conditions are more susceptible to death or serious illness from COVID-19—are encouraged to stay home and stay six feet apart from people outside of their household. *Id.* at 2. On May 8, Governor Ivey extended the Safer-at-Home order to May 22. Ex. 20. She extended the state of emergency until July 12, 2020. Ex. 21.

The number of COVID-19 cases are rising in the rural and urban counties. From April 15 to April 30, Mobile County, where the First Congressional District is centered, added 447 new cases—more than the total new case count in any other county in Alabama, except for Jefferson County. Ex. 22. As of May 11, Mobile County had a total of 1,478 confirmed cases of COVID-19. Ex. 23.

Community transmission of COVID-19 is expected to persist. As Dr. Reingold testifies, “transmission of the virus will continue through the population until the development and widespread use of a vaccine and/or herd immunity.”

Reingold Decl. ¶ 11. Other coronaviruses “do not appear to demonstrate seasonality of infection” and the “current virus has circulated widely in countries currently in their hot seasons.” *Id.* ¶ 15. These facts “suggest that transmission of and infection with the virus may not be affected by the weather.” *Id.* On May 4, Alabama’s top health officer, Dr. Scott Harris, described the COVID-19 pandemic as “a true state of emergency and one whose end is not yet in sight.” Ex. 24.

The rate of transmission in Alabama may have increased since Governor Ivey instituted the Safer-at-Home order. Ex. 25. On April 30, the ADPH reported an increase of 143 new cases. Ex. 26. At that time, the seven-day average of new cases was 177, and the 14-day average of new cases was 194. *Id.* By May 5, the seven-day average of new cases was 241, and the 14-day average of new cases was 222. *Id.*

As of May 11, the ADPH reported 1,245 hospitalizations in Alabama. Ex. 2. The ADPH also reported 10,009 COVID-19 infections and 401 deaths. Ex. 27.

#### **IV. Alabama’s Upcoming Elections**

Throughout 2020 in Alabama, there are major statewide elections on July 14 and November 3, as well as dozens of municipal elections set for August 25. Ex. 28.

The July 14 primary runoff was initially scheduled for March 31, 2020. On March 10, a local columnist asked Secretary Merrill his plan for safely running the primary runoff election amid the pandemic, including whether he would encourage more citizens to vote early and allow curbside voting. Ex. 29. Secretary Merrill



responded “we’re not going to talk about that,” asserting that “we don’t need for people to be concerned about something that may not ever happen. The story that you’re thinking about writing is not even important.” *Id.*

Three days later, on March 13, Governor Ivey declared a state of emergency. On March 18, Governor Ivey rescheduled the March 31 primary runoff to July 14. Ex. 30. Also on March 18, Secretary Merrill promulgated an emergency rule pursuant to Alabama Code § 17-11-3(e) entitled “Absentee Voting During State of Emergency.” Ex. 31. Section (1) of that rule provides as follows:

[A]ny qualified voter who determines it is impossible or unreasonable to vote at their voting place for the Primary Runoff Election of 2020 due to the declared states of emergency, shall be eligible to check the box on the absentee ballot application which reads as follows: “I have a physical illness or infirmity which prevents my attendance at the polls. [ID REQUIRED].”

*Id.*

This rule effectively permits everyone in Alabama to vote absentee, but it maintains the Witness and Photo ID Requirements. When a voter publicly asked Secretary Merrill how a person without a copier or scanner at home should go about complying with the Photo ID Requirement, the Secretary responded that “People that have a hard time figuring out the answer to that question probably need to vote in person.” Ex. 32 at 1. Secretary Merrill later added: “When I come to your house to show you how to use your printer I can also teach you how to tie your shoes and to tie your tie. I could also go with

you to Walmart or Kinko's and make sure you know how to get a copy of your ID made while you're buying cigarettes or alcohol." *Id.* at 2.

On March 19 and again on April 17, Plaintiffs GBM, the Alabama NAACP, and others requested that Secretary Merrill take several steps, including removing the Witness Requirement, easing the Photo ID Requirement, and permitting curbside voting, to ensure voters could safely participate in all of the 2020 elections. Ex. 33, Ex. 34. Secretary Merrill did not respond to these letters.

On April 8, Secretary Merrill wrote to the U.S. Election Assistance Commission requesting over \$6 million in funds to pay for an anticipated significant increase in absentee voting and other voting changes due to COVID-19. Ex. 35.

## **V. The Risks Posed by the Challenged Provisions in the COVID-19 Crisis**

### **A. The Witness Requirement**

The Witness Requirement compels voters to sign an affidavit accompanying their absentee ballot before either a notary or two adult witnesses, Ala. Code §§ 17-11-7 to 17-11-10. But thousands of voters do not live with two other adults, and so cannot satisfy this requirement without violating social distancing protocols.

Of the 3.8 million individual Alabamians of voting age, about 1.57 million adults live alone or with only one other person. Cooper Decl. ¶ 13 (attached as Ex. 36). In particular, 14.6% (555,330) adult Alabamians live alone, and 38.9% (215,966) of them are age 65 and older. *Id.* ¶ 7. Around 30% of Alabamians 18 and

older who live alone have a disability, and 44% of those persons 65 and older who live alone have a disability. *Id.* ¶ 8. These numbers are similar in the First Congressional District. *Id.* ¶¶ 19-20.

Out of the 980,850 Black Alabamians of voting age, 186,497 (19.0%) live alone. *Id.* ¶ 9. And 29.7% (55,388) of the Black Alabamians of voting age who live alone are disabled. *Id.* ¶ 11. Of the subset of Black people over age 65 and living alone, 45.9% (22,782) are disabled. *Id.* Whereas, for the subset of Whites over 65 and living alone, 44.0% (70,816) are disabled. *Id.* ¶ 12. Of all Black households (*i.e.*, not individuals), 37.1% contain people who live alone. *Id.* ¶ 16(d). Of all White households, 27.5% contain people who live alone. *Id.* And 14.1% of all Black households are headed by women who live alone with their children under 18 (*i.e.*, not legally competent witnesses) versus just 3.8% of similar White households. *Id.*

## **B. The Photo ID Requirement**

The Photo ID Requirement requires a person submitting an absentee ballot application to include a copy of their photo ID. If a voter fails to provide photo ID with the application, once the ballot is received, the voter must mail in a copy of their ID with the ballot. Ala. Code. §§ 17-11-9 and 17-9-30. A voter who fails to provide photo ID with the application cannot receive an absentee ballot. *Id.* § 17-9-30(b). A returned absentee ballot that requires a photo ID will be treated as a provisional ballot if it does not include a copy of the voter's photo ID. *Id.* § 17-10-

1(c). For a provisional absentee ballot to be counted, the voter must travel in person to show photo ID to the board of registrars by 5:00 p.m. on the Friday after election day. Ala. Code § 17-10-2(a)(3). If the voter does not present photo ID by this deadline, their ballot is discarded. *Id.*

Given social distancing guidelines, many offices, county courthouses, public libraries, schools, and businesses remain closed. Yet, many voters lack access to a computer, which is usually needed to make copies at home: 12.8% (over 200,000) of all Alabama households lack a computer, smartphone, or tablet. Attach. A-2 to Cooper Decl., at 9. Over 6% of all Alabamians lack a vehicle, *id.*, and may need to take public transit, increasing the risk of COVID-19 infection. Ex. 9. Even if such a voter could find a way to travel and find a store to copy their IDs, they would have to break social distancing rules to do so, at great risk to their and others' safety.

Moreover, there are tens of thousands of Alabama voters who lack photo ID, and now cannot get one. Since March 23, 2020, nearly every photo ID-issuing office in Alabama, including the Alabama Law Enforcement Agency ("ALEA") offices and county courthouses, are closed. Ex. 37; Ex. 38 at 1. As of May 8, these locations remained closed. Ex. 39; Ex. 40 at 1. To the extent ALEA continues to operate any photo ID-issuing offices, it "[d]iscourages anyone with a weakened or compromised immune system from visiting any Driver License locations." Ex. 37. And there is no evidence that Secretary Merrill has deployed his "mobile ID units" to issue IDs since

at least April 3. As of May 11, there are no scheduled mobile ID unit events. Ex. 41.

Secretary Merrill has issued an emergency rule instructing voters that the Photo ID Requirement remains in effect. Ex. 31. He does not interpret the existing exemption to the Photo ID Requirement in Alabama Code § 17-9-30(d) to apply to voters with conditions that put them at a higher risk from COVID-19 infection. *Id.*

### **C. Curbside Voting Prohibition**

No provision of Alabama law known to Plaintiffs expressly prohibits curbside or drive-thru voting. *See generally* Ala. Code § 17-9-1 to § 17-9-15. Nonetheless, Secretary Merrill prohibits election officials from offering curbside voting to voters whose disabilities or age prevent them from going inside of a polling location. For example, on November 8, 2016, Secretary Merrill learned that a polling place in Hale County, Alabama was offering curbside voting to assist voters with disabilities. Ex. 42. Secretary Merrill asserted this practice was illegal and ordered the county to immediately stop. The county complied. *Id.*

Secretary Merrill has not indicated he will permit curbside voting even during the COVID-19 pandemic. But, as noted, to protect voters during the pandemic, the CDC has recommended that jurisdictions “[e]ncourage drive-up voting for eligible voters.” Ex. 1. Governor Ivey’s Safer-at-Home order itself also encourages “drive-in” gatherings to protect individuals—particularly vulnerable persons—from close contact that puts them at higher risk from COVID-19. Ex. 19 at 2. A majority of

states permit curbside voting. Ex. 43 at 63. Additional states have used curbside voting as a safety accommodation to voters as a result of the pandemic, including Arkansas (Ex. 44), Ohio (Ex. 45), Wisconsin (Ex. 46), and Wyoming. Ex. 47. There is no indication that curbside voting in any of these states led to fraud or other issues.

**D. The Challenged Provisions and COVID-19's Severe Impact on Black Voters**

Nationally, the COVID-19 pandemic has had a particularly devastating effect on Black people. A CDC report published on April 17, 2020, which included data from 1,482 patients hospitalized across 14 states, found that Black patients made up 33% of cases in those states where race information was available, despite being only 18% of the states' populations. Ex. 48 at 459.

Sadly, these racially disparate patterns of illness and mortality due to COVID-19 exist in Alabama as well. As of May 11, the ADPH has reported that Black people in Alabama represented 38.4% of reported COVID-19 cases and 45.5% of related deaths, despite making up just 27% of the state's population. Ex. 2. In Mobile County, as of May 11, Black people accounted for 44.2% of COVID-19 infections, 59.1% of related hospitalizations, and 52.9% of COVID-19 deaths, despite being only 36% of the county's population. Ex. 23. For this reason, Dr. Karen Landers, an officer at the ADPH, has urged Black people in particular to "stay at home" and stringently practice social distancing. Ex. 49.

Plaintiffs' expert, Dr. Courtney Cogburn, explains that racial disparities in

serious illness and death due to COVID-19 are inextricably tied to discrimination in healthcare, housing, and employment. Cogburn Decl. ¶¶ 6-15 (attached as Ex. 50). This includes racial bias in medical care and the rationing of COVID-19 testing and care, higher rates of un-insurance and blue collar “essential” jobs in the Black community, and the increased risk of other diseases linked to housing segregation. *Id.* For example, because of longstanding racial biases in medical care, Black people with symptoms like cough and fever are less likely to be given one of the scarce COVID-19 tests. *Id.* ¶ 15. The CDC agrees that racial disparities related to COVID-19 are the result of “institutional racism” and other socioeconomic barriers. Ex. 51.

Racial discrimination in Alabama has also resulted in inequalities that disadvantage Black people. In Alabama, 20.7% of African Americans and 13.7% of Whites over age 16 work in “blue collar” service occupations—*i.e.*, jobs like grocers, nurses, or other essential workers—who are forced to leave home and face increased exposure to COVID-19. Cooper Decl. ¶ 16(c). By contrast, 39.1% of White people versus only 26.2% of Black Alabamians hold “white collar” jobs that are much more likely to allow employees to continue to work safely at home. *Id.* Black Alabamians are also more likely to lack health insurance (11.5% of African Americans and 8.1% of White people), *id.* ¶ 16(f); have a disability (among people over 65, 42.7% of Black and 38.1% of White people), *id.*; lack a high school degree (16.6% of Black and only 11.4% of White people), *id.* ¶ 16(b); and live below the poverty line (27.7%

of Black and 11.3% of White households), *id.* ¶ 16(a). Similar racial disparities exist in the First Congressional District. *Id.* ¶ 17. Because of racial and other disparities, Dr. Latesha Elope believes that Alabama's Black Belt region will be hit the hardest by COVID-19. Elope Decl. ¶¶ 9-14 (attached as Ex. 67).

## **VI. Injuries and Irreparable Harm to Plaintiffs**

Individual Plaintiffs Robert Clopton, Eric Peebles, Howard Porter, Jr., and Annie Carolyn Thompson are lawfully registered Alabama voters who plan to vote in the upcoming 2020 elections. Clopton Decl. ¶ 3 (attached as Ex. 52); Peebles Decl. ¶¶ 3, 5, 11 (attached as Ex. 53); Porter Decl. ¶ 1 (attached as Ex. 54); Thompson Decl. ¶¶ 3, 5, 15 (attached as Ex. 55). Plaintiffs Clopton, Porter, and Thompson are eligible to vote in the July 14 primary runoff. Clopton Decl. ¶ 3; Porter Decl. ¶ 4; Thompson Decl. ¶ 15. They all are at high risk of death or serious illness if they contract COVID-19. Mr. Clopton is 65 years old, has diabetes, hypertension, and recently had surgery. Clopton Decl. ¶¶ 1, 4-6. Mr. Peebles has spastic cerebral palsy. Peebles Decl. ¶ 6. Mr. Porter, who is 69 years old, has Parkinson's disease and asthma. Porter Decl. ¶¶ 5-6. Ms. Thompson, who is 69 years old, has diabetes and high blood pressure. Thompson Decl. ¶¶ 3, 6.

Each of the individual Plaintiffs usually vote in person. Clopton Decl. ¶¶ 3, 6; Peebles Decl. ¶ 10; Porter Decl. ¶ 13; Thompson Decl. ¶ 14-16. But, to avoid exposure to COVID-19, they must vote by absentee ballot in the upcoming elections.



Clopton Decl. ¶ 13; Peebles Decl. ¶ 17; Porter Decl. ¶ 14; Thompson Decl. ¶ 24. However, none of these four voters can comply with both the Witness Requirement and the Photo ID Requirements without violating social distancing guidance.

Plaintiffs Peebles and Thompson live alone, and Mr. Clopton lives with only one other person. Clopton ¶ 8; Peebles Decl. ¶¶ 4, 15; Thompson Decl. ¶¶ 4, 21. They cannot comply with the Witness Requirement without leaving home or endangering their health, because they are sheltering in place and none of them normally come into contact with two adults once. Clopton Decl. ¶¶ 8-10; Peebles Decl. ¶ 15; Thompson Decl. ¶ 21. Because they do not feel safe running this risk, they will be forced to make a choice between their health and their vote in the 2020 elections. Clopton Decl. ¶ 14; Peebles Decl. ¶ 17; Thompson Decl. ¶¶ 16, 24.

Ms. Thompson cannot safely comply with the Photo ID Requirement, because she does not have a printer, scanner, or copy machine at her home. Thompson Decl. ¶¶ 18-19. Mr. Porter also fears that he will be unable to comply with the Photo ID Requirement. Porter Decl. ¶¶ 14-15. While he has a printer, Mr. Porter lives on a very limited income. *Id.* He may not be able to afford to maintain his printer through the July election, let alone through November. *Id.* ¶¶ 14-15, 18-19.

If given the option, Plaintiffs Clopton, Peebles, Porter, and Thompson would consider curbside voting to minimize the threat of infection. Clopton Decl. ¶ 14; Peebles Decl. ¶ 16; Porter Decl. ¶ 16; Thompson Decl. ¶ 23. But these Plaintiffs do

not intend to vote in a way that puts them at higher risk of infection. Clopton Decl. ¶ 14; Peebles Decl. ¶¶ 12, 15, 17; Porter Decl. ¶ 17; Thompson Decl. ¶¶ 16, 21, 24.

Plaintiff People First of Alabama (“People First”) is a group of people with developmental disabilities. Ellis Decl. ¶ 4 (attached as Ex. 56). People First’s members include Alabama registered voters who plan to vote in the July 14 primary runoff but have conditions that put them at higher risk of death or severe complications from COVID-19. *Id.* ¶¶ 8-9. These members must vote by absentee ballot or be disenfranchised. *Id.* ¶ 9. Yet, many of these members live alone or with one other adult and so are unable to comply with the Witness Requirement. *Id.* ¶ 10-11. Members also include voters who must vote absentee or be disenfranchised, but do not have access to the technology or the Internet needed to comply with the Photo ID Requirement. *Id.* ¶ 12. In addition, if curbside voting were available, members with high susceptibility to serious illness from COVID-19 and those with physical disabilities would use it. *Id.* ¶ 13. If the Challenged Provisions remain in place, these members will be disenfranchised. *Id.* ¶¶ 12-13. People First is diverting its resources to assist its members with navigating these provisions. *Id.* ¶ 14.

Plaintiff Greater Birmingham Ministries (“GBM”) is a multi-racial and multi-faith membership organization that provides emergency services for members in need. Douglas Decl. ¶ 2 (attached as Ex. 57). Many of GBM’s 5,000 members are low-income persons who lack a computer, the internet, or other videoconferencing

technology. *Id.* ¶ 9. About a third of GBM's members are senior citizens and about one fifth of all GBM members live alone. *Id.* Other members live only with one other adult or young children. *Id.* ¶¶ 10-11. Of those members, many are Black, Latinx, disabled, or low-income registered voters who are staying home because they are at a higher risk of death or serious illness from COVID-19 due to age or conditions, like diabetes or hypertension. *Id.* ¶ 9. Members with this higher risk have expressed an interest curbside voting. *Id.* ¶¶ 10-11. GBM is diverting its resources to assist voters with the Witness Requirement and Curbside Voting Prohibition. *Id.* ¶ 7.

Plaintiff the Alabama NAACP has many members who are senior citizens, Black, and/or have medical conditions, like diabetes or hypertension, that put them at higher risk for death or serious illness from COVID-19. Simelton Decl. ¶ 9 (attached as Ex. 58). Many members also live alone or with only one other adult person. *Id.* These members and others are staying at home to avoid contracting COVID-19; thus, they will be unable to meet the Witness Requirement. *Id.* ¶¶ 9-10. An active member is in their 80s, lives alone, and has breast cancer and heart disease. *Id.* ¶ 9. They lack ready access to videoconferencing technology. *Id.* This member, and others like them, cannot vote in-person or meet the Witness Requirement without risking their safety. *Id.* ¶¶ 9-10. In addition, there are members who require help to vote and therefore need access to curbside voting as a safe in-person voting option. *Id.* The Alabama NAACP is diverting its resources to address the Witness

Requirement and Curbside Voting Prohibition. *Id.* ¶¶ 5-6.

## ARGUMENT

A preliminary injunction is warranted if Plaintiffs show: (1) a likelihood of success on the merits; (2) likelihood of suffering irreparable harm; (3) the balance of hardships favor them; and (4) the injunction serves the public interest. *Jones v. Governor of Fla.*, 950 F.3d 795, 806 (11th Cir. 2020). Here, each factor decisively favors Plaintiffs. In evaluating the burdens on voters, the Court can take judicial notice of census data, voting statistics, public health reports, and newspapers. Fed. R. Evid. 201(b)(2); *see generally U.S. ex rel. Osheroff v. Humana, Inc.*, 776 F.3d 805, 811 (11th Cir. 2015); *Hollis v. Davis*, 941 F.2d 1471, 1474 (11th Cir. 1991).

### **I. Plaintiffs Are Likely to Prevail on the Merits of Their Constitutional, Section 201, and ADA Claims Against the Challenged Provisions**

#### **A. The Witness Requirement Violates the Constitution, Section 201, and the ADA during the COVID-19 Crisis**

##### **1. The Witness Requirement severely burdens the fundamental right to vote in violation of the Constitution.**

The First and Fourteenth Amendments do not allow a state to make voters choose between protecting their health and the health of their families and communities or forfeiting their fundamental rights. Any government burden on the right to vote must be balanced against the stated government interest supporting the burden. *See Burdick v. Takushi*, 504 U.S. 428, 434 (1992); *Anderson v. Celebrezze*, 460 U.S. 780, 788-89 (1983). Yet, together and separately, the Challenged

Provisions will deprive many thousands of qualified citizens of the right to vote. They will do so by imposing restrictions on the franchise that are at odds with public health guidance expected to remain in place for the foreseeable future.

The *Anderson-Burdick* test requires the Court to “weigh the character and magnitude” of the asserted constitutional injury against Alabama’s justifications for the burdens imposed by the challenged rules, “taking into consideration the extent to which those justifications require the burden to plaintiffs’ rights.” *Democratic Exec. Comm. of Fla. v. Lee*, 915 F.3d 1312, 1318 (11th Cir. 2019) (“*Lee*”).

Strict scrutiny applies to any policy that “severely burdens the right to vote.” *Id.* Once it is shown that the Challenged Provisions seriously burden the fundamental right to vote, Defendants must prove that the provisions are “narrowly drawn to serve a compelling state interest.” *Id.* But, because the right to vote is ““preservative of all rights,”” *id.* at 1315 (citation omitted), “even when a law imposes only a slight burden on the right to vote, relevant and legitimate interests of sufficient weight still must justify that burden.” *Id.* at 1318-19.

In the current crisis, courts have applied strict scrutiny to a similar witness requirement for absentee ballots and to ballot-access laws that conflict with “stay-at-home” orders to severely burden the right to vote. *See League of Women Voters of Va. v. Va. State Bd. of Elec.*, No. 6:20-cv-0024, \_\_\_ F. Supp. 3d \_\_\_, 2020 WL 2158249, at \*7-8 (W.D. Va. May 5, 2020) (“*LWVV*”) (finding that a witness

requirement’s “substantial” burdens outweighed any countervailing state interests and approving a consent decree enjoining it); *Garbett v. Herbert*, No. 2:20-cv-245-RJS, 2020 WL 2064101, at \*6-8 (D. Utah Apr. 29, 2020) (finding that, as applied in the “unforeseen, extraordinary circumstances” of COVID-19, a state ballot access law “imposes a serve burden”); *Libertarian Party of Ill. v. Pritzker*, No. 20-cv-2112, 2020 WL 1951687, at \*4 (N.D. Ill. Apr. 23, 2020) (same); *Esshaki v. Whitmer*, No. 20-cv-10831, 2020 WL 1910154, at \*1 (E.D. Mich. Apr. 20, 2020) (same).

Courts have likewise applied strict scrutiny in non-pandemic emergencies. *See Fla. Democratic Party v. Scott*, 215 F. Supp. 3d 1250, 1257 (N.D. Fla. 2016) (holding that, because a hurricane “foreclosed the only methods of registering to vote” in the final week of registration, the statutory deadline “severe[ly] burden[ed] . . . the right to vote”); *Ga. Coal. for the Peoples’ Agenda, Inc. v. Deal*, 214 F. Supp. 3d 1344, 1345-46 (S.D. Ga. 2016) (similar).

In addition, strict scrutiny is appropriate where the effects of the Challenged Provisions bear more heavily on specific groups—like racial minorities, low-income people, the elderly, or people with disabilities. *See Jones*, 950 F.3d at 822; *Ga. Coal. for the People’s Agenda, Inc. v. Kemp*, 347 F. Supp. 3d 1251, 1264 (N.D. Ga. 2018).

a.) *The Witness Requirement forces many thousands of people to face disenfranchisement or risk their safety.*

Forcing thousands of people to put their health on the line or face disenfranchisement imposes a severe burden on the right to vote. *See, e.g., Price v.*

*N.Y. State Bd. of Elec.*, 540 F.3d 101, 107 n.8 (2d Cir. 2008) (noting that for “voters who are . . . housebound” the burden of a lack of absentee voting opportunity “could be quite significant”). The breadth and severity of the Witness Requirement’s burdens merit strict scrutiny because they needlessly force voters to make unconstitutional choices. The greater the burden that a challenged law places on the right to vote, “the stricter the scrutiny” the law must survive. *Lee*, 915 F.3d at 1319.

The Witness Requirement asks the 1.57 million adults in Alabama who live alone or with only one other person, *supra* at 10, to make the impossible “choice between adhering to guidance that is meant to protect not only their own health, but the health of those around them, and undertaking their fundamental right—and, indeed, their civic duty—to vote in an election.” *LWVV*, 2020 WL 2158249, at \*8.

Under the Governor’s “Safer at Home” order, all Alabamians—but, in particular, “vulnerable persons” like Plaintiffs Clopton, Peebles, and Thompson—are ordered to minimize travel outside the home. *See supra* at 7. Even if people do leave their homes, this order and other public health guidance direct them to maintain at least six feet of distance from people with whom they do not live. *Id.*; *supra* at 5. Additionally, the CDC encourages as many voters as possible “to use voting methods that minimize direct contact with other people.” Ex. 1.

“Requiring individuals to have one or more people they are not otherwise being exposed to come into close enough proximity to witness their ballot would

place them at increased risk of infection.” Reingold Decl. ¶ 18. This risk is even greater for disabled or elderly people, like Plaintiffs, *supra* at 16, who “are at the greatest risk of severe cases, long-term impairment, and death.” Reingold Decl. ¶ 6.

Even in normal circumstances, the Witness Requirement causes election officials to reject the ballots of a significant number of absentee voters. In the 2018 elections, 1,368 Alabama voters had their absentee ballots rejected. Ex. 59 at 29. About a quarter of these ballots were rejected because of the Witness Requirement. Ex. 60. But in that election, only 57,832 people or 3.4% of all voters cast mail-in absentee ballots. Ex. 59 at 29. Voters then did not face COVID-19 related restrictions on obtaining witnesses to vouch for them on those ballots. Secretary Merrill predicts absentee voting to increase exponentially in 2020 because of COVID-19. Ex. 35.

The burdens imposed by the Witness Requirement will disproportionately fall on members of populations at heightened risk of death or severe health complications from COVID-19. As noted above at 10-11, 14.6% of adult Alabamians live alone and, of those adults, 26% are seniors and 30% are people with disabilities.

The Witness Requirement also places a significantly heavier and deadlier burden on Black voters amid the pandemic. As explained above at 14, because of racial discrimination, Black Alabamians are more than twice as likely to contract or die from COVID-19 as White people. Black people in Alabama are also much more



likely to live alone or live as the lone adult among children: 37.1% of all Black households are people living alone, as compared to 27.5% of White households, and 14.1% of all Black households are headed by women who live alone with their children versus just 3.8% of White households. *See supra* at 11.

Plaintiffs' individual circumstances highlight how the Witness Requirement acts as a significant barrier to voters. Plaintiffs Thompson and Peebles live alone, and Plaintiff Clopton lives with only one other person. *See supra* at 17. To satisfy the Witness Requirement, these voters would need to closely interact with one or more people from outside their households. Yet, as noted above at 16, Plaintiffs also have medical conditions that make them more susceptible to death or serious illness from COVID-19. They are the very "vulnerable persons" the Governor and doctors have encouraged to stay at home. *Supra* at 7. Plaintiffs cannot both follow this public health guidance and obtain two witnesses as demanded by the Witness Requirement.

A voter can also have their absentee ballot notarized to satisfy the Witness Requirement. But this alternative is no less risky or burdensome. Traditional notarization would still require a voter's personal interaction with a person outside their home in violation of social distancing rules. Although Governor Ivey issued an executive order permitting notaries to notarize documents using videoconferencing in lieu of personal appearance, *supra* at 6, not all voters (or notaries) have access to videoconferencing technology. *Id.* at 12. Black Alabamians are nearly two times

more likely than White people to lack access to the technology that is necessary for videoconferencing. Cooper Decl. ¶ 16(g). Further, a notary may also require the payment of a \$5.00 fee to notarize the absentee ballot affidavit. Ala. Code § 36-20-74. Yet, it is unconstitutional to make “the affluence of the voter or payment of any fee an electoral standard.” *Jones*, 950 F.3d at 821 (citation omitted). Finally, remote notarization requires voters to mail their absentee ballot affidavit for notarization, then depend on the notary to mail it back, creating chances for it to be lost or stolen.

When, as here, a law endangers the health of thousands of voters, the most exacting level of scrutiny is required. Plaintiffs are effectively “disabled from voting” because they cannot safely “go to the polls on election day” or meet the Witness Requirement due to the COVID-19 crisis and public health rules. *See O’Brien v. Skinner*, 414 U.S. 524, 527, 530-31 (1974) (enjoining an absentee ballot law as-applied to eligible voters in jail). Even if the Witness Requirement did not usually burden many voters, which it does, “these are not ordinary times.” *LWVV*, 2020 WL 2158249, at \*8. Alabama cannot impose this requirement when doing so endangers voters’ lives. *See Fla. Democratic Party*, 215 F. Supp. 3d at 1258.

b.) *The Witness Requirement’s severe burdens on voters far outweigh any nominal State interest in enforcing it.*

Because the Witness Requirement places voters in significant danger, it is subject to strict scrutiny. Even if a lesser level of scrutiny applied, the risks to voters far outweigh any nominal benefits to Alabama from enforcing this requirement.

Alabama law states that the Witness Requirement “goes to the integrity and sanctity of the ballot and election.” Ala. Code § 17-11-10(b). But this requirement does not meaningfully protect the integrity of an absentee ballot. Witnesses are not required to identify themselves by legibly printing their name. Ala. Code §§ 17-11-7, 17-11-9 & 17-11-10. Nor are Alabama election officials required to follow up with witnesses to confirm their identity, their age, or that they indeed witnessed the signing of the voter’s affidavit. *Id.* § 17-11-10. Instead, officials merely examine the affidavit for the witness signatures. If the affidavit contains the witness signatures and is otherwise correct, then the ballot is counted. *Id.* § 17-11-10(b). While instances of fraud are very rare,<sup>1</sup> a person determined to falsely submit an absentee ballot and risk imprisonment could just as easily forge the two witnesses’ signatures as they could falsely attest to their identity when signing the absentee ballot affidavit.

By contrast, several provisions of Alabama law unrelated to the Witness Requirement do serve the State’s interest in election integrity by confirming the legitimacy of the absentee ballot. First, the absentee ballot application is required to “contain sufficient information to identify the applicant and shall include the

---

<sup>1</sup> Even the Heritage Foundation—an organization committed to “[p]reventing, deterring, and prosecuting election fraud”—identifies a little more than a dozen cases of election fraud in Alabama concerning absentee voting in the past 20 years. Ex. 61. None of these convictions involved voter impersonation that plausibly could have been stopped by the Witness Requirement, but a few of the convictions involved falsifying witness signatures. In any event, during the same time period, more than 29 million ballots were cast in Alabama elections. *See* Ex. 62 at 4-9 (reporting vote counts that total 29,146,275 in Alabama elections between March 2000 and June 2018).

applicant's name, residence address, or such other information necessary to verify that the applicant is a registered voter." Ala. Code § 17-11-4. The current absentee ballot application requires a voter to submit either their driver's license number or the last four digits of their social security number, which allows election officials to verify the voter's identity even before they send the absentee ballot. Ex. 63. Second, the affidavit requires an absentee voter to swear that the information is true. Ala. Code § 17-11-7. The affidavit warns that it is a criminal offense to knowingly give false information to illegally vote absentee, punishable by a fine up to \$1,000 and/or up to six months in jail. *Id.* Finally, it is a Class C felony for anyone to willfully falsify an absentee ballot application or verification documents. *Id.* § 17-17-24(a).

Given these alternative methods of protecting election integrity, the additional step of requiring the voucher of a notary or two witnesses offers no real protection against fraud. "For the fraudster who would dare to sign the name of another qualified voter at the risk of being charged with [a felony], writing out an illegible scrawl on an envelope to satisfy the witness requirement would seem to present little to no additional obstacle." *LWVV*, 2020 WL 2158249, at \*9. In federal and state law, there is a "long practice of relying on the threat of penalty of perjury to guard against dishonesty and fraud." *Lee*, 915 F.3d at 1323; *see, e.g.*, 28 U.S.C. § 1746; Ala. Code §§ 13A-10-109, 12-21-83 & 40-29-115. And, when Congress eliminated all witness requirements for absentee voter registration, it found that "warnings of penalties"

were sufficient to deter fraud. Senate Rep. 103-6, 1993 WL 54278, at \*13 (1993).

In fact, in 2017, Secretary Merrill supported a bill that would have eliminated the Witness Requirement. Secretary Merrill admitted that, given the Photo ID requirement, removing the Witness Requirement would strengthen the absentee voting law while making it easier to vote. Ex. 64. While Plaintiffs seek to enjoin the Witness Requirement, they do not seek a blanket injunction against the Photo ID Requirement. *See supra* at 2-3. Further, the 38 states, including Georgia and Florida, that lack witness requirements are not overrun with absentee voter fraud. Ex. 65.

Amid the COVID-19 crisis, other courts have determined that similar witness requirements are no more effective at preventing voter fraud than self-executed affidavits made under penalty of perjury. *See LWVV*, 2020 WL 2158249, at \*9 (finding that a settlement enjoining a witness requirement would not increase voter fraud); *League of Women Voters of Okla. v. Ziri*ax, No. 118,765, \_\_ P.3d \_\_, 2020 WL 2111348, at \*1 (Okla. May 4, 2020) (permitting the use of self-executed affidavits—rather than third-party notarization—to meet a witness requirement).

Moreover, in *Democratic Executive Committee of Florida v. Lee*, the Eleventh Circuit upheld an injunction against a state law that let election officials reject absentee ballots based solely on these officials' determination that the signature provided with the ballot does not match the voter's signature in the state's records. 915 F.3d at 1315. Even after presuming that (unlike the situation here) this signature

match law was effective at preventing fraud, the Court held that the burden was not sufficiently tailored to justify the barrier it imposed on the right to vote. *Id.* at 1322-23; *see also Ga. Muslim Voter Project v. Kemp*, 918 F.3d 1262 (11th Cir. 2019) (mem.) (upholding an injunction against Georgia’s similar signature match law).

The Witness Requirement places an even greater unnecessary and dangerous burden on elderly, disabled, Black voters and thousands of others who must choose between their health and their right to vote. “The Constitution does not permit a state to force such a choice on its electorate.” *LWVV*, 2020 WL 2158249, at \*8. Accordingly, the Witness Requirement cannot survive any modicum of scrutiny.

## **2. The Witness Requirement violates Section 201 of the VRA.**

Section 201 of the VRA mandates that “[n]o citizen shall be denied, because of his failure to comply with any test or device, the right to vote in any Federal, State, or local election conducted in any State or political subdivision of a State.” 52 U.S.C. § 10501(a). Section 201 bars any “test or device” that requires any person to “prove his qualifications by the voucher of registered voters or members of any other class.” *Id.* § 10501(b)(4). “All literacy tests and similar voting qualifications were abolished” by Section 201 because, “[a]lthough such tests may have been facially neutral, they were easily manipulated to keep blacks from voting.” *N.W. Austin Mun. Util. Dist. No. One v. Holder*, 557 U.S. 193, 198 (2009).

Under the Witness Requirement, an absentee ballot that “is not witnessed by

two witnesses 18 years of age or older . . . will not be counted.” Ala. Code § 17-11-7. Under the plain text of the VRA, it is *per se* illegal insofar as it is a “prerequisite for voting” that demands a voter to “prove his qualifications by the voucher of registered voters or members of any other class.” 52 U.S.C. § 10501(b); *see also* 52 U.S.C. § 10310(c)(1) (defining “voting” in the VRA to include “all action necessary to make a vote effective”). The Witness Requirement is a banned test for all voters. Or, at least, it is an illegal test as-applied to those voters, like Plaintiffs, whose health would be greatly endangered by leaving home to comply with this requirement or vote in person during the pandemic. *Cf. O’Brien*, 414 U.S. at 530.

Alabama law states that the Witness Requirement “goes to the integrity and sanctity of the ballot and election.” Ala. Code § 17-11-10(b). That justification, however, cannot overcome the plain text of the VRA, which reflects Congress’s judgment that prohibited tests and devices “unduly lend themselves to discriminatory application, either conscious or unconscious.” *Oregon v. Mitchell*, 400 U.S. 112, 216 (1970) (opinion of Harlan, J.). Before the VRA, other voucher or “supporting witness” requirements were justified as necessary to identify a voter.<sup>2</sup> *See, e.g., United States v. Ward*, 349 F.2d 795, 799 (5th Cir. 1965); *United States v. Logue*, 344 F.2d 290, 291 (5th Cir. 1965). Whatever the state’s interest, the banned

---

<sup>2</sup> Literacy tests were also justified as necessary to decrease fraud. *See Veasey v. Abbott*, 830 F.3d 216, 237 (5th Cir. 2016) (en banc); *Underwood v. Hunter*, 730 F.2d 614, 619 (11th Cir. 1984).

tests are presumptively discriminatory. *See Lodge v. Buxton*, 639 F.2d 1358, 1363 (5th Cir. 1981), *aff'd sub nom. Rogers v. Lodge*, 458 U.S. 613 (1982). And, while proof of a discriminatory effect is irrelevant under Section 201, the Witness Requirement's effect is clear. *See supra* at 23-27.

### **3. The Witness Requirement violates Title II of the ADA.**

The ADA seeks to address the “pervasive unequal treatment” of people with disabilities in numerous areas, including voting. *Nat'l Ass'n of the Deaf v. Florida*, 945 F.3d 1339, 1351 (11th Cir. 2020). Title II of the ADA states that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any entity.” 42 U.S.C. § 12132.

To prevail under the ADA, Plaintiffs need prove only that (1) they are qualified persons with a disability; (2) they were excluded from participation in or denied the benefits of a public entity's services or activities; and (3) the exclusion or denial of the benefit was by reason of the plaintiff's disability. *See Nat'l Fed. of the Blind v. Lamone*, 813 F. 3d 494, 502-03 (4th Cir. 2016). “Plaintiffs need not, however, prove that they have been disenfranchised or otherwise ‘completely prevented from enjoying a service, program, or activity’ to establish discrimination” in violation of the voting rights protected by the ADA. *Disabled in Action v. Bd. of Elec. in City of N.Y.*, 752 F.3d 189, 198 (2d. Cir. 2014) (citation omitted).



Once Plaintiffs prove that a Challenged Provision prevents them from voting, Plaintiffs must offer “reasonable modifications to rules, policies, or practices.” 42 U.S.C. § 12131(2); *see also* 28 C.F.R. § 35.130(b)(7). A modification to a rule is reasonable if it will not cause “undue hardship.” *U.S. Airways, Inc. v. Barnett*, 535 U.S. 391, 401-03 (2002). The burden of showing that a modification is reasonable is “not a heavy one” and it “is enough for the plaintiff to suggest the existence of a plausible accommodation, the costs of which, facially, do not clearly exceed its benefits.” *Nat’l Fed. of the Blind*, 813 F.3d at 507-08. The determination of reasonableness is “fact-specific.” *Id.* at 508.

As described above at 16-20, Plaintiffs are otherwise qualified persons with disabilities, which include medical vulnerabilities that place them at extremely high risk of serious bodily injury or death should they leave the confines of their homes. *See* 28 C.F.R. § 35.108. Plaintiffs and their members are also eligible to vote in this year’s elections and would do so with reasonable accommodations. Absent a modification to the Challenged Provisions, Plaintiffs will be prevented from voting and completely excluded from the democratic process because of their disabilities. *See Nat’l Ass’n of the Deaf*, 945 F.3d at 1349 (recognizing that the ADA protects the “right to participate in the democratic process,” which is a “foundational” right).

As explained above at 28, there are numerous other ways for voters with disabilities, as well as others, to confirm their identity in the absence of the Witness

Requirement. Defendants have no valid reason to refuse to accommodate voters by allowing self-executed affidavits in lieu of this requirement. *See Nat'l Fed. of the Blind*, 813 F.3d at 509 (holding that a state violated the ADA where it failed to show that accommodating voters with disabilities would compromise election integrity).

**B. The Constitution and the ADA Demand the Elimination of the Photo ID Requirement for those Voters who are the Most Vulnerable to COVID-19**

**1. The Photo ID Requirement severely burdens the constitutional rights of vulnerable voters by requiring them to risk COVID-19 exposure.**

The Photo ID Requirement demands nearly every voter to submit a photocopy of their photo ID with either their absentee ballot application or the absentee ballot itself. Under existing state law, however, a voter who is entitled to vote by absentee ballot pursuant to the “Uniformed and Overseas Citizens Absentee Voting Act; the Voting Accessibility for the Elderly and Handicapped Act; or any other federal law, shall not be required to produce identification prior to voting.” Ala. Code § 17-9-30(d). Interpreting this provision, the absentee ballot application exempts from the Photo ID requirement any voter who is over 65 or has a disability *and* is “unable to access [their] assigned polling place due to a neurological, musculoskeletal, respiratory (including speech organs), cardiovascular, or other life-altering disorder that affects [their] ability to perform manual tasks, stand for any length of time, walk unassisted, see, hear or speak[.]” Ex. 63.

Secretary Merrill does not interpret this exemption to apply to Plaintiffs Porter and Thompson, People First's members, or the many thousands of other voters with health conditions that make COVID-19 particularly dangerous. Rather, his emergency rule for the July 14 runoff expressly states that persons who wish to vote absentee due to COVID-19 must provide photo ID. *See supra* at 9. Secretary Merrill has also instructed voters without access to photocopying technology to leave home in violation of social distancing protocols to make copies. *See supra* at 9-10.

Given the lack of an exemption for people who are most vulnerable for contracting COVID-19, the Photo ID Requirement “go[es] beyond the merely inconvenient” to severely burden the right to vote. *Kemp*, 347 F. Supp. 3d at 1264 (citation omitted).

The Photo ID Requirement demands that these vulnerable voters, particularly those who lack a copier or photo ID, do the opposite of what public health officials have advised them to do. They must leave home; congregate in person at a public space, likely in close proximity to others; and touch various surfaces—like copy machines, counters, or doors—that various other persons also have touched. Otherwise, they must forego their right to vote in July. Thus, for voters who cannot copy their IDs at home, the Photo ID Requirement is a “nearly insurmountable hurdle” because it requires voters to violate the Safer-at-Home order. *See Libertarian Party of Ill.*, 2020 WL 1951687, at \*4 (finding that a candidate signature

requirement, which normally posed little burden on the fundamental right to vote, was unconstitutional as applied in the current pandemic).

While it “is a ‘basic truth that even one disenfranchised voter—let alone several thousand—is too many,’” *Lee*, 915 F.3d at 1321 (citation omitted), over 200,000 households lack the computer needed to copy photo IDs. *See supra* at 12.

Given the serious burdens that the Photo ID Requirement places on thousands of voters in the current crisis, the Constitution demands that this requirement face strict scrutiny review. *See LWVV*, 2020 WL 2158249, at \*7-8 (finding that a witness requirement, which ordinarily “may not be a significant burden,” is unconstitutional due to COVID-19). The requirement cannot survive such scrutiny. But, due to the lack of any substantial state interest in applying the Photo ID Requirement to vulnerable voters during this crisis, it also cannot survive a lesser level of scrutiny.

**2. The Photo ID Requirement’s burden on vulnerable voters is unjustified because Defendants lack any interest in construing it in a manner that endangers Plaintiffs’ health and right to vote.**

Defendants cannot claim a discernible interest in compelling citizens to leave home to copy photo IDs or to vote in person in the midst of a dangerous pandemic. While the risk of contagion and bodily harm remains, Defendants cannot state an interest that makes the Photo ID Requirement “necessary to burden the plaintiff’s rights.” *Anderson*, 460 U.S. at 789.

Nor is the Photo ID Requirement “narrowly drawn” to achieve any asserted

interest, as is required to satisfy strict scrutiny. *Lee*, 915 F.3d at 1318. Although Alabama is justified in employing measures to maintain election integrity and combat COVID-19, Defendants have “failed to implement sufficient complementary measures to account for the stifling effect its response to the COVID-19 pandemic exacted on accessing the ballot.” *Garbett*, 2020 WL 2064101, at \*14. Even if Defendants could show that the Photo ID Requirement is generally useful in combating fraud (which they cannot), they cannot show that their refusal to include voters who are most vulnerable in this pandemic, like Plaintiffs, as part of the photo ID exemption that already exists to protect some voters, is narrowly tailored.

Plaintiffs “accept the propriety of requiring photo ID from persons who already have or can get it with reasonable effort, while endeavoring to protect the voting rights of those who encounter high hurdles.” *Frank v. Walker*, 819 F.3d 384, 386 (7th Cir. 2016). For many voters—especially the elderly and those at greatest risk of hospitalization or death if they contract the virus—the only way to limit exposure to COVID-19 is through “self-isolation,” which “involves not physically interacting with those outside one’s home” and “maintaining at least six feet of distance between individuals.” Reingold Decl. ¶ 9. Similar advice is being given by federal, state, and local health officials. *See supra* at 5-7. Given the steps needed to avoid infection, many elderly or other voters most in danger from the virus, but who lack photo ID or copiers, will be dissuaded from voting. “That substantial burden on

the right to vote [can]not be[] justified by countervailing, demonstrated interests” in the Photo ID Requirement. *LWVV*, 2020 WL 2158249, at \*8. The Constitution requires the Court to offer relief to those voters who face serious barriers to satisfying even an otherwise valid photo ID law. *Frank*, 819 F.3d at 387.

To cure this constitutional violation, Defendants could simply construe the existing exemption, Ala. Code § 17-9-30(d), to authorize those voters who are most vulnerable to COVID-19 to vote absentee without meeting providing copies of their photo IDs. Alabama’s legislature has already seen fit to offer voters eligible under the Voting Accessibility for the Elderly and Handicapped Act, 52 U.S.C. § 20102, to vote absentee without submitting photo IDs. The State Defendants have rejected a construction that would exempt voters like Plaintiffs Porter and Thompson, opting instead to severely burden the rights of many thousands of vulnerable voters.

The Court can address this constitutional harm: “a federal court can review a state official’s interpretation of—or gloss over—state law when it is alleged to violate the United States Constitution.” *League of Women Voters of Fla., Inc. v. Detzner*, 314 F. Supp. 3d 1205, 1213 (N.D. Fla. 2018). Accordingly, the Court should “enjoin[] the state from enforcing [its] laws as a violation of the First and Fourteenth Amendments.” *Id.*; accord *Obama for Am. v. Husted*, 697 F.3d 423, 431 (6th Cir. 2012) (similar); *Charles H. Wesley Educ. Found v. Cox*, 324 F. Supp. 2d 1358, 1366-68 (N.D. Ga. 2004) (similar), *aff’d* 408 F.3d 1349 (11th Cir. 2005). In

fact, because Plaintiffs are protected by the ADA, *supra* at 16-20, Defendants must interpret the Photo ID Requirement in a manner that protects their right to vote.

### **C. The Curbside Voting Prohibition Unlawfully Burdens Voters**

Despite the clear danger linked to close personal contact and interacting at polling stations, and the equally clear guidance from the Governor and the CDC, Defendants actively prohibit in-person polling sites from utilizing curbside voting. Yet, the Curbside Voting Prohibition flouts the very social distancing rules recommended by public health officials. In fact, the Safer-at-Home Order itself explicitly encourages “drive-in,” rather than person-to-person, gatherings for churches and other events to protect vulnerable and other persons from the forms of close contact that put them at higher risk of COVID-19 exposure. *See supra* at 13-14.

The Curbside Voting Prohibition poses risks to all voters, but especially vulnerable Alabamians. While these voters normally vote in person—and, in some cases, may need to do so due to the Witness and Photo ID Requirements—the Curbside Voting Prohibition makes the prospect of voting in person significantly and needlessly more dangerous. *See Disabled in Action*, 752 F.3d at 198-99 (explaining, in an ADA case, that state policies cannot force voters with disabilities to cast absentee ballots and thereby rob them of the option of voting in person).

#### **1. The Curbside Voting Prohibition is unconstitutional.**

The insides of polling locations are a “prime area for increased transmission

of SARS-CoV-2 due to the close proximity of a large number of individuals—voters, observers, poll workers—in a limited space.” Reingold Decl. ¶ 16. They also have a “large number of common surfaces that multiple people touch: the doors, the poll books to sign in, pens, voting booths, and voting machines.” *Id.* It is therefore important for state officials to allow people to vote while “minimiz[ing] a person’s close contacts with poll workers, other voters, and surfaces at polling locations and thus reduce the spread of COVID-19 via person-to-person contact and environmental surfaces.” *Id.* ¶ 17. In the absence of curbside voting, vulnerable voters, like the individual Plaintiffs, must leave their vehicles to vote in person at a place where there is a substantially increased risk of contracting COVID-19.

Although absentee voting offers an option for some voters, other voters—including members of the organizational Plaintiffs—require the assistance available in person on Election Day. *See supra* at 19-20. People with physical disabilities, low literacy, or low English proficiency, for example, are more likely to need assistance from poll workers in marking their ballot. Black voters are also both more likely to be disabled and more likely to have less than a high school education than White voters. *See supra* at 15-16. Federal law requires that those voters with disabilities or low literacy receive assistance. *See* 52 U.S.C. § 10508.

Given the serious burdens imposed by the Curbside Voting Prohibition, the Court can sustain the prohibition only if it is “narrowly drawn to advance a state



interest of compelling importance.” *Burdick*, 504 U.S. at 434 (citation omitted). Secretary Merrill has indicated the Curbside Voting Prohibition prevents “voting irregularities.” Ex. 42. But he has not explained why or how curbside voting risks voter fraud. And if the Secretary could conjure some hypothetical scenario involving voter fraud and curbside voting, that hypothetical pales when compared to the very real danger to all Alabamians, but especially older and vulnerable Alabamians, would face if forced to vote inside of crowded poll sites amid the current pandemic.

Therefore, the Curbside Voting Prohibition is not “narrowly drawn to advance” any interest the State might have. *Burdick*, 504 U.S. at 434 (citation omitted). Defendants can address any purported concerns about potential “voting irregularities” through other means. As an example, a bipartisan group of poll watchers and/or non-partisan poll workers can meet a voter at their vehicles with the ballot. And, as discussed above at 14, most states offer curbside voting, and Arkansas, Ohio, Wisconsin, and Wyoming have expanded curbside voting due to COVID-19. *Accord Fla. Democratic Party*, 215 F. Supp. 3d at 1257 (finding that a state’s refusal to extend voting deadlines after a hurricane was unconstitutional in part because “[m]any other states” had voluntarily changed such deadlines).

The Curbside Voting Prohibition places elderly and vulnerable voters who cannot otherwise safely vote absentee because of the Photo ID or Witness Requirements in an untenable position: risk their health to vote inside of a polling

site in the midst of the worst pandemic in a century, or altogether forego their right to vote. The Curbside Voting Prohibition thus places a severe burden on voters and cannot stand under any of the stated justifications for the burden.

## **2. The Curbside Voting Prohibition Violates the ADA.**

As discussed above at 16-20, Plaintiffs meet the definition of disabled under the ADA and, therefore, Defendants are required to accommodate them to vote safely amid this crisis. But the Curbside Voting Prohibition excludes Plaintiffs and their members with disabilities from participating in elections in violation the ADA.

The State Defendants must reasonably modify processes at in-person polling places to permit curbside voting. *See* 28 C.F.R. § 35.150(b) (explaining that the ADA may require “delivery of services at alternate accessible sites”). The ADA regulations “explicitly prohibit [Alabama] from denying individuals with disabilities access to its services because its ‘facilities are inaccessible to or unusable by [such individuals].’” *Disabled in Action*, 752 F.3d at 197 (quoting 28 C.F.R. § 35.149). The threat of COVID-19 effectively makes every poll site inaccessible to vulnerable voters. And courts have ordered similar relief in much less dire circumstances. *See id.* at 201-02 (ordering the relocation of polling places to accessible locations).

And such an accommodation would be consistent with Alabama law, which does not expressly prohibit or limit curbside voting. *See generally* Ala. Code §§ 17-9-1 to 17-9-15. The CDC has recommended that, amid the pandemic, states should

“[e]ncourage drive-up voting for eligible voters” as a means of complying with social distancing rules and limiting personal contact. Ex. 1. And the U.S. Department of Justice has stated that the ADA requires curbside voting as an “equally effective opportunity” for disabled people to cast their vote in person where, as here, the “only suitable polling site[s] in a precinct might be an inaccessible building.” Ex. 66.

Permitting curbside voting is a simple way to ensure people subject to medical vulnerabilities can access the ballot in compliance with the ADA.

## **II. Plaintiffs Will Suffer Irreparable Harm Absent Preliminary Relief**

“The denial of the opportunity to cast a vote that a person may otherwise be entitled to cast—even once—is an irreparable harm.” *Jones*, 950 F.3d at 828. Here, Plaintiffs need to vote by absentee ballot or via curbside voting to protect their health. They face an unconscionable risk to their safety and the safety of others if they are compelled to vote in person without curbside voting or forced to have their absentee ballots witnessed or to obtain a copy of their photo ID. There “can be no injury more irreparable” than “serious, lasting illness or death.” *Thakker v. Doll*, No. 1:20-cv-480, 2020 WL 1671563, at \*4 (M.D. Pa. Mar. 31, 2020). Courts have “specifically held that COVID-19 constitutes an irreparable harm that supports the grant of a TRO.” *Id.* at \*7 (collecting cases). A preliminary injunction provides the only effective means for protecting Plaintiffs’ and others’ rights to vote.

The organizational Plaintiffs also are “irreparably harmed when the right to

vote is wrongfully denied or abridged—whether belonging to [their] membership or the electorate at large.” *N.C. State Conf. of NAACP v. Cooper*, No. 18-cv-1034, 2019 WL 7372980, at \*24 (M.D.N.C. Dec. 31, 2019). The harm to the organizational Plaintiffs’ “interests is coterminous with the harms suffered by its citizen members.” *Common Cause Ga. v. Kemp*, 347 F. Supp. 3d 1270, 1295 (N.D. Ga. 2018).

Further, the Challenged Provisions irreparably harm the organizational Plaintiffs’ missions of ensuring that qualified citizens are registered to vote. These Plaintiffs will need to continue to divert its limited resources from voter registration to educate its community about the Witness Requirement and Curbside Voting Prohibition. *See supra* at 18-20. These harms are irreparable: “when a plaintiff loses an opportunity to register a voter, the opportunity is gone forever.” *League of Women Voters of Fla. v. Browning*, 863 F. Supp. 2d 1155, 1167 (N.D. Fla. 2012).

Finally, the harm to Plaintiffs is also imminent. “COVID-19 will continue to transmit widely” through July 14. Reingold Decl. ¶¶ 13, 15; *see* Eloppe Decl ¶ 17.

### **III. The Balance of Equities and Public Interest Support Injunctive Relief**

The “cautious protection of the Plaintiffs’ franchise-related rights is without question in the public interest.” *Charles H. Wesley Educ. Found., Inc.*, 408 F.3d at 1355. “Frustration of federal statutes and prerogatives are not in the public interest,” and Defendants suffer “no harm from the state’s nonenforcement of invalid legislation.” *United States v. Alabama*, 691 F.3d 1269, 1301 (11th Cir. 2012). The

public has “every interest in ensuring that their peers who are eligible to vote are able to do so in every election.” *Jones*, 950 F.3d at 831.

Enjoining the Challenged Provisions also promotes the “paramount government interest” in the “protection of the public’s health and safety.” *Gun S., Inc. v. Brady*, 877 F.2d 858, 867 (11th Cir. 1989). “The public interest is clearly in remedying dangerous or unhealthy situations and preventing the further spread of disease.” *Diretto v. Country Inn & Suites by Carlson*, No. 16-cv-1037, 2016 WL 4400498, at \*4 (E.D. Va. Aug. 18, 2016). The State recognizes this and encourages people to stay home. *See supra* at 7. The CDC agrees and recommends that voters “use voting methods that minimize direct contact with other people.” Ex. 1. The CDC’s views are also “authoritative” because they are “the type of public medical health officials to which courts should defer.” *Tolman v. Doe*, 988 F. Supp. 582, 586 (E.D. Va. 1997). Conversely, no public interest is compromised by an injunction that prevents harm to voters and slows the spread of COVID-19.

## CONCLUSION

For the reasons above, Plaintiffs respectfully move the Court to preliminarily enjoin: (1) the Witness Requirement for all voters; (2) the Photo ID Requirement for “vulnerable persons” who are more susceptible to serious illness from COVID-19; and (3) the Curbside Voting Prohibition ahead of the July 14, 2020 primary runoff.

DATED this 12th day of May 2020.

Respectfully submitted,

/s/ Deuel Ross

Deuel Ross\*  
Natasha C. Merle\*  
Liliana Zaragoza\*  
NAACP LEGAL DEFENSE &  
EDUCATIONAL FUND, INC.  
40 Rector Street, 5th Floor  
New York, NY 10006  
P: (212) 965-2200  
dross@naacpldf.org  
nmerle@naacpldf.org  
lzaragoza@naacpldf.org

/s/ William Van Der Pol

William Van Der Pol [ASB-211214F]  
Jenny Ryan [ASB-5455-Y84J]  
ALABAMA DISABILITIES  
ADVOCACY PROGRAM  
Box 870395  
Tuscaloosa, AL 35487  
P: (205)348-4928  
wvanderpoljr@adap.ua.edu  
jrryan2@adap.ua.edu

/s/ Sara Zampierin

Sara Zampierin (ASB-1695-S34H)  
SOUTHERN POVERTY LAW CENTER  
400 Washington Avenue  
Montgomery, AL 36104  
P: (334) 956-8200  
F: (334) 956-8481  
sara.zampierin@splcenter.org

/s/ Caren E. Short

Caren E. Short (ASB-0646-P48N)  
Nancy G. Abudu\*  
SOUTHERN POVERTY LAW CENTER  
PO Box 1287  
Decatur, GA 30031  
P: (404) 521-6700  
F: (404) 221-5857  
caren.short@splcenter.org  
nancy.abudu@splcenter.org

\* Admitted *Pro Hac Vice*

*Attorneys for Plaintiffs*

### **CERTIFICATE OF SERVICE**

I hereby certify that on the 12th day of May 2020, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification to all counsel of record.

/s/ Deuel Ross

Deuel Ross

NAACP LEGAL DEFENSE &  
EDUCATIONAL FUND, INC.

40 Rector Street, 5th Floor

New York, NY 10006

P: (212) 965-2200

dross@naacpldf.org

**UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et  
al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

**DECLARATION OF DEUEL ROSS**

DEUEL ROSS declares, pursuant to 28 U.S.C. § 1746, as follows:

1. I am over the age of 18 and competent to make this declaration. I am an attorney for Plaintiffs. I am barred in New York and have been admitted *Pro Hac Vice* before this Court in the above-captioned matter. I submit this declaration on behalf of the Plaintiffs to provide true and correct copies of certain the listed exhibits submitted in support of Plaintiffs' Motion for a Preliminary Injunction (Doc. 15).

2. **Exhibit 1** is a true and correct copy of the Centers for Disease Control and Prevention (CDC) webpage entitled "Recommendations for Election Polling Locations: Interim guidance to prevent spread of coronavirus disease 2019 (COVID-19)," dated March 27, 2020, and available at:



<https://www.cdc.gov/coronavirus/2019-ncov/community/election-polling-locations.html>.

3. **Exhibit 2** is a true and correct copy of “Characteristics of Laboratory-Confirmed Cases of COVID-19,” a report published daily on the website of the Alabama Department of Public Health, dated May 11, 2020, and available at: <https://www.alabamapublichealth.gov/covid19/assets/cov-al-cases-051120.pdf>

4. **Exhibit 3** is a true and correct copy of the Declaration of Dr. Arthur L. Reingold, dated May 6, 2020.

5. **Exhibit 4** is a true and correct copy of “Coronavirus vs. Flu: Which Virus is Deadlier,” a Wall Street Journal article, dated March 10, 2020, and available at: <https://www.wsj.com/articles/coronavirus-vs-flu-which-virus-is-deadlier-11583856879>.

6. **Exhibit 5** is a true and correct of “Coronavirus infection may cause lasting damage throughout the body, doctors fear,” a Los Angeles Times news article dated April 4, 2020, and available at: <https://www.latimes.com/science/story/2020-04-10/coronavirus-infection-can-do-lasting-damage-to-the-heart-liver>.

7. **Exhibit 6** is a true and correct copy of “People in their 60s at higher coronavirus risk too, say scientists,” a The Guardian news article, dated April 22, 2020, and available at: <https://www.theguardian.com/society/2020/apr/22/people-in-their-60s-at-higher-coronavirus-risk-too-say-scientists>.

8. **Exhibit 7** is a true and correct copy of “Governor Ivey Announces New Primary Runoff Election Date,” a press release published by the Office of the Governor of Alabama, dated March 18, 2020, and available at:

<https://governor.alabama.gov/newsroom/2020/03/governor-ivey-announces-new-primary-runoff-election-date/>.

9. **Exhibit 8** is a true and correct copy of “It’s safer at home; protect yourself and your community from COVID-19,” a press release published by the Alabama Department of Public Health, dated March 27, 2020, and available at:

<https://www.alabamapublichealth.gov/news/2020/03/27.html>.

10. **Exhibit 9** is a true and correct copy of “Coronavirus might spread much farther than 6 feet in the air. CDC says wear a mask in public,” a USA Today news article, dated April 5, 2020, and available at:

<https://www.usatoday.com/in-depth/news/2020/04/03/coronavirus-protection-how-masks-might-stop-spread-through-coughs/5086553002/>.

11. **Exhibit 10** is a true and correct copy of “Media Statement – COVID-19,” a United States Postal Service press statement, dated April 30, 2020, and available at:

<https://about.usps.com/newsroom/statements/usps-statement-on-coronavirus.htm>.

12. **Exhibit 11** is a true and correct copy of “Poll Worker at Chicago Voting Site Dies of Coronavirus,” an NBC Chicago news article, dated April 13, 2020, and

available at: <https://www.nbcchicago.com/news/local/chicago-politics/poll-worker-at-chicago-voting-site-dies-of-coronavirus-election-officials-say/2255072/>.

13. **Exhibit 12** true and correct copy of “Two Broward poll workers, including one who handled voters’ driver licenses, test positive for coronavirus,” a South Florida Sun Sentinel news article, dated March 26, 2020, and available at: <https://www.sun-sentinel.com/coronavirus/fl-ne-broward-elections-poll-workers-coronavirus-20200326-wmg775dvjc5jis2oagxlpml-story.html>.

14. **Exhibit 13** is a true and correct copy of “52 people who worked or voted in Wisconsin election have COVID-19,” a PBS News Hour news article, dated April 29, 2020, and available at: <https://www.pbs.org/newshour/health/52-people-who-worked-or-voted-in-wisconsin-election-have-covid-19>.

15. **Exhibit 14** is a true and correct copy of a Proclamation of the Governor of the State of Alabama, the initial declaration a state of emergency due to the coronavirus (COVID-19), dated March 13, 2020, and available at: <https://governor.alabama.gov/assets/2020/03/2020-03-13-Initial-COVID-19-SOE.pdf>.

16. **Exhibit 15** is a true and correct copy of “Order of the State Public Health Officer Suspending Certain Public Gatherings Due to Risk of Infection by COVID-19,” a statewide order signed by Public Health Officer Dr. Scott Harris, dated March 19, 2020, and available at:

<https://www.alsde.edu/COVID19%20Updates/Alabama%20State%20Health%20Officer%20Statewide%20Social%20Distancing%20Order%20%20%283.19.20%29.pdf>.

17. **Exhibit 16** is a true and correct copy of a Proclamation by the Governor of Alabama, dated March 26, 2020, and available at:

<https://www.alabamapublichealth.gov/legal/assets/soe-covid19-instruction-032620.pdf>.

18. **Exhibit 17** is a true and correct copy of a Proclamation by the Governor of Alabama, dated April 2, 2020, and available at:

<https://www.alabamapublichealth.gov/legal/assets/soe-covid19-040220.pdf>.

19. **Exhibit 18** is a true and correct copy of the “Stay-at-Home” order, or the amended “Order of the State Public Health Officer Suspending Certain Public Gatherings Due to Risk of Infection by COVID-19,” a statewide order signed by Public Health Officer Dr. Scott Harris, dated April 3, 2020, and available at:

<https://governor.alabama.gov/assets/2020/04/Final-Statewide-Order-4.3.2020.pdf>.

20. **Exhibit 19** is a true and correct copy of the “Safer-at-Home” order, or the further amended “Order of the State Public Health Officer Suspending Certain Public Gatherings Due to Risk of Infection by COVID-19,” a statewide order signed by Public Health Officer Scott Harris, M.D., dated April 28, 2020, and available at:

<https://governor.alabama.gov/assets/2020/04/Safer-At-Home-Order-Signed->

[4.28.20.pdf](#)

21. **Exhibit 20** is a true and correct copy of the amended Safer-at-Home order, or the further amended “Order of the State Public Health Officer Suspending Certain Public Gatherings Due to Risk of Infection by COVID-19,” a statewide order signed by Public Health Officer Dr. Scott Harris, dated May 8, 2020, and available at: <https://governor.alabama.gov/assets/2020/05/Safer-at-Home-Order-FINAL-5.8.2020.pdf>

22. **Exhibit 21** is a true and correct copy of “Gov. Kay Ivey extends public health emergency, issues COVID-19 lawsuit protections,” an Alabama Political Reporter news article, dated May 8, 2020, and available at: <https://www.alreporter.com/2020/05/08/gov-kay-ivey-extends-public-health-emergency-issues-covid-19-lawsuit-protections/>

23. **Exhibit 22** is a true and correct copy of “Handful of Alabama counties still seeing coronavirus cases rise over last 14 days,” an Alabama Media Group news article, dated April 30, 2020, and is available at: <https://www.al.com/news/2020/04/handful-of-alabama-counties-still-seeing-coronavirus-cases-rise-over-last-14-days.html>.

24. **Exhibit 23** is a true and correct copy of “Characteristics of COVID-19 Patients—Mobile County, Alabama, 2020,” a report published on the website of the Mobile County Health Department, dated May 11, 2020, and available at:

[http://mchd.org/Documents/BulkDocuments/News\\_5112020112640am\\_NewCOVIDReport05.11.20.pdf.pdf](http://mchd.org/Documents/BulkDocuments/News_5112020112640am_NewCOVIDReport05.11.20.pdf.pdf)

25. **Exhibit 24** is a true and correct copy of “Safeguard Your Overall Health in the COVID-19 Pandemic,” a statement published on the website of the Alabama Department of Public Health and identified therein as a message from State Health Officer Scott Harris, M.D, dated May 4, 2020, and available at:

<http://www.alabamapublichealth.gov/news/sho-message.html>

26. **Exhibit 25** is a true and correct copy of “Alabama records 300+ new COVID-19 cases for first time since April 12,” an Alabama Political Reporter news article, dated May 2, 2020, and is available at:

<https://www.alreporter.com/2020/05/02/alabama-records-300-new-covid-19-cases-in-a-day-for-first-time-since-april-12/>

27. **Exhibit 26** is a true and correct copy of “Tracking COVID-19 cases in Alabama,” a data aggregation and visualization created by the Alabama Political Reporter using data provided by the Alabama Department of Public Health, dated May 11, 2020, and is available at: <https://www.alreporter.com/mapping-coronavirus-in-alabama/>

28. **Exhibit 27** is a true and correct copy of “COVID-19 in Alabama,” a page on the website of the Alabama Department of Public Health, dated May 11, 2020, and is available at: <https://dph1.adph.state.al.us/covid-19/>

29. **Exhibit 28** is a true and correct copy of “Upcoming Elections,” a web page on the website of the Alabama Secretary of State, downloaded as a PDF on May 10, 2020, and available at:

<https://www.sos.alabama.gov/alabama-votes/voter/upcoming-elections>

30. **Exhibit 29** is a true and correct copy of “Election Day epidemic? Alabama has no plan,” an Alabama Media Group news article, dated March 10, 2020, and is available at: <https://www.al.com/news/2020/03/election-day-epidemic-alabama-has-no-plan.html>

31. **Exhibit 30** is a true and correct copy of a Proclamation by the Governor of Alabama, dated March 18, 2020, and is available at:

<https://governor.alabama.gov/assets/2020/03/2020-03-18-1st-Supplemental-COVID-19-SOE.pdf>

32. **Exhibit 31** is a true and correct copy of “Certification of Emergency Rules Filed with Legislative Services Agency,” a document published on the website of the Alabama Secretary of State, and certifying a new rule number titled and numbered “820-2-3-.06-.01ER, Absentee Voting During State of Emergency,” dated March 18, 2020, and available at:

<https://www.sos.alabama.gov/sites/default/files/SOS%20Emergency%20Rule%20820-2-3-.06-.01ER.pdf>

33. **Exhibit 32** is a true and correct copy of two “tweets” publicly posted

by the official personal Twitter account of Alabama Secretary of State John Merrill on April 21, 2020, and available at:

<https://twitter.com/JohnHMerrill/status/1252620168611717120>

<https://twitter.com/JohnHMerrill/status/1252652987241172992>

34. **Exhibit 33** is a true and correct copy of a letter sent by the Alabama State Conference of the NAACP, Greater Birmingham Ministries, and counsel for Plaintiffs to Alabama Secretary of State John Merrill, dated March 19, 2020.

35. **Exhibit 34** is a true and correct copy of a letter sent by the Alabama State Conference of the NAACP, Greater Birmingham Ministries, and counsel for Plaintiffs to Alabama Secretary of State John Merrill, dated April 17, 2020.

36. **Exhibit 35** is a true and correct copy of a Letter from John H. Merrill, Alabama Secretary of State, to Mona Harrington, Acting Executive Director, U.S. Election Assistance Commission, dated April 8, 2020, and is available at:

[https://www.eac.gov/sites/default/files/paymentgrants/cares/AL\\_CARES\\_Disbursement\\_RequestLetter.pdf](https://www.eac.gov/sites/default/files/paymentgrants/cares/AL_CARES_Disbursement_RequestLetter.pdf)

37. **Exhibit 36** is a true and correct copy of the Declaration of William S. Cooper and related attachments, dated May 11, 2020.

38. **Exhibit 37** is a true and correct copy of “ALEA Continues to Modify its Driver License Division Operations in Response to COVID-19,” a press release published by the Alabama Law Enforcement Agency, dated March 23, 2020, and



available at: <https://www.alea.gov/news/alea-continues-modify-its-driver-license-division-operations-response-covid-19>

39. **Exhibit 38** is a true and correct copy of the “Administrative Order Suspending All In-Person Court Proceedings for the Next Thirty Days” issued by the Supreme Court of Alabama, dated March 13, 2020, and available at:

<https://www.alacourt.gov/docs/COV-19%20order%20FINAL.pdf>

40. **Exhibit 39** is a true and correct copy of “ALEA Finalizing Plans to Resume Normal Driver License Division Operations; Safety a Top Priority,” a press release published by the Alabama Law Enforcement Agency, dated May 8, 2020, and available at: [https://www.alea.gov/news/alea-finalizing-plans-resume-normal-](https://www.alea.gov/news/alea-finalizing-plans-resume-normal-driver-license-division-operations-safety-top-priority)

[driver-license-division-operations-safety-top-priority](https://www.alea.gov/news/alea-finalizing-plans-resume-normal-driver-license-division-operations-safety-top-priority)

41. **Exhibit 40** is a true and correct copy of “Administrative Order No. 6: Extending Orders and Deadlines Concerning the Suspension of In-Person Proceedings through May 15, 2020,” issued by the Supreme Court of Alabama, dated April 30, 2020, and available at:

<https://www.alacourt.gov/docs/Administrative%20Order%20No.%206.pdf>

42. **Exhibit 41** is a true and correct copy of “Mobile ID Locations” from the Alabama Secretary of State John Merrill’s official webpage, as it appeared on May 11, 2020, and available at:

<https://www.sos.alabama.gov/alabama-votes/photo-voter-id/mobile-id-locations>

43. **Exhibit 42** is a true and correct copy of “Secretary of State’s office shuts down curbside voting in Hale County,” an ABC News 3040 news article, dated November 8, 2016, and available at: <https://abc3340.com/news/election/secretary-of-states-office-shuts-down-curbside-voting-in-hale-county>

44. **Exhibit 43** is a true and correct copy of “Voters with Disabilities: Observations on Polling Place Accessibility and Related Federal Guidance,” a report published by the U.S. Government Accountability Office, dated October 2017, and available at: <https://www.gao.gov/assets/690/687556.pdf>

45. **Exhibit 44** is a true and correct copy of “Voting in age of coronavirus gets uncertain test runs,” an ABC News news article, dated March 31, 2020, and is available at: <https://abcnews.go.com/Politics/note-voting-age-coronavirus-uncertain-test-runs/story?id=69877935>

46. **Exhibit 45** is a true and correct copy of “Ohio offering curbside voting, extending absentee deadline for those in hospital in wake of coronavirus,” a USA Today news article, dated March 16, 2020, and is available at: <https://www.usatoday.com/story/news/politics/elections/2020/03/16/coronavirus-ohio-offering-curbside-voting-states-head-polls-tuesday/5058230002/>

47. **Exhibit 46** is a true and correct copy of “Early voting: Where you can still cast a ballot in-person before the April 7 election in the Milwaukee area,” a

Milwaukee Journal Sentinel news article, dated March 31, 2020, and is available at:

<https://www.jsonline.com/story/news/politics/elections/2020/03/31/coronavirus-wisconsin-where-you-can-still-vote-early/2883706001/>

48. **Exhibit 47** is a true and correct copy of “States focus on alternatives to in-person voting as they move forward with primaries amid coronavirus pandemic,” an ABC News news article, dated March 20, 2020, and is available at:

<https://abcnews.go.com/Politics/states-focus-alternatives-person-voting-move-forward-primaries/story?id=69688445>

49. **Exhibit 48** is a true and correct copy of “Morbidity and Mortality Weekly Report: Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020,” a report published by the Centers for Disease Control and Prevention, dated April 17, 2020, and available at:

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6915e3-H.pdf>

50. **Exhibit 49** is a true and correct copy of “Dr. Karen Landers says large number of COVID-19 deaths are African American,” a WHNT-TV Huntsville news article and video downloaded as a PDF from the MSN.com website, dated April 10, 2020, and is available at

<https://www.msn.com/en-us/foodanddrink/foodnews/dr-karen-landers-says-large-number-of-covid-19-deaths-are-african-american/vp-BB12rYB6>

51. **Exhibit 50** is a true and correct copy of the Declaration of Dr. Courtney D. Cogburn, dated May 7, 2020, which includes a true and correct copy of Dr. Cogburn's curriculum vitae.

52. **Exhibit 51** is a true and correct copy of "COVID-19 in Racial and Ethnic Minority Groups," a web page downloaded as a PDF from the website of the Centers for Disease Control and Prevention, dated April 22, 2020, and available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

53. **Exhibit 52** is a true and correct copy of the Declaration of Robert Clopton, dated May 11, 2020.

54. **Exhibit 53** is a true and correct copy of the Declaration of Eric Peebles, dated May 8, 2020.

55. **Exhibit 54** is a true and correct copy of the Declaration of Howard Porter, Jr., dated May 9, 2020.

56. **Exhibit 55** is a true and correct copy of the Declaration of Annie Carolyn Thompson, dated May 7, 2020.

57. **Exhibit 56** is a true and correct copy of Susan Ellis, Executive Director, People First of Alabama, dated May 11, 2020.

58. **Exhibit 57** is a true and correct copy of the Declaration of Scott Douglas, Executive Director, Greater Birmingham Ministries, dated May 12, 2020.

59. **Exhibit 58** is a true and correct copy of the Declaration of Bernard Simelton, Sr., State President, Alabama Conference of the NAACP, dated May 7, 2020.

60. **Exhibit 59** is a true and correct copy of “Election Administration and Voting Survey: 2018 Comprehensive Report,” a report submitted to Congress by the U.S. Election Assistance Commission, dated 2018, and is available at:

[https://www.eac.gov/sites/default/files/eac\\_assets/1/6/2018\\_EAVS\\_Report.pdf](https://www.eac.gov/sites/default/files/eac_assets/1/6/2018_EAVS_Report.pdf)

61. **Exhibit 60** is a true and current copy of data from the 2018 Election Assistance Commission (EAC) Election Administration and Voting Survey reflecting data, broken down by Alabama county, of the total number of mail ballots received for counting and the number rejected for lack of a witness signature. I created this table from data accessed on the EAC’s website at <https://www.eac.gov/research-and-data/datasets-codebooks-and-surveys>, using the EAVS Data Codebook and the EAVS Datasets Version 1.2 (released February 18, 2020).

62. **Exhibit 61** is a true and correct copy of “Election Fraud Cases,” a web page on the website of the Heritage Foundation, filtered to show cases reported in the State of Alabama, downloaded as a PDF on May 10, 2020, and available at:

[https://www.heritage.org/voterfraud/search?combine=&state=AL&year=&case\\_type=All&fraud\\_type=24489&page=0](https://www.heritage.org/voterfraud/search?combine=&state=AL&year=&case_type=All&fraud_type=24489&page=0)

63. **Exhibit 62** is a true and correct copy of “Primary/Primary Run-Off/General Election Statistics-State of Alabama,” a PDF report downloaded from the website of the Alabama Secretary of State, dated June 25, 2018, and available at: <https://www.sos.alabama.gov/sites/default/files/voter-pdfs/turnout.pdf>

64. **Exhibit 63** is a true and correct copy of “Application for Absentee Ballot,” a PDF application form downloaded from the website of the Alabama Secretary of State by navigating to <https://www.sos.alabama.gov/sites/default/files/voter-pdfs/absentee/RegularAbsenteeAppFillable.pdf>, downloaded on May 10, 2020.

65. **Exhibit 64** is a true and correct copy of “Bill would eliminate requirement to give reason for voting absentee,” an Alabama Media Group news article, dated January 13, 2019, and available at: [https://www.al.com/news/birmingham/2017/04/bill\\_would\\_eliminate\\_requireme.html](https://www.al.com/news/birmingham/2017/04/bill_would_eliminate_requireme.html)

66. **Exhibit 65** is a true and correct copy of “Voting Outside the Polling Place: Absentee, All-Mail and other Voting at Home Options,” by the National Conference of State Legislatures, dated April 14, 2020, and available at <https://www.ncsl.org/research/elections-and-campaigns/absentee-and-early-voting.aspx>, which can be access by selecting the tab titled “Processing, Verifying, and Counting Absentee Ballots” and scrolling down to the chart “Verifying

Authenticity of Absentee/Mailed Ballots.”

67. **Exhibit 66** is a true and correct copy of “The Americans with Disabilities Act and Other Federal Laws Protecting the Rights of Voters with Disabilities,” a web page on the website of the U.S. Department of Justice, Civil Rights Division, Disability Rights Section, dated September 2014, and available at: [https://www.ada.gov/ada\\_voting/ada\\_voting\\_ta.htm](https://www.ada.gov/ada_voting/ada_voting_ta.htm)

68. **Exhibit 67** is a true and correct copy of the Declaration of Latesha E. Elope, MD, MSPH, dated May 12, 2020.

69. I declare under penalty of perjury that, to the best of my knowledge, the foregoing is true and correct.

Dated: May 12, 2020



---

Deuel Ross

# EXHIBIT 1





# Coronavirus Disease 2019

## Recommendations for Election Polling Locations

Interim guidance to prevent spread of coronavirus disease 2019 (COVID-19)

Updated March 27, 2020

### Summary of changes:

- Encourage moving election polling locations away from long term care facilities and facilities housing older persons to minimize COVID-19 exposure among older individuals and those with chronic medical conditions.
- Updated EPA COVID Disinfectant link.

## Background

There is much to learn about the novel coronavirus (SARS-CoV-2) that causes [coronavirus disease 2019](#) (COVID-19). Based on what is currently known about SARS-CoV-2 and about similar coronaviruses, spread from person-to-person happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. Transmission of SARS-CoV-2 to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through contact with contaminated surfaces. Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in election polling locations.

## Purpose

This guidance provides recommendations on the routine cleaning and disinfection of polling location areas and associated voting equipment (e.g., pens, voting machines, computers). It suggests actions that polling station workers can take to reduce the risk of exposure to COVID-19 by limiting the survival of the virus in the environment. This guidance will be updated if additional information becomes available.

### Definitions:


- *Community settings* (e.g. polling locations, households, schools, daycares, businesses) encompass most non-healthcare settings and are visited by the general public.
- *Cleaning* refers to the removal of dirt and impurities including germs from surfaces. Cleaning alone does not kill germs. But by removing them, it decreases the number of germs and therefore any risk of spreading infection.
- *Disinfecting* kills germs on surfaces. Disinfecting works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduce any risk of spreading infection.

### Actions for elections officials in advance of election day

- **Encourage voters to use voting methods that minimize direct contact with other people and reduce crowd size at polling stations.**
  - Encourage mail-in methods of voting if allowed in the jurisdiction.
  - Encourage early voting, where voter crowds may be smaller throughout the day. This minimizes the number of individuals a voter may come in contact with.
  - Encourage drive-up voting for eligible voters if allowed in the jurisdiction.

- Encourage voters planning to vote in-person on election day to arrive at off-peak times. For example, if voter crowds are lighter mid-morning, advertise that in advance to the community.
- Encourage relocating polling places from nursing homes, long-term care facilities, and senior living residences, to minimize COVID-19 exposure among older individuals and those with chronic medical conditions.
- Consider additional social distancing and other measures to protect these individuals during voting.

## Preventive actions polling workers can take

- **Stay at home if you have fever, respiratory symptoms, or believe you are sick**
- **Practice hand hygiene frequently:** wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- **Practice routine cleaning of frequently touched surfaces:** including tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, etc.
- **Disinfect surfaces that may be contaminated with germs after cleaning:** A list of products [with EPA-approved emerging viral pathogens claims](#)  is available. Products with EPA-approved emerging viral pathogens claims are expected to be effective against the virus that causes COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, use of personal protective equipment).
- **Clean and disinfect voting-associated equipment (e.g., voting machines, laptops, tablets, keyboards) routinely.** Follow the manufacturer's instructions for all cleaning and disinfection products.
  - Consult with the voting machine manufacturer for guidance on appropriate disinfection products for voting machines and associated electronics.
  - Consider use of wipeable covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to clean voting machine buttons and touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

## Preventive action polling stations workers can take for themselves and the general public

Based on available data, the most important measures to prevent transmission of viruses in crowded public areas include careful and consistent cleaning of one's hands. Therefore:

- **Ensure bathrooms at the polling station are supplied adequately with soap, water, and drying materials so visitors and staff can wash their hands..**
- **Provide an alcohol-based hand sanitizer with at least 60% alcohol** for use before or after using the voting machine or the final step in the voting process. Consider placing the alcohol-based hand sanitizer in visible, frequently used locations such as registration desks and exits.
- **Incorporate social distancing strategies, as feasible.** Social distancing strategies increase the space between individuals and decrease the frequency of contact among individuals to reduce the risk of spreading a disease. Keeping individuals at least 6 feet apart is ideal based on what is known about COVID-19. If this is not feasible, efforts should be made to keep individuals as far apart as is practical. Feasibility of strategies will depend on the space available in the polling station and the number of voters who arrive at one time. Polling station workers can:
  - Increase distance between voting booths.
  - Limit nonessential visitors. For example, poll workers should be encouraged not to bring children, grandchildren, etc. with them as they work the polls.
  - Remind voters upon arrival to try to leave space between themselves and others. Encourage voters to stay 6 feet apart if feasible. Polling places may provide signs to help voters and workers remember this.
  - Discourage voters and workers from greeting others with physical contact (e.g., handshakes). Include this reminder on signs about social distancing.

## Recommendations for processing mail-in ballots

- Workers handling mail in ballots should practice hand hygiene frequently
- No additional precautions are recommended for storage of ballots

## References

- Community Mitigation Guidance for COVID-19 Response in the United States:  
[Nonpharmaceutical Interventions for Community Preparedness and Outbreak Response](#)
- [Handwashing: Clean Hands Save Lives](#)
- [Protect Yourself & Your Family](#)

Page last reviewed: March 10, 2020

# EXHIBIT 2

# CHARACTERISTICS OF LABORATORY-CONFIRMED CASES OF COVID-19

ALABAMA  
PUBLIC  
HEALTH

**9,904** **1,245**  
LABORATORY-CONFIRMED CASES TOTAL HOSPITALIZATIONS  
**129,426** **393**  
TOTAL TESTED COVID-19 DEATHS

## CLINICAL AND EPIDEMIOLOGIC CHARACTERISTICS



In ICU	460
On Mechanical Ventilation	274

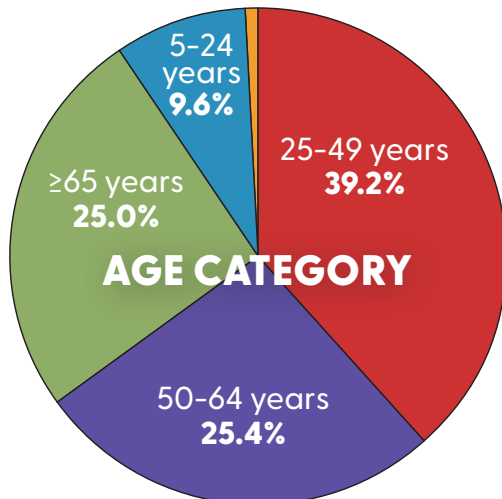


Healthcare Worker (Hospitals and doctor's offices)	1,390
---	-------

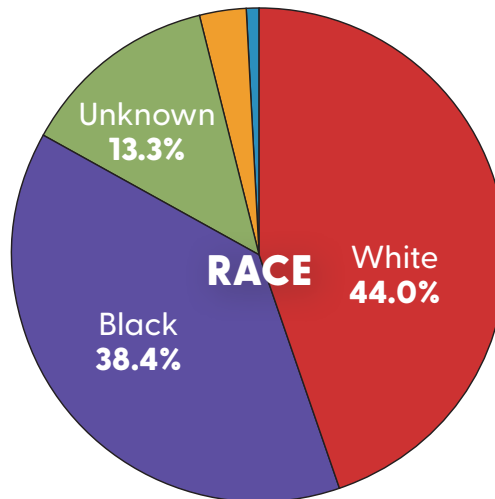


Long-Term Care Facility Employee	634
Long-Term Care Facility Resident	1,026

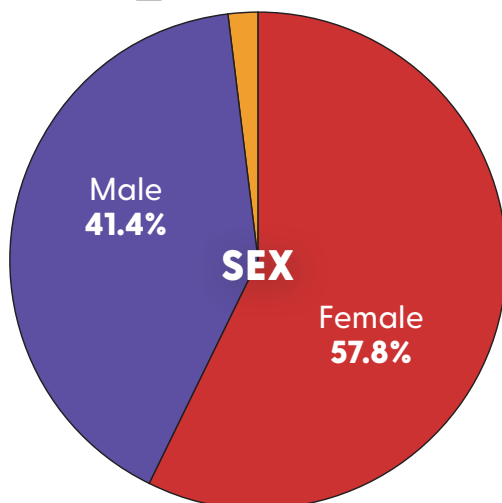
## DEMOGRAPHIC CHARACTERISTICS



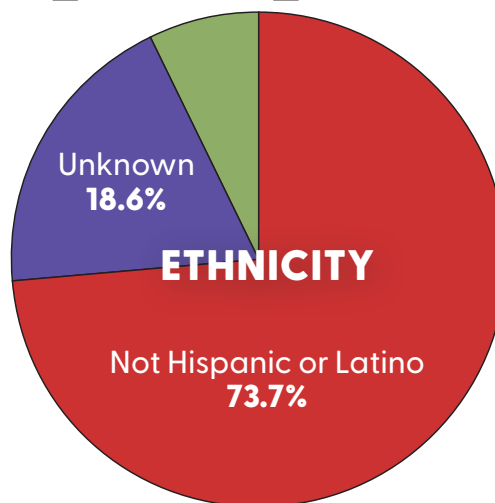
0-4 Years 0.8%



Other 3.8% Asian 0.6%



Unknown 0.7%

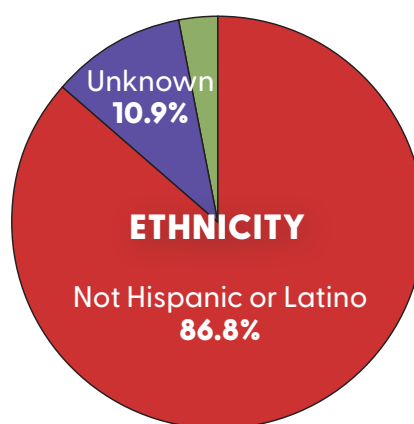
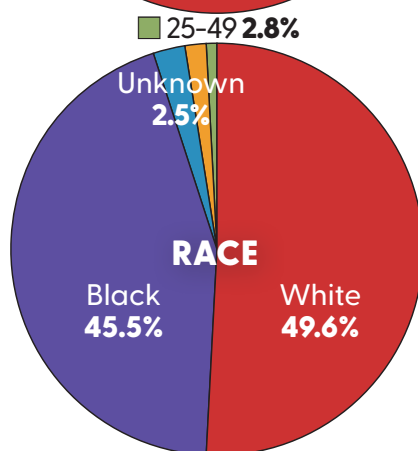
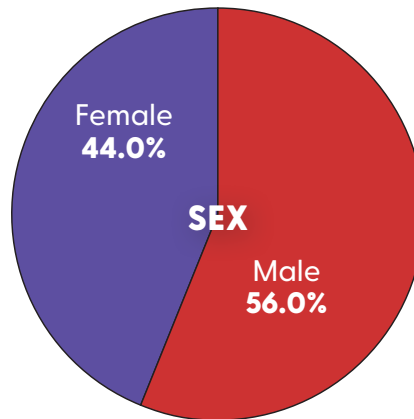
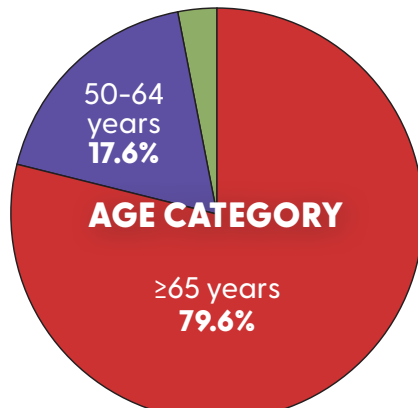


Hispanic or Latino 7.7%

# LABORATORY-CONFIRMED COVID-19 CASE CHARACTERISTICS

ALABAMA  
PUBLIC  
HEALTH

## DEMOGRAPHIC CHARACTERISTICS OF LABORATORY-CONFIRMED COVID-19 CASES WHOSE DEATH HAS BEEN VERIFIED



Other Race 1.5% Asian 0.8% Hispanic or Latino 2.3%

## UNDERLYING MEDICAL CONDITIONS FOR LABORATORY-CONFIRMED COVID-19 CASES WHOSE DEATH HAS BEEN VERIFIED

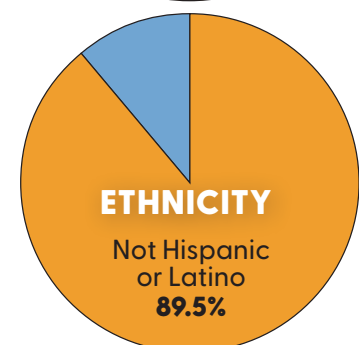
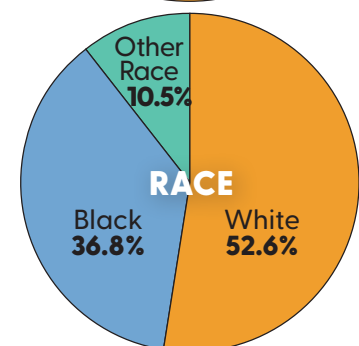
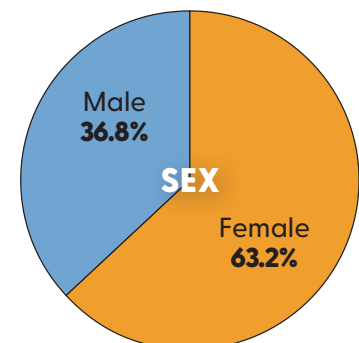
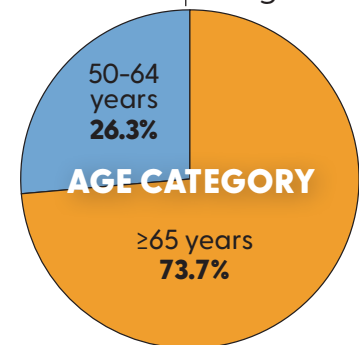
UNDERLYING MEDICAL CONDITIONS	LABORATORY-CONFIRMED COVID-19 CASES	
Cardiovascular Disease	249	63.4%
Chronic Liver Disease	10	2.5%
Chronic Lung Disease	98	24.9%
Chronic Renal Disease	106	27.0%
Diabetes Mellitus	154	39.2%
Immunocompromised Condition	80	20.4%
Multiple Underlying Medical Conditions	225	57.3%
None	19	4.8%
Currently Pregnant	0	0.0%

## DEATHS WITH NO UNDERLYING CONDITIONS

**TOTAL NUMBER: 19**  
TOTAL COVID-19 DEATHS: 393

### AGE IN YEARS

Median: 72 Range: 50-92



Hispanic or Latino 10.5%

# EXHIBIT 3

**UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

**DECLARATION OF DR. ARTHUR L. REINGOLD**

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

1. I am the Division Head of Epidemiology and Biostatistics at the University of California, Berkeley, School of Public Health. I have worked on the prevention and control of infectious diseases in both the United States, including eight years at the US Centers for Disease Control and Prevention (“CDC”), and with numerous developing countries around the world for over forty years. Since its inception in 1994, I have directed or co-directed the CDC-funded California Emerging Infections Program. I am a member of the Society for Epidemiologic Research and the American Epidemiological Society; an elected Fellow of the Infectious Disease Society of America and of the American Association for the Advancement of Science; and an elected member of the Institute of Medicine of the National Academy of Sciences. I was previously the President of both the Society for Epidemiologic Research and the American Epidemiological Society. I have served on the editorial boards of the journals: American Journal of Epidemiology, Epidemiology, and Global Public Health.



2. I received my A.B. in biology from the University of Chicago in 1970, and my M.D. from the University of Chicago in 1976. Among other things, I completed a residency in internal medicine and a preventative medicine residency with the CDC.

3. My research focuses on emerging and re-emerging infections in the United States and in developing countries; vaccine-preventable diseases in the United States and in developing countries; and disease surveillance, outbreak detection, and outbreak response.

4. Attached and incorporated by reference to this declaration is a copy of my curriculum vitae. (Attached here as Exhibit A).

5. I am currently collaborating on research concerning SARS-CoV-2 and its incidence, and serving on SARS-CoV-2 advisory groups for multiple organizations, including UC Berkeley, the University of California system, and the City and County of San Francisco, among others.

6. SARS-CoV-2 is a novel coronavirus that causes Coronavirus Disease 2019 (COVID-19). The virus is a respiratory virus with patients typically presenting with acute respiratory signs and symptoms, which can escalate in some patients to respiratory failure and other serious, life-threatening complications. The most common symptoms are fever, cough, and shortness of breath. Other identified symptoms include muscle aches, headaches, chest pain, diarrhea, coughing up blood, sputum production, runny nose, nausea, vomiting, sore throat, confusion, lack of senses of taste and smell, and anorexia. Due to the respiratory impacts of the disease, individuals may need to be put on oxygen, and in severe cases, patients may need to be intubated and put on a ventilator. People of every age can and have contracted COVID-19, including severe cases, but geriatric patients are at the greatest risk of severe cases, long-term impairment, and death. Likewise, those with immunologic conditions and with other pre-existing

conditions, such as hypertension, certain heart conditions, lung diseases (e.g., asthma, COPD), diabetes mellitus, obesity, and chronic kidney disease, are at high risk of a life-threatening COVID-19 illness. Information available to date shows that, if infected with the SARS-CoV-2 virus, racial and ethnic minority populations, especially African-Americans, are at a substantially elevated risk of developing life-threatening COVID-19 illnesses and to die of COVID-19.

7. SARS-CoV-2 is readily spread through respiratory transmission. All people are susceptible to and capable of getting COVID-19 because of the ease with which it spreads. The virus is spread through droplet transmission; that is, when an infected individual speaks, coughs, sneezes, and the like, they expel droplets which can transmit the virus to others in their proximity. Though not yet determined, scientists are currently assessing whether the virus is aerosolized, such that tiny droplets containing the virus remain in the air and can be inhaled by others who come into contact with that air. The virus is also known to be spread through the touching of contaminated surfaces, for example, when an infected person touches a surface with a hand they have coughed into and then another person touches that same surface before it has been disinfected and then touches their face. Each infected individual is estimated to infect two to eight others. In addition, some people are so-called “superspreaders,” who cause widespread infections.

8. Diagnostic testing for the virus is currently most often done through use of a reverse-transcriptase polymerase chain reaction (RT-PCR) test. There has not been sufficiently wide-spread and easily accessible testing throughout the United States, including in Alabama. Serologic tests, which detect antibodies to the virus and thus indicate whether someone has already been exposed to it, are being developed but have not yet been validated or produced at scale.

9. There is not yet any FDA-approved vaccine against SARS-CoV-2, which could be used to immunize the population to the virus. As a result, the only ways to limit its spread are self-

isolation, social distancing, frequent handwashing, and disinfecting surfaces. Self-isolation involves not physically interacting with those outside one's household. Social or physical distancing is maintaining at least six feet of distance between individuals. Both of these interventions are aimed at keeping infected individuals far enough apart from other individuals so that they do not pass the virus along. Frequent handwashing and regular disinfecting of surfaces curb the spread via contaminated surfaces.

10. Transmission of SARS-CoV-2 can occur in any location where there is close proximity (less than six feet) between individuals. And because transmission of the virus can occur via environmental surfaces, there is also risk of spread of the virus at any location where multiple individuals touch surfaces. Some individuals who are infected with the virus do not have any symptoms but can transmit the virus and/or are infectious before they develop any symptoms. This means that isolating only persons known to be infected will not stop the spread of infection. Rather, to prevent increasing the scope of the outbreak of COVID-19, we must assume that anyone could be infected and infect another person.

11. Due to the lack of adequate testing, the time lag in getting results back from laboratories, and the lengthy incubation time, we cannot yet definitely determine the full effects of stay-at-home orders and social distancing. But social distancing has worked to slow the spread of respiratory viruses generally and in places that are ahead of Alabama and the United States in the current pandemic. There is evidence that cities and states that have implemented stay-at-home orders earlier than Alabama are experiencing reduced transmission. Current modeling shows that social distancing and stay-at-home orders are lessening transmission. However, transmission of the virus will continue through the population until the development and widespread use of a vaccine and/or herd immunity.

12. It is unlikely that an FDA-approved vaccine will be available for approximately 12 to 18 months, and indeed may take longer than that due to the number of steps in the process of development, trial and error, scaling to clinical trials, assessing side effects, and assessing efficacy across the population at large.

13. Herd immunity occurs when a high percentage of the population become immune to an infectious disease, such that the spread is dramatically slowed, as infected persons can become dead-ends for the virus, so to speak, because they are not interacting with anyone to whom they can transmit the virus. Approximately 80-95% of a population must be immune in order to achieve herd immunity, depending on the infectiousness of the agent. In this context, an individual's immunity can come from either a vaccine or from previous infection. Herd immunity can protect those in a population who cannot be vaccinated and for whom infection can be particularly serious. Without herd immunity, we can expect that COVID-19 will continue to transmit widely.

14. As SARS-CoV-2 is a new virus, also referred to as a novel virus, only those who have been infected and recovered are possibly immune; there is not a pre-existing population already immune to the virus. Anyone who has not yet been infected is susceptible to infection. Also, due to the virus's novelty, we do not know whether any immunity generated by previous infection lasts permanently, for a specified period, or whether reinfection is possible. As a result, herd immunity is unlikely unless and until the development and widespread use of an effective vaccine or a sufficiently high proportion of the population has been infected. Only once serologic antibody testing is widely available will we be able to determine who in the population is not susceptible to either infection or transmission based on their immunity due to earlier infection. As a result, even if transmission slows due to behavioral interventions such as social distancing and

stay-at-home orders, we can expect resurgences of COVID-19, including significant community transmission, throughout 2020 and into 2021 across the United States, until the development and widespread use of a vaccine. Such resurgence is particularly likely if/when these behavioral modifications are lifted when community transmission is still continuing. Although community transmission is still occurring in the state, Alabama modified its stay-at-home order on April 28 to permit beaches and certain businesses to open subject to sanitation and social-distancing guidelines. Given this easing of behavioral interventions, Alabama is likely to see a resurgence of COVID-19 cases.

15. As SARS-CoV-2 is novel, we also cannot say definitively whether its incidence and prevalence will rise and fall based on weather/what season it is. If virus transmission and prevalence do decline over the summer months, it remains likely that they will resurge in the fall and winter. However, certain other coronaviruses—such as SARS and MERS-CoV—do not appear to demonstrate seasonality of infection. And the current virus has circulated widely in countries currently in their hot seasons. These two points suggest that transmission of and infection with the virus may not be affected by the weather.

16. Due to the ease of transmission, the high risk to certain parts of the population, and the fact that the virus will continue to surge unless and until wide-spread vaccination and/or herd immunity is achieved, individuals will need to continue to take steps to prevent infection. Polling locations are a prime area for increased transmission of SARS-CoV-2 due to the close proximity of a large number of individuals—voters, observers, poll workers—in a limited space. A polling location also has a large number of common surfaces that multiple people touch: the doors, the poll books to sign in, pens, voting booths, and voting machines. Due to the transmission of the virus via contaminated environmental surfaces, polling locations are highly likely to cause

increased infection. My opinion has been further confirmed by accounts like the one from the Wisconsin Department of Health Services, which has reported that fifty-two voters and poll workers have been identified as having contracted SARS-CoV-2 after participating in the primary election held on April 7, 2020. This is one example of the risks of transmission I have described. ,

17. In light of COVID-19, reducing the number of people in close proximity at polling locations and eliminating barriers to widespread vote-by-mail or absentee balloting are much safer options for public health. Drive-up or “curbside” voting can help to minimize a person’s close contacts with poll workers, other voters, and surfaces at polling locations and thus reduce the spread of COVID-19 via person-to-person contact and environmental surfaces. Changes to the absentee voting process that vastly decrease the number of individuals needing to violate social distancing protocols to obtain witnesses or photo IDs for their absentee ballots would also help to substantially decrease the number of people coming into close proximity with one another at public spaces, businesses, and polling locations and thus also decrease the communal spread of COVID-19.

18. For example, for individuals without another person able to witness in their household, the requirement that they have a notary or two people witness their absentee ballot would place them at increased risk of exposure to and/or transmission of COVID-19. Requiring individuals to have one or more people who they are not otherwise being exposed to come into close enough proximity to witness their ballot would place them at increased risk for infection. Similarly, requiring someone to leave home to travel to a store or government office and interact with other people to either photocopy their photo ID or obtain photo ID increases the chances of infection. These requirements are particularly risky for those who are at a greater risk of complications and death from COVID-19.

complications and death from COVID-19.

I declare under penalty of perjury that the foregoing is true and correct. Executed on May  
6, 2020

  
Dr. Arthur L. Reingold

November, 2019

## CURRICULUM VITA

**Arthur Lawrence Reingold**

**PRESENT POSITION:** Professor of Epidemiology  
Head, Division of Epidemiology and Biostatistics  
School of Public Health  
University of California, Berkeley  
2121 Berkeley Way, #5302  
Berkeley, California 94720-7360  
Phone: (510) 642-0327  
Fax: (510) 643-5056  
E-mail: Reingold@berkeley.edu

**DATE OF BIRTH:** October 31, 1948

**PLACE OF BIRTH:** Chicago, Illinois

**MARITAL STATUS:** Married

**EDUCATION:** 1966 - 70 A.B. University of Chicago  
1970 - 76 M.D. University of Chicago

**POSTGRADUATE TRAINING:** 1976 - 78 Internal Medicine Resident, Mount Auburn Hospital  
Cambridge, Massachusetts  
1980 - 82 Preventive Medicine Resident, Centers for Disease  
Control (CDC) - Atlanta, Georgia

**POSITIONS HELD:** 1979 - 80 Epidemic Intelligence Service Officer,  
State of Connecticut - Department of Health Services  
Hartford, Connecticut  
1980 - 81 Epidemic Intelligence Service Officer,  
Special Pathogens Branch - Bacterial Diseases Division  
Centers for Disease Control (CDC) - Atlanta, Georgia  
1981 - 85 Assistant Chief, Respiratory & Special Pathogens  
Epidemiology Branch, Center for Infectious Diseases  
Centers for Disease Control (CDC) - Atlanta, Georgia  
1985 - 87 CDC Liaison Officer, Office of the Director  
Centers for Disease Control - Atlanta, Georgia

**FACULTY APPOINTMENTS:** 1979 - 80 Instructor, Department of Medicine (Epidemiology)  
University of Connecticut - Hartford, Connecticut  
1985 - 87 Visiting Lecturer, Department of Biomedical and  
Environmental Health Sciences (Epidemiology)  
University of California, Berkeley  
1987 - Professor of Epidemiology, School of Public Health,  
University of California, Berkeley  
1989 - Professor, Department of Epidemiology and  
Biostatistics - University of California, San Francisco



**Arthur Lawrence Reingold**

<b>FACULTY APPOINTMENTS: (CONTINUED)</b>	1990 - 94	Head, Epidemiology Program, Department of Biomedical and Environmental Health Sciences, University of California, Berkeley
	1991 -	Clinical Professor, Department of Medicine University of California, San Francisco
	1994 - 2000	Head, Division of Public Health Biology and Epidemiology University of California, Berkeley
	2000 - 2018	Head, Division of Epidemiology, School of Public Health, University of California, Berkeley
	2018 -	Head, Division of Epidemiology and Biostatistics, School of Public Health University of California, Berkeley
	2008 - 2014	Associate Dean for Research, School of Public Health, University of California, Berkeley
	2009 - 2014	Edward Penhoet Distinguished Chair for Global Health and Infectious Disease

**MEDICAL LICENSURE:** California

**BOARD CERTIFICATION:** 1980 American Board of Internal Medicine

**AWARDS:** 1970 - 74 Medical Scientist Training Program  
1985 Commendation Medal, U.S. Public Health Service  
1986 Charles Shepard Award, Centers for Disease Control (CDC)

**MEMBERSHIPS:** 1970 Sigma Xi  
1978 American College of Physicians  
1983 American Society for Microbiology  
1984 Society for Epidemiologic Research  
1986 Infectious Disease Society of America (Fellow)  
1988 American Epidemiological Society  
1991 American College of Epidemiology (Fellow)  
1994 AAAS (Fellow)  
2003 Institute of Medicine (Member)

**PROFESSIONAL ACTIVITIES**

<b>CONSULTATIONS:</b>	1981	Institute of Medicine: Toxic-shock syndrome
	1981	Food and Drug Administration: Toxic-shock syndrome
	1982	United States Agency for International Development: Control of meningococcal meningitis in West Africa
	1983	World Health Organization (WHO): Control of meningococcal meningitis in Nepal
	1983	East-West Center, University of Hawaii: Role of indoor air pollution in acute respiratory infections in developing countries
	1984	Institute of Medicine: Meningococcal vaccines

**Arthur Lawrence Reingold**

<b>CONSULTATIONS: (CONTINUED)</b>	1986	World Health Organization (WHO): Control of meningococcal meningitis in South Asia
	1987 - 1993	Center for Child Survival, University of Indonesia: Control of Acute Respiratory Infections
	1988	Evaluation of the Combating Communicable Childhood Disease Program, Ivory Coast
	1994	Evaluation of National Epidemiology Board Program, Rockefeller Foundation
	1995	Planning of a School-based Acute Rheumatic Fever Prevention Project - New Zealand Heart Foundation
	1995	Vaccines Advisory Committee, Food & Drug Administration Approval of acellular pertussis vaccine
	1996	External Reviewer, NIAID Group B Streptococcus Research Contract with Harvard University
	1996 - 2000	U.S. Food and Drug Administration; Consultant to the Vaccines Advisory Committee
	1996	World Health Organization, Consultation on Control of Meningococcal Meningitis in Africa
	1998 – 2002	Advisor to the INCLIN "Indiaclen" project
	2002 – 2003	Evaluation of a School-based Acute Rheumatic Fever Prevention Project – New Zealand Heart Association
<b>ADVISORY BOARDS AND PANELS:</b>	1988 - 1989	Member, Advisory Committee on Ground Water and Reproductive Outcomes, State of California Department of Health Services
	1989 - 1990	AIDS Advisory Committee, Alameda County Board of Supervisors
	1989 - 1993	Advisory Committee, Birth Defects Monitoring Program, State of California Department of Health Services
	1993 - 1995	Centers for Disease Control (CDC): Public Health Service Advisory Panel on the Case Definition for Lyme Disease
	1992 - 1994	World Health Organization (WHO): Task Force on Strengthening Epidemiologic Capacity; Childhood Vaccine Initiative
	1996 - 2000	Armed Forces Epidemiological Board
	1997 - 2012	University of California, San Francisco AIDS Research Institute Steering Committee
	1998 - 2003	Emerging Infections Committee of the Infectious Diseases Society of America
	1998 – 2000	Panelist, Howard Hughes Medical Institute Predoctoral Fellowship
	2001 - 2006	Technical expert, Sub-Committee on the Protection of Public Health; California State Strategic Committee on Terrorism

**Arthur Lawrence Reingold**

<b>ADVISORY BOARDS PANELS (CONTINUED)</b>	2003 - 2008	Advisory Board, Chinese University of Hong Kong – Centre for Emerging AND Infectious Diseases
	2004 -	Advisory Board, University of California, Berkeley Clinical Research Center
	2004 - 2008	Advisory Board, New York University School of Medicine Fellowship in Medicine and Public Health Research
	2004 - 2005	Institute of Medicine Committee on Measures to Enhance the Effectiveness of CDC Quarantine Station Plan for U.S. Ports of Entry
	2005 - 2012	Strategic Advisory Group of Experts (SAGE) for Vaccine Policy, World Health Organization (WHO) (Deputy Chairman, 2010-2012)
	2005 -	Data and Safety Monitoring Committee; F.I. Proctor Foundation, University of California, San Francisco (UCSF)
	2007 - 2012	NIH Fogarty International Center External Advisory Board
	2007 - 2009	Chair, Working Group on Pneumococcal Vaccine, Strategic Advisory Group of Experts (SAGE), World Health Organization (WHO)
	2008 - 2012	Working Group on H5N1 Influenza Vaccines, Strategic Advisory Group of Experts (SAGE), World Health Organization (WHO)
	2008 - 2011	Chair, Leptospirosis Burden Epidemiology Reference Group, World Health Organization (WHO)
	2008 - 2012	National Biosurveillance Advisory Subcommittee of the Advisory Committee to The Director, Centers for Disease Control and Prevention (CDC)
	2008 - 2009	Institute of Medicine Committee on the Review of Priorities in the National Vaccine Plan
	2009 - 2012	Chair, Working Group on Hepatitis A Vaccine, Strategic Advisory Group of Experts (SAGE), World Health Organization (WHO)
	2011 - 2013	Member, Institute of Medicine Committee on Vaccine Priorities
	2011 - 2014	Member, Working Group on Vaccine Hesitancy, Strategic Advisory Group of Experts (SAGE), World Health Organization (WHO)
	2012 - 2014	Chair, Review of the Heterologous Effects of Childhood Vaccines, World Health Organization (WHO)
	2012 - 2014	Chair, External Review of the Measles Rubella Initiative (of WHO, CDC, UNICEF, American Red Cross, and United Nations Foundation)
	2013 - 2018	Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services
	2016-2017	Member, Institute of Medicine Committee on a National Strategy for the Elimination of Hepatitis B and C
	2018 -	Member, Independent Review Committee, Global Alliance for Vaccines and Immunizations (GAVI)
	2018 -	Member, Strategic Advisory Group, Partnership for Influenza Vaccination Introduction

**Arthur Lawrence Reingold**

**LEADERSHIP POSITIONS:**

1997 - 2012	Secretary-Treasurer, American Epidemiological Society
2009 - 2010	President, Society for Epidemiologic Research
2015 – 2016	President, American Epidemiological Society (AES)

**EDITORIAL BOARDS:**

1995 - 2000	Board of Editors, American Journal of Epidemiology
2001 - 2005	Board of Editors, Epidemiology
2005 -	Editorial Advisory Board, Global Public Health
2009 - 2010	Editorial Advisory Board, American Journal of Epidemiology

**ASSOCIATE EDITORSHIPS:**

2017 -	Current Epidemiology Reports
2018 -	Vaccine

**Arthur Lawrence Reingold****PUBLICATIONS:**

1. Hayes RV, Pottenger LA, Reingold AL, Getz GS, Wissler RW. Degradation of I<sup>125</sup> - labeled serum low density lipoprotein in normal and estrogen-treated male rats. *Biochem Biophys Res Comm* 1971;44:1471-1477.
2. Reingold AL, Kane MA, Murphy BL, Checko P, Francis DP, Maynard JE. Transmission of hepatitis B by an oral surgeon. *J Infect Dis* 1982;145:262-268.
3. Reingold AL, Dan BB, Shands KN, Broome CV. Toxic-shock syndrome not associated with menstruation: a review of 54 cases. *Lancet* 1982;1:1-4.
4. Bartlett P, Reingold AL, Graham DR, et al. Toxic-shock syndrome associated with surgical wound infections. *JAMA* 1982;247:1448-1450.
5. Reingold AL, Hargrett NT, Shands KN, et al. Toxic-shock syndrome surveillance in the United States, 1980-1981. *Ann Intern Med* 1982;96:875-880.
6. Reingold AL, Hargrett NT, Dan BB, Shands KN, Strickland BY, Broome CV. Nonmenstrual toxic-shock syndrome: a review of 130 cases. *Ann Intern Med* 1982;96:871-874.
7. Broome CV, Hayes PS, Ajello GW, Feeley JC, Gibson RJ, Graves LM, Hancock GA, Anderson RJ, Highsmith AK, Mackel DC, Hargrett NT, Reingold AL. In-vitro studies of interactions between tampons and *Staphylococcus aureus*. *Ann Intern Med* 1982;96:959-962.
8. Guinan ME, Dan BB, Guidotti RJ, Reingold AL, et al. Vaginal colonization with *Staphylococcus aureus* in healthy women: a review of four studies. *Ann Intern Med* 1982;96(pt.2):944-947.
9. Schlech WF III, Shands KN, Reingold AL, et al. Risk factors for development of toxic-shock syndrome: association with a tampon brand. *JAMA* 1982;248:835-839.
10. Reingold AL, Bank JD. Legionellosis. In: Easmon CSF, Jeljaszewicz J, eds. *Medical Microbiology*. London: Academic Press 1982 (I):217-239.
11. Reingold AL. Toxic-shock syndrome. In: Spittell JA Jr., ed. *Clinical Medicine*. Philadelphia: Harper & Row Publishers 1982 (II):1-6.
12. Kornblatt AN, Reingold AL. Legionellosis. In: Steele JH, Hillyer RV, Hopla CE, eds. *CRC Handbook Series in Zoonoses*. CRC Press 1982:313-324.
13. Wilkinson HW, Reingold AL, Brake JB, McGiboney DL, Gorman GW, Broome CV. Reactivity of serum from patients with suspected Legionellosis against 29 antigens of legionellaceae and *Legionella*-like organisms by indirect immunofluorescence assay. *J Infect Dis* 1983;147:23-31.
14. Meenhorst PL, Reingold AL, Gorman GW, et al. *Legionella* pneumonia in guinea pigs exposed to aerosols of concentrated potable water from a hospital with nosocomial Legionnaires' disease. *J Infect Dis* 1983;147:129-132.

**Arthur Lawrence Reingold**

15. Reingold AL. Nonmenstrual toxic-shock syndrome: the growing picture. JAMA 1983; 249:932 (editorial).
16. Reingold AL. Meningococcal meningitis. Nepal Paed Soc J 1983; 2:144-148.
17. Reingold AL, Broome CV, Phillips CJ, Meda H, Tiendrebeogo H, Yada A. Evidence of continuing protection against group A meningococcal disease one year after vaccination: a case-control approach. Med Trop 1983;43:225.
18. Reingold AL, Kane MA, Hightower AW. Disinfection procedures and infection control in the outpatient oral surgery practice. J Oral Maxillofac Surg 1984;42:568-572.
19. Broome CV, Reingold AL. Current issues in toxic-shock syndrome. In: Remington JS, Swartz MN, eds. Current clinical topics in infectious diseases. McGraw Hill 1984;65-85.
20. Herwaldt LA, Gorman GW, McGrath T, Toma S, Brake B, Hightower AW, Jones J, Reingold AL, et al. A new Legionella species, Legionella feeleei species nova, causes Pontiac fever in an automobile plant. Ann Intern Med 1984;100:333-338.
21. Ajello GW, Feeley JC, Hayes PS, Reingold AL, Bolan G, et al. Trans-isolate medium: a new medium for primary culturing and transport of Neisseria meningitidis, Streptococcus pneumoniae, and Haemophilus influenzae. J Clin Microbial 1984;20:55-58.
22. Hayes PS, Graves LM, Feeley JC, Hancock GA, Cohen ML, Reingold AL, et al. Production of toxic-shock-associated protein(s) in Staphylococcus aureus strains isolated from 1956 through 1982. J Clin Microbial 1984;20:42-46.
23. Reingold AL, Thomason BM, Brake BJ, Thacker L, Wilkinson HW, Kuritsky JN. Legionella pneumonia in the United States: the distribution of serogroups and species causing human illness. J Infect Dis 1984;149:819.
24. Blaser M, Reingold AL, Alsever RN, Hightower A. Primary meningococcal pericarditis: A disease of adults associated with serogroup C Neisseria meningitidis. Rev Infect Dis 1984;6:625-632.
25. Jones EE, Alford PL, Reingold AL, et al. Predisposition to invasive pneumococcal illness following parainfluenza type 3 virus infection in chimpanzees. JAVMA 1984;185:1351-1353.
26. Reingold AL, Thomason BM, Kuritsky J. Results of Legionnaires' disease direct fluorescent-antibody testing at Centers for Disease Control, 1980-1982. In: Thornsberry C, Balows A, Feeley JC, and Jakubowski J, eds. Legionella, ASM 1984;21-22.
27. Kuritsky JN, Reingold AL, Hightower AW, Broome CV. Sporadic Legionellosis in the United States, 1970 to 1982. In: Thornsberry C, Balows A, Feeley JC, and Jakubowski J, eds. Legionella, ASM 1984;243-245.
28. Fleming DW, Reingold AL. Legionella. In: Braude AI ed. Medical Microbiology and Infectious Diseases, Second Edition W.B. Saunders 1985;352-358.

**Arthur Lawrence Reingold**

29. Garbe PL, Arko RJ, Reingold AL, et al. Staphylococcus aureus isolates from patients with non-menstrual Toxic Shock Syndrome: Evidence for Additional Toxins. JAMA 1985;253:2538-2542.
30. Garbe PL, Davis BJ, Weisfeld J, Markowitz L, Miner P, Garrity F, Barbaree JM, Reingold AL. Nosocomial Legionnaires' Disease: Epidemiologic Demonstration of Cooling Towers as a Source. JAMA 1985;254:521-524.
31. Fleming DW, Cochi SL, MacDonald KL, Brondum J, Haves PS, Plikaytis BD, Holmes MB, Audurier A, Broome CV, Reingold AL. Pasteurized milk as a vehicle of infection in an outbreak of listeriosis. NEJM 1985;312:404-407.
32. Meenhorst P, Reingold AL, Groothuis DL, et al. Water-related nosocomial pneumonia caused by Legionella pneumophila serogroups 1 and 10. J Infect Dis 1985;152:356-364.
33. Bolan G, Reingold AL, Carson L, et al. Infections with Mycobacterium chelonae in patients receiving dialysis and using processed hemodialyzers. J Infect Dis 1985;152:1013-1019.
34. Reingold AL. Toxic-shock in the United States of America: epidemiology. Postgrad Med J 1985;61:21-22.
35. Reingold AL, Broome CV, Hightower AW, et al. Age-specific differences in duration of clinical protection after vaccination with meningococcal polysaccharide A vaccine. Lancet 1985;II:114-118.
36. Petitti DB, Reingold AL, Chin J. The incidence of toxic-shock syndrome in Northern California: 1972-1983. JAMA 1986;255:368-372.
37. Reingold AL. Toxic-shock syndrome and the contraceptive sponge. JAMA 1986;255:242-243 (editorial).
38. Berkley S, Reingold AL. Toxic-shock syndrome. In: Kass EH and Platt R, eds. Current Therapy in Infectious Disease. B.C. Decker, Inc. 1986;78-81.
39. Reingold AL. Toxic-shock syndrome. In: Wheat J and White A, eds. Infectious Diseases, University of Chicago Press, 1986.
40. Reingold AL, Broome CV. Nosocomial central nervous system infections. In: Bennett JV, Brachman PS, eds. Hospital Infections. Little Brown & Co. 1986;521-529.
41. Markowitz L, Reingold AL. Toxic-shock syndrome. In: Maxcy-Rosenau Public Health and Preventive Medicine, 12th edition Appleton-Century-Crofts 1986;456-459.
42. Reingold AL, Xiao DL, Plikaytis B, Ajello L. Systemic mycoses in the United States, 1980-1982. J Med Vet Mycol 1986;24:433-436.
43. Cochi SL, Markowitz L, Owens Jr RC, Stenhouse DH, Regmi DN, Shrestha RPB, Acharya IL, Manandhar M, Gurubacharya VL, Owens D, Reingold AL. Control of epidemic group A meningococcal meningitis in Nepal. Int J Epid 1987;16:91-97.
44. Markowitz LE, Hightower AW, Broome CV, Reingold AL. Toxic-shock syndrome: Evaluation of national surveillance data using a hospital discharge survey. JAMA 1987;258:75-78.



**Arthur Lawrence Reingold**

45. Berkley SF, Hightower AW, Reingold AL, Broome CV. The relationship of tampon characteristics to menstrual toxic-shock syndrome. *JAMA* 1987;258:917-920.
46. Reingold AL, Kane MA, Hightower AW. Failure of gloves and other protective devices to prevent transmission of hepatitis B virus in oral surgeons. *JAMA* 1988;259:2558-2560.
47. Reingold AL. The role of *Legionellae* in acute infections of the lower respiratory tract. *Rev Infect Dis* 1988;10(5):1018-1028.
48. Harrison LH, Broome CV, Hightower AW, Hoppe CC, Makintubee S, Sitze SL, Taylor JA, Gaventa S, Wenger JD, Facklam RR, and the *Haemophilus Vaccine Efficacy Study Group* (includes A.L. Reingold). A day-care based study of the efficacy of *Haemophilus influenzae* B polysaccharide vaccine. *JAMA* 1988;260(10):1413-1418.
49. Schwartz B, Broome CV, Hightower AW, Brown GR, Ciesielski CA, Gaventa S, Gellin BG, Mascola L, and the *Listeriosis Study Group* (includes A.L. Reingold). Association of sporadic listeriosis with consumption of uncooked hot dogs and undercooked chicken. *Lancet* 1988;II:779-782.
50. Carson LA, Bland LA, Cusick LB, Favero MS, Bolan G, Reingold AL, et al. Prevalence of nontuberculous mycobacteria in water supplies of hemodialysis centers. *Appl Environ Micro* 1988; 54:3122-3125.
51. Petitti DB, Reingold AL. Update through 1985 on the incidence of toxic shock syndrome among members of a prepaid health plan. *Rev Infect Dis* 1989;11:S22-27.
52. Reingold AL, Broome CV, Gaventa S, Hightower SW, and the Toxic-Shock Syndrome Study Group. Risk factors for menstrual toxic-shock syndrome: results of a multi-state case-control study. *Rev Infect Dis* 1989;11:S35-42.
53. Gaventa S, Reingold AL, Hightower AW, et al. Active surveillance for toxic-shock syndrome in the United States, 1986. *Rev Infect Dis* 1989;11:S28-34.
54. Schwartz B, Gaventa S, Broome CV, Reingold AL, et al. Non-menstrual toxic-shock syndrome associated with barrier contraceptives: report of a case-control study. *Rev Infect Dis* 1989;11:S43-49.
55. Reingold AL, Hearst N. Identifying the health care needs of the community. In: Overall N, Williamson J, eds. *Community Oriented Primary Care in Action: A Practice Manual for Primary Care Settings*. U.S. Department of Health and Human Services.
56. Koo D, Bouvier B, Wesley M, Courtright P, Reingold AL. Epidemic keratoconjunctivitis in a university medical center ophthalmology clinic: need for re-evaluation of the design and disinfection of instruments. *Inf Control and Hosp Epi* 1989;10:547-552.
57. Harrison LH, Broome CV, Hightower AW, and the *Haemophilus Vaccine Efficacy Study Group* (includes A.L. Reingold). *Haemophilus influenzae* type b polysaccharide vaccine: an efficacy study. *Pediatrics* 1989;84:225-261.



**Arthur Lawrence Reingold**

58. Wenger JD, Harrison LH, Hightower A, Broome CV, *Haemophilus influenzae* Study Group (includes A.L. Reingold). Day care characteristics associated with *Haemophilus influenzae* disease. *Am J Public Health* 1990;80:1455-1458.
59. Morrow HW, Slaten DD, Reingold AL, et al. Risk factors associated with a school-related outbreak of serogroup C meningococcal disease. *Pediatric Infect Dis J* 1990;9:394-398.
60. Wenger JD, Hightower AW, Facklam RR, Gaventa S, Broome CV, *Bacterial Meningitis Study Group* (includes A.L. Reingold). Bacterial meningitis in the United States, 1986: Report on a multistate surveillance study. *J Infect Dis* 1990;162:1316-1323.
61. Reingold AL. Toxic-shock syndrome. In: Evans AS, Brachman PS, eds. *Bacterial Infections of Humans*. Plenum, 1991;727-743.
62. Gellin BG, Broome CV, Bibb WF, Weaver RE, Gaventa S, Mascola L, the *Listeriosis Study Group*. (includes A.L. Reingold). The epidemiology of listeriosis in the United States - 1986. *Am J Epi* 1991;133:392-401.
63. Reingold AL. Toxic-shock syndrome. In: Rakel RE, ed. *Conn's Current Therapy*. W. B. Saunders, 1991;1010-1012.
64. Reingold AL, Markowitz LE. Toxic-shock syndrome. In: Maxcy-Rosenau Public Health and Preventive Medicine, 13th Edition. Appleton-Century-Crofts, 1991;304-306.
65. Bauer HM, Ting Y, Greer CE, Chambers JC, Tashiro CJ, Chimera J, Reingold AL, Manos MM. Genital human papillomavirus infection in female university students as determined by a PCR-based method. *JAMA* 1991;265:472-477.
66. Sutrisna B, Frerichs RR, Reingold AL. Randomised, controlled trial of effectiveness of ampicillin in mild acute respiratory infections in Indonesian children. *Lancet* 1991;338:471-474.
67. Reingold AL. Toxic-shock syndrome: an update. *Am J Ob & Gyn* 1991;165:1236-1239.
68. Pettiti DB, Reingold AL. Recent trends in the incidence of toxic-shock syndrome in Northern California. *Am J Public Health* 1991;81:1209-1211.
69. Ley C, Reingold AL, et al. Determinants of genital human papillomavirus infection in young women. *JNCI* 1991;83:997-1003.
70. Pinner RW, Gellin BG, Bibb WF, Baker CN, Weaver R, Hunter SB, Waterman SH, Mocca LF, Frasch CE, Broome CV, the *Meningococcal Disease Study Group* (includes A.L. Reingold). Meningococcal disease in the United States-1986. *J Infect Dis* 1991;164:368-374.
71. Wenger JD, Pierce R, Deaver KA, Plikaytis BD, Facklam RR, Broome CV, and the *Haemophilus influenzae Study Group* (includes A.L. Reingold). Efficacy of *Haemophilus influenzae* type b polysaccharide-diphtheria toxoid conjugate vaccine in U.S. children aged 18-59 months. *Lancet* 1991; 338:395-398.

**Arthur Lawrence Reingold**

72. Moore PS, Plikaytis BD, Bolan GA, Oxtoby MJ, Yada A, Zoubga A, Reingold AL, Broome CV. Detection of meningitis epidemics in Africa: a population-based analysis. *International J Epi* 1992;21:155-162.
73. Schuchat A, Deaver KA, Wenger JD, Plikaytis BD, Mascola L, Pinner RW, Reingold AL, Broome CV, and the *Listeria Study Group*. Role of foods in sporadic listeriosis. I. Case-control study of dietary risk factors. *JAMA* 1992;267:2041-2045.
74. Pinner RW, Schuchat A, Swaminathan B, Hayes PS, Deaver KA, Weaver RE, Plikaytis BD, Reeves M, Broome CV, Wenger JD, and the *Listeria Study Group* (includes A.L. Reingold). Role of foods in sporadic listeriosis. II. Microbiologic and epidemiologic investigation. *JAMA* 1992; 267:2046-2050.
75. Wenger JD, Pierce R, Deaver K, Franklin R, Bosley G, Pigott N, Broome CV, and the *Listeria Study Group* (includes A.L. Reingold). Invasive *Haemophilus influenzae* disease: A population-based evaluation of the role of capsular polysaccharide serotype. *J Infect Dis* 1992;165(suppl 1):S34-5.
76. Steinhart R, Reingold AL, Taylor F, Anderson G, Wenger JD. Invasive *Haemophilus influenzae* infections in men with HIV infection. *JAMA* 1992;268:3350-3352.
77. Hayes PS, Graves LM, Swaminathan B, Ajello GW, Malcolm GB, Weaver RE, Ransom R, Deaver K, Plikaytis BD, Schuchat A, Wenger JD, Pinner RW, Broome CV, and the *Listeria Study Group* (includes A.L. Reingold). Comparison of three selective enrichment methods for the isolation of *Listeria monocytogenes* naturally contaminated foods. *J of Food Protection*, 1992; 55:952-959.
78. Osmond DH, Charlebois E, Sheppard HW, Page KA, Winkelstein W Jr, Moss AR, Reingold AL. A comparison of risk factors for hepatitis C and hepatitis B virus infection in homosexual men. *J Infect Dis*, 1993;167:66-71.
79. Osmond DH, Padian N, Sheppard HW, Glass S, Shiboski SC, Reingold AL. Risk factors for hepatitis C virus seropositivity in heterosexual couples. *JAMA* 1993;269:361-365.
80. Tappero JW, Koehler JE, Berger TG, Reingold AL, et al. Bacillary angiomatosis and bacillary splenitis in immunocompetent adults. *Ann Int Med*, 1993;118:363-365.
81. Tappero JW, Mohle-Boetani J, Koehler JE, Reingold AL, et al. The epidemiology of bacillary angiomatosis and bacillary peliosis. *JAMA* 1993;269:770-775.
82. Weinstock HS, Bolan G, Reingold AL, Polish LB. Hepatitis C virus infection among patients attending a clinic for sexually transmitted diseases. *JAMA* 1993;269:392-394.
83. Yajko DM, Nassos PS, Sanders CA, Gonzalez PC, Reingold AL, et al. Comparison of four decontamination methods for recovery of *Mycobacterium avium* complex from stools. *J Clin Micro*, 1993;31:302-306.
84. Adams WG, Deaver KA, Cochi SL, Plikaytis BD, Zell ER, Broome CV, Wenger JD, and the *Haemophilus influenzae Study Group* (includes A.L. Reingold). Decline of childhood *Haemophilus influenzae* type b (Hib) disease in the Hib vaccine era. *JAMA* 1993;269:221-226.

**Arthur Lawrence Reingold**

85. Sutrisna B, Reingold AL, Kresno S, Harrison G, Utomo. Care-seeking for fatal illnesses in young children in Indramayu, West Java, Indonesia. *Lancet* 1993;342:787-789.
86. Sudarti K, Harrison GG, Sutrisna B, Reingold AL. Acute respiratory infection in children under five years in Indramayu, West Java, Indonesia: a rapid ethnographic assessment. *Medical Anthropology*. 1994;15:1-10.
87. Ley C, Olshen EM, Chin L, Reingold AL. The use of serologic tests for Lyme disease in a prepaid health plan in California. *JAMA* 1994;271:460-463.
88. Ley C, Davila I, Mayer N, Murray R, Reingold AL. Lyme disease in Northwestern coastal California. *Western J Med*, 1994;160:534-539.
89. Chin DP, Reingold AL, Stone EN, Vittinghoff E, Horsburgh Jr CR, et al. The impact of *Mycobacterium avium* complex bacteremia and its treatment on survival of AIDS patients-a prospective study. *J Infect Dis* 1994;170:578-584.
90. Horsburgh CR, Chin DP, Yajko DM, Hopewell PC, Reingold AL, et al. Environmental risk factors for acquisition of *Mycobacterium avium* complex in persons with human immunodeficiency virus infection. *J Infect Dis* 1994;170:362-367.
91. Chin DP, Reingold AL, Horsburgh CR, Yajko DM, et al. Predicting *Mycobacterium avium* complex bacteremia in patients with human immunodeficiency virus - a prospectively validated model. *Clin Infect Dis* 1994;19:668-674.
92. Chin DP, Hopewell PC, Yajko DM, Vittinghoff E, Horsburgh CR, Hadley WK, Stone EN, Nassos PS, Ostroff SM, Jacobson MA, Matkin CC, Reingold AL. *Mycobacterium avium* complex in the respiratory or gastrointestinal tract and the risk of *M. avium* complex bacteremia in patients with human immunodeficiency virus infection. *J Infect Dis* 1994;169:289-295.
93. Jackson LA, Tenover FC, Baker C, Plikaytis BD, Reeves MW, Stocker SA, Weaver RE, Wenger JD, and the *Meningococcal Disease Study Group* (includes A.L. Reingold). Prevalence of *Neisseria meningitidis* relatively resistant to penicillin in the United States, 1991. *J Infect Dis* 1994; 169:438-441.
94. Schuchat A, Deaver-Robinson K, Plikaytis BD, Zangwill KM, Mohle-Boetani J, Wenger JD, and the Active Surveillance Study Group (includes A.L. Reingold). Multistate case-control study of maternal risk factors for neonatal Group B streptococcal disease. *Pediatric Infect Dis J* 1994; 13:623-629.
95. Weinstock HS, Bolan G, Moran JS, Peterman TA, Polish L, Reingold AL. Routine hepatitis B immunization in a clinic for sexually transmitted diseases. *AJPH* 1995;85:846-849.
96. Wang F, So Y, Vittinghoff E, Malani H, Reingold A, et al. Incidence proportion of and risk factors for AIDS patients diagnosed with HIV dementia, central nervous system toxoplasmosis, and cryptococcal meningitis. *J AIDS* 1995;8:75-82.
97. Espinal M, Reingold AL, Koenig E, Lavandera M, Sanchez S. Screening for active tuberculosis in HIV testing centre. *Lancet* 1995;345:890-893.

**Arthur Lawrence Reingold**

98. Yajko DM, Chin DP, Gonzalez PC, Nassos PS, Hopewell PC, Reingold AL, et al. Mycobacterium avium complex in water, food, and soil samples collected from the environment of HIV-infected individuals. J AIDS 1995;9:176-182.
99. Lurie P, Fernandes M, Hughes V, Arevalo E, Hudes E, Reingold A, et al. Socioeconomic status and risk for HIV-1, syphilis and hepatitis B infection among sex workers in São Paulo State, Brazil. AIDS 1995 9(suppl 1):S31-S37.
100. Jackson L, Hilsdon R, Farley M, Harrison L, Reingold A, et al. Risk factors for Group B streptococcal disease in adults. Ann Int Med 1995;123:415-420.
101. Tappero J, Schuchat A, Deaver K, Mascola L, Wenger JD, and the Listeriosis Study Group (includes A.L. Reingold). Reduction in the incidence of human listeriosis in the United States – Effectiveness of prevention efforts? JAMA 1995;273:1118-1122.
102. Brandt ME, Hutwagner LC, Kuykendall RJ, Pinner RW, and the *Cryptococcal Disease Active Surveillance Group* (includes A.L. Reingold). Comparison of multilocus enzyme electrophoresis and random amplified polymorphic DNA analysis for molecular subtyping of *Cryptococcus neoformans*. J Clin Microbiol 1995;33:1890-1895.
103. Ley C, Olshen EM, Reingold AL. Case-control study of risk factors for incident Lyme disease in California. Am J Epi 1995;142; Suppl:S39-S47.
104. Espinal MA, Reingold AL, Lavandera M. Effect of pregnancy on the risk of developing active tuberculosis. J Inf Dis 1996;173:488-491.
105. Perkins BA, Flood JM, Danila R, Holman RC, Reingold AL, et al. Unexplained deaths due to possibly infectious causes in the United States: Defining the problem and design of surveillance and laboratory approaches. Emerg Inf Dis 1996;Vol 2:47-53.
106. Hessol NA, Priddy FH, Bolan G, Baumrind N, Vittinghoff E, Reingold AL, Padian NS. Management of pelvic inflammatory disease by primary care physicians: A comparison with Centers for Disease Control and Prevention guidelines. Sex Trans Dis 1996;Mar-Apr:157-163.
107. Mohle-Boetani JC, Koehler JE, Berger TG, LeBoit PE, Kemper CA, Reingold AL, et al. Bacillary angiomatosis and bacillary peliosis in patients infected with human immunodeficiency virus: Clinical characteristics in a case-control study. Clin Inf Dis 1996;22:794-800.
108. Espinal MA, Reingold AL, Pérez G, et al. Human immunodeficiency virus infection in children with tuberculosis in Santo Domingo, Dominican Republic: Prevalence, clinical findings, and response to antituberculosis treatment. J AIDS 1996;13:155-159.
109. Brandt ME, Hutwagner LC, Klug LA, Baughman WS, Rimland D, Graviss EA, Hamill RJ, Thomas C, Pappas PG, Reingold AL, et al. Molecular subtype distribution of *Cryptococcus neoformans* in four areas of the United States. J Clin Microbiol, 1996;34:912-917.
110. Bradford WZ, Martin JN, Reingold AL, et al. The changing epidemiology of acquired drug-resistant tuberculosis in San Francisco, USA. Lancet 1996;348:928-931.

**Arthur Lawrence Reingold**

111. Passaro DJ, Waring L, Armstrong R, Bolding F, Bouvier B, Rosenberg J, Reingold AL, et al. Beauty and the beast: Postoperative *Serratia marcescens* wound infections traced to an out-of-hospital source. *J Inf Dis* 1997;175:992-995.
112. Urwin G, Krohn JA, Deaver-Robinson K, Wenger JD, Farley MM, and the *Haemophilus influenzae Study Group* (includes A.L. Reingold). Invasive disease due to *Haemophilus influenzae* serotype f: Clinical and epidemiologic characteristics in the H. influenzae serotype b vaccine era. *Clin Inf Dis*, 1996;22:1069-76.
113. Sabino EC, Diaz RC, Brigido LF, Learn GH, Mullins JI, Reingold AL, et al. Distribution of HIV-1 subtypes seen in an AIDS clinic in São Paulo City, Brazil. *AIDS* 1996; 10:1579-1584.
114. Brandt ME, Pfaller MA, Hajjeh RA, Graviss EA, Rees J, Spitzer ED, Pinner RW, Mayer LW, and the *Cryptococcal Disease Active Surveillance Group* (includes A.L. Reingold). Molecular subtypes and antifungal susceptibilities of serial *Cryptococcus neoformans* isolates in human immunodeficiency virus - associated cryptococcosis. *J Inf Dis* 1996;174:812-820.
115. Whitney CG, Pllikaytis BD, Gozansky WS, Wenger JD, Schuchat A, and the *Neonatal Group B Streptococcal Disease Study Group* (includes A.L. Reingold). Prevention practices for perinatal group B streptococcal disease: A multi-site surveillance analysis. *Obstet & Gyn* 1997;89:28-32.
116. McFarland W, MvereD, Shandera W, Reingold A. The epidemiology and prevention of transfusion-associated Human Immunodeficiency Virus transmission in Sub-Saharan Africa. *Vox Sanguinis* 1997; 72:85-92.
117. Mazurek GH, Chin DP, Hartman S, Reddy V, Horsburgh Jr, CR, Green TA, Yajko DM, Hopewell PC, Reingold AL, et al. Genetic similarity among *Mycobacterium avium* isolates from blood, stool, and sputum of persons with AIDS. *J Inf Dis* 1997; 176:1-8.
118. Schuchat A, Robinson K, Wenger JD, Harrison LH, Farley M, Reingold AL, et al. Bacterial meningitis in the United States in 1995. *N Eng J Med* 337:970-976, 1997.
119. DeRiemer K, Chin DP, Schechter GF, Reingold AL. Tuberculosis among immigrants and refugees. *Arch Int Med*, 1998; 158:753-760.
120. Glaser CA, Safrin S, Reingold AL, Newman TB. The association between *Cryptosporidium* infection and animal exposure in HIV-infected individuals. *J AIDS* 17:79-82, 1998.
121. Reingold AL. Outbreak investigations: A perspective. *Emerg Inf Dis* 4:21-27, 1998.
122. Bradford WZ, Koehler J, El-Hajj H, Hopewell PC, Reingold AL, et al. Dissemination of *Mycobacterium tuberculosis* across the San Francisco Bay area. *J Inf Dis* 177:1104-1107, 1998.
123. Rees JR, Pinner RW, Hajjeh RA, Brandt ME, Reingold AL. The epidemiological features of invasive mycotic infections in the San Francisco Bay Area 1992-1993: Results of population-based laboratory active surveillance. *Clin Inf Dis*, 27:1138-1147, 1998.
124. Ragland DR, Buffler PA, Reingold AL, Syme SL, Winkelstein WW Jr, Buffler M. Disease and injury in California with projections to the year 2007: Implications for medical education. *West J Med*, 168:1-23, 1998.

**Arthur Lawrence Reingold**

125. Espinal MA, Báez J, Soriano G, Garcia V, Laszlo A, Reingold AL, Sanchez S. Drug-resistant tuberculosis in the Dominican Republic: Results of a nationwide survey. *Int J Tuberc Lung Dis*, 2:490-498, 1998.
126. Bindman AB, Osmond D, Hecht FM, Lehman S, Vranizan K, Keane D, Reingold A, et al. Multistate evaluation of anonymous HIV testing and access to medical care. *JAMA*, 280:1416-1420, 1998.
127. Bloch KC, Zwerling L, Pletcher MJ, Hahn JA, Gerberding JL, Ostroff SM, Vugia DJ, Reingold AL. Incidence and clinical implications of isolation of *Mycobacterium kansasii*: Results of a 5-year, population-based study. *Ann Intern Med* 129:698-704, 1998.
128. Hajjeh RA, Conn LA, Stephens DS, Baughman W, Hamill R, Graviss E, Pappas PG, Thomas C, Reingold AL, et al. Cryptococcosis: Population-based multistate active surveillance and risk factors in Human Immunodeficiency Virus-infected persons. *J Inf Dis*, 179:449-454, 1999.
129. DeRiemer K, Daley CL, Reingold AL. Preventing tuberculosis among HIV-infected persons: A survey of physicians' knowledge and practices. *Prev Med*, 28:437-444, 1999.
130. Jafari HS, Adams WG, Robinson KA, Plikaytis BD, Wenger JD, and the *Haemophilus influenzae Study Group*(includes A.L. Reingold). Efficacy of *Haemophilus influenzae* type b conjugate vaccines and persistence of disease in disadvantaged populations. *AJPH*, 89:364-368, 1999.
131. Fonseca LAM, Reingold AL, Casseb JR, Brigido LFM, Duarte AJS. AIDS incidence and survival in a hospital-based cohort of asymptomatic HIV seropositive patients in São Paulo, Brazil. *J Inf Dis* 28:1156-1160, 1999.
132. Reingold AL, Phares C. Communicable Diseases (chapter). In: *Introduction to International Health* (M. Merson, ed.).
133. Kao AS, Brandt ME, Pruitt WR, Conn LA, Perkins BA, Stephens DS, Baughman WS, Reingold AL, et al. The epidemiology of candidemia in two United States cities: Results of a population-based active surveillance. *Clin Inf Dis* 29:1164-1170, 1999.
134. Rosenstein NE, Perkins BA, Stephens D, Lefkowitz L, Cartter M, Danila R, Cieslak P, Shutt KA, Popovic T, Schuchat A, Harrison LH, Reingold AL, et al. The changing epidemiology of meningococcal disease in the United States, 1992-1996. *J Inf Dis*, 180:1894-1901, 1999.
135. Hajjeh RA, Reingold AL, Weil A, Shutt K, Schuchat A, Perkins BA. Toxic shock syndrome in the United States: Surveillance update, 1979-1996. *Emerg Inf Dis J* 5:807-810, 1999.
136. Osmond DH, Bindman AB, Vranizan K, Lehman JS, Hecht FM, Keane D, Reingold AL. Name-based surveillance and public health interventions for persons with HIV infection. *Ann Int Med* 131:775-779, 1999.
137. Baer JT, Vugia DJ, Reingold AL, Aragon T, Angulo FJ, Bradford WZ. HIV infection as a risk factor for shigellosis. *Emerg Inf Dis* 6:820-823, 1999.
138. Reingold AL. Infectious disease epidemiology in the twenty-first century - will it be eradicated or will it re-emerge? *Epi Reviews* 22:57-63, 2000.



**Arthur Lawrence Reingold**

139. Kahane SM, Watt JP, Smith NJ, Wight S, Reingold AL, Newell K, et al. Immunization levels and risk factors for low immunization coverage among private practices. *Pediatrics*, 2000;105:73-.
140. Espinal MA, Pérez EN, Báez J, Henriquez L, Fernandez K, Lopez M, Olivo P, Reingold AL. Infectiousness of *Mycobacterium tuberculosis* in HIV-1-infected subjects with tuberculosis: A prospective study. *Lancet* 355:275-280, 2000.
141. Schrag SJ, Zywicki S, Farley M, Reingold AL, et al. Group B streptococcal disease in the era of intrapartum antibiotic prophylaxis. *New Eng J Med* 342:15-20, 2000.
142. Nuorti JP, Butler JC, Gelling L, Kool JL, Reingold AL, et al. Epidemiologic relation between HIV and invasive pneumococcal disease in San Francisco County, California. *Ann Int Med* 132: 182-190, 2000.
143. Hecht FM, Chesney MA, Lehman JS, Osmond D, Vranizan K, Colman S, Keane D, Reingold A, et al. Does HIV reporting by name deter testing? *AIDS* 14:1801-1808, 2000.
144. Breiman RF, Keller DW, Phelan MA, Sniadack DH, Stephens DS, Rimland D, Farley MM, Schuchat A, Reingold AL. Evaluation of effectiveness of the 23-valent pneumococcal capsular polysaccharide vaccine for HIV-infected patients. *Arch Int Med* 160:2633-2638, 2000.
145. Whitney CG, Farley MM, Hadler J, Harrison LH, Lexau C, Reingold A, Lefkowitz L, et al. Increasing prevalence of multi-drug resistant *Streptococcus pneumoniae* in the United States. *N Engl J Med* 343:1917-1924, 2000.
146. Alpers L, Chrouser K, Halabi S, Moeti T, Reingold A, Binkin N, Kenyon T. Validation of the surveillance system for tuberculosis in Botswana. *Int J Tuberc Lung Dis*, 2000; 4:737-743.
147. Factor SH, Whitney CG, Zywicki S, Schuchat A. for the ABC Surveillance Team (includes Reingold, A.). Effects of hospital policies on the 1996 group B streptococcal consensus guidelines. *Obstet Gynecol* 2000; 95:377-382.
148. Factor SF, Whitney CG, Zywicki SS, Schuchat A, Active Bacterial Core Surveillance Team (includes Reingold, AL). Effects of hospital policies based on 1996 group B streptococcal disease consensus guidelines. *Hospital Policies* 2000; 95:377-382.
149. Robinson KA, Baughman W, Rothrock G, Barrett NL, Pass M, Lexau C, Damske B, Stefonek K, Barnes B, Patterson J, Zell ER, Schuchat A, Whitney CG for the Active Bacterial Core Surveillance (ABCs)/Emerging Infections Program Network (includes Arthur L. Reingold, MD). Epidemiology of invasive *Streptococcus pneumoniae* Infections in the United States, 1995-1998: Opportunities for prevention in the conjugate vaccine era. *JAMA* 285:1729-1735, 2001.
150. Rosenstein NE, Emery KW, Werner SB, Kao A, Johnson R, Rogers D, Vugia D, Reingold A, Talbot R, et. al. Risk factors for severe pulmonary and disseminated coccidioidomycosis: Kern County, California, 1995-1996. *Clin Inf Dis* 32:708-715, 2001.
151. Kellam S, Pascopella L, Desmond E, Reingold A, Chin DP. Use of recommended laboratory testing methods among patients with tuberculosis in California. *J Clin Micro* 39:1969-1971, 2001.

**Arthur Lawrence Reingold**

152. Mesquita F, Kral A, Reingold A, Bueno R, Trigueiros D, Araujo PJ, and the SMR Collaborative Study Group. Trends of HIV infection among injecting drug users in Brazil in the 1990's - the impact of changes in patterns of drug use. *J AIDS*, 2001; 28:298-302.
153. Mesquita F, Kral A, Reingold A, Haddad I, Sanches M, Turienzo G, Piconez D, Araujo P, Bueno R. Overdoses among cocaine users in Brazil. *Addiction*, 2001; 96:1809-1813.
154. Larson JI, Ridzon R, Hannan MM, Conde MB, Mello FCQ, Reingold AL, Daley CL, Kritski AL. Sputum induction vs. fiberoptic bronchoscopy in the diagnosis of tuberculosis. *Am J Respir Crit Care Med*, 2001;163:1279-1280.
155. Schuchat A, Hilger T, Zell E, Farley MM, Reingold A, Harrison L, Lefkowitz L, Danila R, Stefonek K, Barrett N, Morse D, Pinner R. Active bacterial core surveillance of the Emerging Infections Program network. *Emerg Inf Dis*, 2001; 7:92-99.
156. Brandt ME, Pfaller MA, Hajjeh RA, Hamill RJ, Pappas PG, Reingold AL, Rimland D, et al. Trends in antifungal drug susceptibility of *Cryptococcus neoformans* isolates in the United States: 1992 to 1994 and 1996 to 1998. *Antimicrobial Agents and Chemotherapy* 2001;45:3065-3069.
157. Hajjeh RA, Relman D, Cieslak PR, Sofair AN, Passaro D, Flood J, et al. and the Critical Illness Working Group (includes Reingold, AL.). Surveillance for unexplained deaths and critical illnesses due to possibly infectious causes, United States, 1995-1998. *Emerg Inf Dis*, 2002;8:145-153.
158. Huang SS, Labus BJ, Samuel MC, Wan DT, Reingold AL. Antibiotic resistance patterns of bacterial isolates from blood in San Francisco county, 1996-1999. *Emerg Inf Dis*, 2002; 8:195-201.
159. Conde MB, Loivos AC, Rezende VM, Soares SLM, Mello FCQ, Reingold AL, Daley CL, Kritski AL. The yield of sputum induction in the diagnosis of pleural tuberculosis. *Am J Respir and Crit Care Med*, 2002; 167:723-725.
160. Handley MA, Reingold AL, Shiboski S, Padian NS. Incidence of acute urinary tract infection in young women and use of male condoms with and without nonoxynol-9 spermicides. *Epidemiology*, 2002;13:431-436.
161. Hyde TB, Hilger TM, Reingold A, Farley MM, O'Brien KL, Schuchat A. for the Active Bacterial Core surveillance (ABCs) of the Emerging Infections Program Network. Trends in the incidence and antimicrobial resistance of early-onset sepsis: Population-based surveillance in San Francisco and Atlanta. *Pediatrics*, 2002;110:690-695.
162. Schrag SJ, Zell ER, Lynfield R, Roome A, Arnold KE, Craig A, Harrison L, Reingold A, Stefonek K, Smith G, Gamble M, Schuchat A for the Active Bacterial Core Surveillance team. A population-based comparison of strategies to prevent early-onset group B streptococcal disease in neonates. *New Engl J Med* 2002;347:233-239.
163. O'Brien KL, Beall B, Barrett NL, Cieslak P, Reingold A, Farley MM, Danila R, Zell ER, Facklam R, Schwartz B, Schuchat A for the Active Bacterial Core Surveillance team. Epidemiology of invasive group A streptococcus disease in the United States, 1995-1999. *Clin Infect Dis*, 2002;35:268-276.



**Arthur Lawrence Reingold**

164. Morita JY, Zell ER, Danila R, Farley MM, Hadler JH, Harrison LH, Lefkowitz L, Reingold A, Kupronis B, Schuchat A, Whitney CG. Association between antimicrobial resistance among pneumococcal isolates and burden of invasive pneumococcal disease in the community. *Clin Infect Dis*, 2002;35:420-427.
165. Chuang I, Van Beneden C, Beall B, Schuchat A. and the ABCs/EIP network (includes Reingold, A.). Population-based surveillance for postpartum invasive group A streptococcal Infections, 1995-2000. *Clin Infect Dis*, 2002;35:665-670.
166. Passaro DJ, Smith DS, Hett EC, Reingold AL, Daily P, Van Beneden CA, Vugia DJ. Invasive Group A Streptococcal infections in the San Francisco Bay Area, 1989-1999. *Epi&Infect*, 2002; 129:471-478.
167. McCormick AW, Whitney CG, Farley MM, Lynfield R, Harrison LH, Bennett NM, Schaffner W, Reingold A, Hadler J, et al. Geographic diversity and temporal trends of antimicrobial resistance in *Streptococcus pneumoniae* in the United States. *Nature Med* 2003;doi:10.1038/nm839.
168. Whitney CG, Farley MM, Hadler J, Harrison LH, Bennett NM, Lynfield R, Reingold A, Cieslak PR, Pilishvili T, et al. Decline in invasive pneumococcal disease after the introduction of protein-polysaccharide conjugate vaccine. *N Engl J Med* 2003;348:1737-1746.
169. Reingold A. If syndromic surveillance is the answer, what is the question? *Biosecurity & Bioterrorism: Biodefense Strategy, Science, and Practice*. 2003;1:1-5.
170. Koehler JE, Sanchez MA, Tye S, Garrido-Rowland CS, Chen FM, Maurer T, Cooper JL, Olson JG, Reingold AL, Hadley WK, Regnery RR, Tappero JW. Prevalence of *Bartonella* infection among HIV-infected patients with fever. *Clin Inf Dis* 2003;37:559-566.
171. Schrag SJ, Arnorld KE, Mohle-Boetani JC, Lynfield R, Zell ER, Stefonek K, Noga H, Craig AS, Thomson Sanza L, Smith G, Schuchat A, Active Bacterial Core Surveillance Team (includes Reingold AL). Prenatal screening for infectious diseases and opportunities for prevention. *Obstet Gynecol* 2003;102:753-760.
172. King MD, Whitney CG, Parekh F, Farley MM, Active Bacterial Core Surveillance Team/Emerging Infections Program Network (includes Reingold AL). Recurrent invasive pneumococcal disease: A population-based assessment. *Clin Inf Dis* 2003;37:1029-1036.
173. Carvalho HB, Seibel SD, Burattini MN, Massad E, Reingold A. Hepatitis B and C and Syphilis: Vulnerability Related Infections among Institutionalized Disadvantaged Youth in São Paulo, Brazil. *J Bras Doenças Sex Transm* 2003;15:41-45.
174. Louie JK, Hacker JK, Mark J, Gavali SS, Yagi S, Espinosa A, Schnurr D, Cossen CK, Isaacson ER, Glaser CA, Fischer M, Reingold AL, Vugia DJ. SARS and common viral infections, *Emerg Inf Dis*, 2004;10:1143-1146.
175. Flanders SA, Stein J, Shochat G, Sellers K, Holland M, Maselli J, Drew WL, Reingold AL, Gonzales. Performance of a bedside c-reactive protein test in the diagnosis of community-acquired pneumonia in adults with acute cough. *Amer J Med* 2004;116:529-535.
176. Pascopella L, Kellam S, Ridderhof J, Chin DP, Reingold A, Desmond E, Flood J, Royce S. Laboratory reporting of tuberculosis test results and patient treatment initiation in California. *J Clin Micro*, 2004;42:4209-4213.

**Arthur Lawrence Reingold**

177. Nicas M, Hubbard AE, Jones RM, Reingold AL. The infectious dose of variola (smallpox) virus. *Appl Biosafety* 2004;9:118-127.
178. Flannery B, Schrag S, Bennett NM, Lynfield R, Harrison LH, Reingold A, Cieslak PR, Hadler J, Farley MM, Facklam RR, Zell ER, Whitney CG. Impact of childhood vaccination on racial disparities in invasive *Streptococcus pneumoniae* infections. *JAMA*, 2004;291:2197-2203.
179. Facklam R, Elliott J, Shewmaker L, Reingold A. Identification and characterization of sporadic isolates of *Streptococcus iniae* isolated from human infections. *J Clin Micro* 2005; 43:933-937.
180. Heffernan RT, Barrett NL, Gallagher KM, Hadler JL, Harrison LH, Reingold AL, Khoshnood K, Holford TR, Schuchat A. Declining incidence of invasive *Streptococcus pneumoniae* infections among persons living with AIDS in an era of highly-active antiretroviral therapy (HAART), 1995-2000. *J Inf Dis*, 2005;191:2038-2045.
181. Bakyaita N, Dorsey G, Yeka A, Banek K, Staedke SG, Kamya MR, Talisuna A, Kironde F, Nsobya S, Kilian A, Reingold A, Rosenthal PJ, Wabwire-Mangen F. Sulfadoxine-pyrimethamine plus chloroquine or amodiaquine for uncomplicated falciparum malaria: A randomized, multisite trial to guide national policy in Uganda. *Am J Trop Med Hyg* 2005;72:573-580.
182. Pai M, Gokhale K, Joshi R, Dogra S, Kalantri SP, Mendiratta DK, Narang P, Daley CL, Granich RM, Mazurek GH, Reingold AL, Riley LW, Colford Jr, JM. *Mycobacterium tuberculosis* infection in health care worker in rural India: Comparison of whole-blood interferon  $\gamma$  assay with tuberculin skin testing. *JAMA* 2005;293:2746-2755.
183. Pai M, Kalantri S, Pascopella L, Riley LW, Reingold AL. Bacteriophage-based assays for the rapid detection of rifampicin resistance in *Mycobacterium tuberculosis*: a meta-analysis. *Journal of Infection* 2005;51:175-187.
184. Lexau CA, Lynfield R, Danila R, Pilishvili T, Facklam R, Farley MM, Harrison LH, Schaffner W, Reingold AL, Bennett NM, Hadler J, Cieslak PR, Whitney CG (for the Active Bacterial Core Surveillance Team). Changing epidemiology of invasive pneumococcal disease among older adults in the era of pediatric pneumococcal conjugate vaccine. *JAMA* 2005;294:2043-2051.
185. Kalantri S, Pai M, Pascopella L, Riley L, Reingold A. Bacteriophage-based tests for the detection of *Mycobacterium tuberculosis* in clinical specimens: a systematic review and meta-analysis. *BMC Inf Dis* 2005;5:59; doi:10.1186/1471-2334-5-59.
186. Feikin DR, Klugman KP, Facklam RR, Zell ER, Schuchat A, Whitney CA for the Active Bacterial Core surveillance/Emerging Infections Program Network (includes Reingold AL). Increased prevalence of pediatric pneumococcal serotypes in elderly adults. *Clin Inf Dis* 2005;41:481-487.
187. Tappero JW, Bradford WZ, Agerton TB, Hopewell P, Reingold AL, Lockman S, Oyewo A, Talbot EA, et al. Serum concentrations of antimycobacterial drugs in patients with pulmonary tuberculosis in Botswana. *Clin Inf Dis* 2005;41:461-469.
188. Kyaw MH, Rose CE, Fry AM, Singleton JA, Moore Z, Zell ER, Whitney CG for the Active Bacterial Core surveillance program of the Emerging Infections Program Network (includes Reingold AL). The influence

**Arthur Lawrence Reingold**

- of chronic illnesses on the incidence of invasive pneumococcal diseases in adults. *J Inf Dis* 2005;192:377-386.
189. Flannery B, Heffernan RT, Harrison LH, Ray SM, Reingold AL, Hadler J, Schaffner W, Lynfield R, Thomas AR, Jianmin Li DPE, Campsmith DDS, Whitney CG, Schuchat A. Changes in invasive pneumococcal disease among HIV-infected adults living in the era of childhood pneumococcal immunization. *Ann Int Med* 2006; 144:1-9.
  190. Pai M, Joshi R, Dogra S, Mendiratta DK, Narang P, Kalantri S, Reingold AL, Colford JM Jr, Riley LW, Menzies D. Serial testing of health care workers for tuberculosis using interferon- $\gamma$  assay. *Amer J Resp Crit Care Med* 2006;doi:10.1164/rccm.200604-4720C.
  191. Kyaw MH, Lynfield R, Schaffner W, Craig AS, Hadler J, Reingold A, Thomas AR, Harrison LH, et al. Effect of introduction of the pneumococcal conjugate vaccine on drug-resistant *Streptococcus pneumoniae*. *New Eng J Med* 2006;354:1455-1463.
  192. Poehling KA, Talbot TR, Griffin MR, Craig AS, Whitney CG, Zell E, Lexau CA, Thomas AR, Harrison LH, Reingold AL, Hadler JL, et al. Invasive pneumococcal disease among infants before and after introduction of pneumococcal conjugate vaccine. *JAMA* 2006;295:1668-1674.
  193. Jones RM, Nicas M, Hubbard AE, Reingold AL. The infectious dose of *Coxiella burnetii* (Q Fever). *Appl Biosafety* 2006;11:32-41.
  194. Whitney CG, Pilishvili T, Farley MM, Schaffner W, Craig AS, Lynfield R, Nyquist A-C, Gershman K, Vazquez M, Bennett NM, Reingold A, Thomas A, et al. Effectiveness of seven-valent pneumococcal conjugate vaccine against invasive pneumococcal disease: a matched case-control study. *Lancet* 2006; 368:1495-1502.
  195. Hwang J, Bitarakwate E, Pai M, Reingold A, Rosenthal PJ, Dorsey G. Chloroquine or amodiaquine combined with sulfadoxine-pyrimethamine for uncomplicated malaria: a systematic review. *Trop Med & Int Hlth* 2006;11:789-799.
  196. Joshi R, Reingold AL, Menzies D, Pai M. Tuberculosis among health-care workers in low- and middle-income countries: A systematic review. *PLoS Med* 2006;3(12):e494. Doi:10.1371/journal.pmed. 0030494
  197. Pai NP, Lawrence J, Reingold AL, Tulskey JP. Structured treatment interruptions (STI) in chronic unsuppressed HIV infection in adults. *Cochrane Database Syst Rev*. 2006;3:CD006148.
  198. Schrag SJ, Hadler JL, Arnold KE, et al. Risk factors for invasive, early-onset *Escherichia coli* infections in the era of widespread intrapartum antibiotic use. *Pediatrics*. 2006;118(2):570-576.
  199. Malamba SS, Mermin J, Reingold A, et al. Effect of cotrimoxazole prophylaxis taken by human immunodeficiency virus (HIV)-infected persons on the selection of sulfadoxine-pyrimethamine-resistant malaria parasites among HIV-uninfected household members. *Am. J. Trop. Med. Hyg.* 2006;75(3):375-380.
  200. Winkelstein W Jr, Reingold AL. Alex Langmuir and CDC. *Emerging Infect. Dis.* 2006;12(10):1619; author reply 1619.

**Arthur Lawrence Reingold**

201. Klevens RM, Morrison MA, Fridkin SK, et al. Community-associated methicillin-resistant *Staphylococcus aureus* and healthcare risk factors. *Emerging Infect. Dis.* 2006;12(12):1991-1993.
202. Aragón TJ, Vugia DJ, Shallow S, Samuel MC, Reingold A, Angulo FJ, Bradford WZ. Case-control study of shigellosis in San Francisco: The role of sexual transmission and HIV infection. *Clin Inf Dis* 2007;44:327-334.
203. Dogra S, Narang P, Mendiratta DK, Chaturvedi P, Reingold AL, Colford JM, Riley LW, Pai M. Comparison of a whole blood interferon- $\gamma$  assay with tuberculin skin testing for the detection of tuberculosis infection in hospitalized children in rural India. *J Inf* 2007;54:267-276.
204. Nunes CLX, Andrade T, Galvão-Castro B, Bastos FI, Reingold A. Assessing risk behaviors and prevalence of sexually transmitted and blood-borne infections among female crack cocaine users in Salvador--Bahia, Brazil. *Braz J Infect Dis.* 2007;11(6):561-566.
205. Pai N, Peterson Tulskey J, Cohan D, Colford Jr JM, Reingold AL. Rapid point-of-care HIV testing in pregnant women: A systematic review and meta-analysis. *Trop Med and Int Hlth* 2007;12:1-12.
206. Madhivanan P, Krupp K, Chandrasekaran V, et al. The epidemiology of *Herpes simplex* virus type-2 infection among married women in Mysore, India. *Sex Transm Dis.* 2007;34(11):935-937.
207. Chainani-Wu N, Silverman Jr S, Reingold A, Bostrom A, McCulloch C, Lozada-Nur F, Weintraub J. A randomized, placebo-controlled, double-blind clinical trial of curcuminoids in oral lichen planus. *Phytomed* 2007;14:437-446.
208. Veras Maria Ameli SM, Enanoria WTA, Castilho EA, Reingold AL. Effectiveness of the polysaccharide pneumococcal vaccine among HIV-infected persons in Brazil: A case control study. *BMC Inf Dis* 2007;7:119.
209. Krupp K, Madhivanan P, Karat C, Chandrasekaran V, Sarvode M, Klausner J, Reingold A. Novel recruitment strategies to increase participation of women in reproductive health research in India. *Glob Pub Hlth* 2007;4:395-403.
210. Lippman SA, Pulerwitz J, Chinaglia M, Hubbard A, Reingold AL, Diaz J. Mobility and its liminal context: Exploring sexual partnering among truck drivers crossing the Southern Brazilian border. *Soc Sci & Med* 2007;doi:10.1016.
211. Hicks LA, Harrison LH, Flannery B, Hadler JL, Schaffner W, Craig AS, Jackson D, Thomas A, Beall B, Lynfield R, Reingold AL, Farley MM, et al. Incidence of pneumococcal disease due to non-pneumococcal conjugate vaccine (PCV7) serotypes in the United States during the era of widespread PCV7 vaccination, 1998-2004. *J Inf Dis* 2007;196:1346-1354.
212. O'Loughlin RE, Roberson A, Cieslak PR, Lynfield R, Gershman K, Craig A, Albanese BA, Farley MM, Barrett NL, Spina NL, Beall B, Harrison LH, Reingold AL, Van Beneden C, et al. The epidemiology of invasive group A streptococcal infection and potential vaccine implications: United States, 2000-2004. *Clin Inf Dis* 2007;45:853-862.

**Arthur Lawrence Reingold**

213. Thigpen MC, Richards Jr CL, Lynfield R, Barrett NL, Harrison LH, Arnold KE, Reingold A, Bennett NM, et al. Invasive group A streptococcal infection in older adults in long-term care facilities and the community, United States, 1998-2003. *Emerg Inf Dis* 2007;13:1852-1859.
214. Malamba S, Hladik W, Reingold AL, Banage F, McFarland W, Rutherford G, Mimbe D, Nzaro E, Downing R, Mermin J. The effect of HIV on morbidity and mortality in children with severe malarial anaemia. *Malaria J* 2007;6:143.
215. Pant Pai N, Joshi R, Dogra S, Taksande B, Kalantri SP, Pai M, Narang P, Tulskey JP, Reingold AL. Evaluation of diagnostic accuracy, feasibility, and client preference for rapid oral fluid-based diagnosis of HIV infection in rural India. *PLoS One* 2007;2(4): e367.doi.10.1371/journal.pone.0000367.
216. Chainani-Wu N, Silverman S Jr, Reingold A, Bostrom A, Lozada-Nur F, Weintraub J. Validation of visual analogue scale, numeric rating scale, change in symptoms scale and modified oral mucositis index for measurement of symptoms and signs of oral lichen planus. *Oral Surg Med Oral Pathol Oral Radiol Endod* 2008;105:51-58.
217. Koo D, Birkhead GS, Reingold AL. Competency-based epidemiologic training in public health practice. *Pub Hlth Rep* 2008 (Suppl 1);123:1-3.
218. Joshi R, Colford Jr JM, Reingold AL, Kalantri S. Nonmalarial acute undifferentiated fever in a rural hospital in Central India: Diagnostic uncertainty and overtreatment with anti-malarial agents. *Am J Trop Med Hyg* 2008;78:393-399.
219. Moore MR, Gertz RE, Woodbury RL, Barkocy-Gallagher GA, Schaffner W, Lexau C, Gershman K, Reingold AL, Farley M, Harrison LH, et al. Population snapshot of emergent *Streptococcus pneumoniae* Serotype 19A in the United States, 2005. *J Inf Dis* 2008; 197:1016-1027.
220. Madhivanan P, Krupp K, Chandrasekaran V, Karat SC, Reingold AL, Klausner JD. Acceptability of male circumcision among mothers with male children in Mysore, India. *AIDS* 2008; 22:983-988.
221. Blumenshine P, Reingold A, Egerter S, Mockenhaupt R, Braveman P, Marks J. Pandemic influenza planning in the United States from a health disparities perspective. *Emerg Inf Dis* 2008; 14:5.
222. Madhivanan P, Krupp K, Chandrasekaran V, Karat C, Arun A, Cohen CR, Reingold AL, Klausner JD. Prevalence and correlates of bacterial vaginosis among young women of reproductive age in Mysore, India. *Ind J Med Microbiol* 2008; 26:132-137.
223. Pant Pai N, Joshi R, Moodie E EM, Taksande B, Kalantri SP, Pai M, Tulskey JP, Reingold AL. Profile of adults seeking voluntary HIV testing and counseling in rural Central India: Results from a hospital-based study. *AIDS Care* 2009;21:294-300.
224. Hsu HE, Shutt KA, Moore MR, Beall BW, Bennett NM, Craig AS, Farley MM, Jorgensen JH, Lexau CA, Petit S, Reingold A, Schaffner W, Thomas A, Whitney CG, Harrison LH. Effect of pneumococcal conjugate vaccine on pneumococcal meningitis. *NEJM* 2009;360:244-256.
225. Gordon A, Ortega O, Kuan G, Reingold A, Saborio S, Balmaseda A, Harris E. Prevalence and seasonality of influenza-like illness in children, Nicaragua, 2005-2007. *Emerg Inf Dis* 2009;15:408-414.



**Arthur Lawrence Reingold**

226. Broyles LN, Van Beneden C, Beall B, Facklam R, Shewmaker PL, Malpiedi P, Daily P, Reingold A, Farley MM. Population-based study of invasive disease due to  $\beta$ -hemolytic streptococci of groups other than A and B. *Clin Inf Dis* 2009;48:706-712.
227. Madhivanan P, Krupp K, Hardin J, Karat C, Klausner JD, Reingold AL. Simple and inexpensive point-of-care tests improve diagnosis of vaginal infections in resource constrained settings. *Trop Med & Int Hlth* 2009;14:703-708.
228. Madhivanan P, Krupp K, Yashodha MN, Marlow L, Klausner JD, Reingold AL. Attitudes toward HPV vaccination among parents of adolescent girls in Mysore, India. *Vaccine* 2009;27:5203-5208.
229. Madhivanan P, Bartman MT, Pasutti L, et al. Prevalence of *Trichomonas vaginalis* infection among young reproductive age women in India: implications for treatment and prevention. *Sex Health*. 2009;6(4):339-344.
230. Chideya S, Winston CA, Peloquin CA, Bradford WZ, Hopewell PC, Wells CD, Reingold AL, Kenyon TA, Moeti TL, Tappero JW. Isoniazid, Rifampin, Ethambutol, and Pyrazinamide, pharmacokinetics and treatment outcomes among a predominantly HIV-infected cohort of adults with tuberculosis from Botswana. *Clin Inf Dis* 2009;48:1685-1694.
231. Carvalho M da G, Pimenta FC, Gertz RE Jr, Joshi HH, Trujillo AA, Keys LE, et al. PCR-based quantitation and clonal diversity of the current prevalent invasive serogroup 6 pneumococcal serotype, 6C, in the United States in 1999 and 2006 to 2007. *J. Clin. Microbiol.* 2009 Mar;47(3):554–9.
232. Gordon A, Videa E, Saborio S, et al. Performance of an influenza rapid test in children in a primary healthcare setting in Nicaragua. *PLoS ONE*. 2009;4(11):e7907.
233. Pai NP, Estes M, Moodie EEM, Reingold AL, Tulskey JP. The impact of antiretroviral therapy in a cohort of HIV infected patients going in and out of the San Francisco county jail. *PLoS ONE*. 2009;4(9):e7115.
234. Ahmad Y, Gertz RE Jr, Li Z, et al. Genetic relationships deduced from emm and multilocus sequence typing of invasive *Streptococcus dysgalactiae* subsp. *equisimilis* and *S. canis* recovered from isolates collected in the United States. *J. Clin. Microbiol.* 2009;47(7):2046-2054.
235. Eisenberg JNS, Aiello AE, Spicknall IH, Monto AS, Reingold A. Protecting the herd from H1N1. *Science*. 2009;326(5955):934; author reply 934.
236. Pilishvili T, Lexau C, Farley MM, Hadler J, Harrison LH, Bennett NM, Reingold A, et al. Sustained reductions in invasive pneumococcal disease in the era of conjugate vaccine. *J Inf Dis* 2010;201:32-41.
237. Krupp K, Marlow LAV, Kielmann K, et al. Factors associated with intention-to-recommend human papillomavirus vaccination among physicians in Mysore, India. *J Adolesc Health*. 2010;46(4):379-384.
238. Lippman SA, Donini A, Díaz J, et al. Social-environmental factors and protective sexual behavior among sex workers: the Encontros intervention in Brazil. *Am J Public Health*. 2010;100 Suppl 1:S216-223.
239. Durrheim DN, Reingold A. Modifying the GRADE framework could benefit public health. *J Epidemiol Community Health*. 2010;64(5):387.

**Arthur Lawrence Reingold**

240. Pilishvili T, Zell ER, Farley MM, et al. Risk factors for invasive pneumococcal disease in children in the era of conjugate vaccine use. *Pediatrics*. 2010;126(1):e9-17.
241. Malamba S, Sandison T, Lule J, Reingold A, Walker J, Dorsey G, Mermin J. Plasmodium falciparum dihydrofolate reductase and dihydropteroate synthase mutations and the use of trimethoprim-sulfamethoxazole prophylaxis among persons infected with human immunodeficiency virus. *Am J Trop Med Hyg* 2010;82:766-771.
242. Dawood FS, Fiore A, Kamimoto L, Nowell M, Reingold A, Gershman K, Meek J, et al. Influenza-associated pneumonia in children hospitalized with laboratory-confirmed influenza, 2003-2008. *Ped Inf Dis* 2010;29:585-590.
243. Kallen AJ, Mu Y, Bulens S, Reingold A, Petit S, Gershman K, Ray SM, Harrison LH, et al. Health care-associated invasive MRSA infections, 2005-2008. *JAMA* 2010;304:641-648.
244. Cohn AC, MacNeil JR, Harrison LH, et al. Changes in *Neisseria meningitidis* disease epidemiology in the United States, 1998-2007: implications for prevention of meningococcal disease. *Clin. Infect. Dis.* 2010;50(2):184-191.
245. Cohen AL, Harrison LH, Farley MM, et al. Prevention of invasive pneumococcal disease among HIV-infected adults in the era of childhood pneumococcal immunization. *AIDS*. 2010;24(14):2253-2262.
246. Dao CN, Kamimoto L, Nowell M, et al. Adult hospitalizations for laboratory-positive influenza during the 2005-2006 through 2007-2008 seasons in the United States. *J. Infect. Dis.* 2010;202(6):881-888.
247. Cochran LW, Black S, Klein NP, et al. Vaccine effectiveness against laboratory-confirmed influenza in infants: A matched case control study. *Hum Vaccin*. 2010;6(9). Available at: <http://www.ncbi.nlm.nih.gov/pubmed/20855940>. Accessed September 26, 2011.
248. Burton DC, Flannery B, Bennett NM, et al. Socioeconomic and racial/ethnic disparities in the incidence of bacteremic pneumonia among US adults. *Am J Public Health*. 2010;100(10):1904-1911.
249. Dawood FS, Fiore A, Kamimoto L, et al. Burden of seasonal influenza hospitalization in children, United States, 2003 to 2008. *J. Pediatr*. 2010;157(5):808-814.
250. Thigpen MC, Whitney CG, Messonnier NE, Zell ER, Lynfield R, Hadler JL, Harrison LH, Farley MM, Reingold AL, et al. Bacterial meningitis in the United States, 1998-2007. *New Engl J Med* 2011; 364:2016-2025.
251. Pinho AA, Chinaglia M, Lippman SA, Reingold AL, Diaz RS, Sucupira MC, Page K, Diaz J. Prevalence and factors associated with HSV-2 and hepatitis B infections among truck drivers crossing the southern Brazilian border. *Sex Trans Infect* 2011; doi:10.1136/sextrans-2011-050186.
252. Veras MA de SM, Ribeiro MCA, Jamal LF, et al. The “AMA-Brazil” cooperative project: a nation-wide assessment of the clinical and epidemiological profile of AIDS-related deaths in Brazil in the antiretroviral treatment era. *Cad Saude Publica*. 2011;27 Suppl 1:S104-113.
253. Madhivanan P, Chen Y-H, Krupp K, et al. Incidence of *Herpes simplex* virus type 2 in young reproductive age women in Mysore, India. *Indian J Pathol Microbiol*. 2011;54(1):96-99.

**Arthur Lawrence Reingold**

254. Creanga AA, Kamimoto L, Newsome K, et al. Seasonal and 2009 pandemic influenza A (H1N1) virus infection during pregnancy: a population-based study of hospitalized cases. *Am. J. Obstet. Gynecol.* 2011;204(6 Suppl 1):S38-45.
255. Weston EJ, Pondo T, Lewis MM, et al. The burden of invasive early-onset neonatal sepsis in the United States, 2005-2008. *Ped Inf Dis.* 2011. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/21654548>. Accessed September 26, 2011.
256. Dawood FS, Kamimoto L, D'Mello TA, et al. Children with asthma hospitalized with seasonal or pandemic influenza, 2003-2009. *Pediatrics.* 2011;128(1):e27-32.
257. Rosen JB, Thomas AR, Lexau CA, et al. Geographic variation in invasive pneumococcal disease following pneumococcal conjugate vaccine introduction in the United States. *Clin. Infect. Dis.* 2011;53(2):137-143.
258. Rathod SD, Krupp K, Klausner JD, et al. Bacterial vaginosis and risk for *Trichomonas vaginalis* infection: A longitudinal analysis. *Sex Transm Dis.* 2011;38(9):882-886.
259. Adamson PC, Krupp K, Freeman AH, Klausner JD, Reingold AL, Madhivanan P. Prevalence & correlates of primary infertility among young women in Mysore, India. *Indian J. Med. Res.* 2011 Oct;134:440-6.
260. Madhivanan P, Krupp K, Reingold A. Correlates of Intimate Partner Physical Violence Among Young Reproductive Age Women in Mysore, India. *Asia-Pacific journal of public health / Asia-Pacific Academic Consortium for Public Health [Internet].* 2011 Dec 20 [cited 2012 Jun 18]; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22186382>
261. MacNeil JR, Cohn AC, Farley M, Mair R, Baumbach J, Bennett N, et al. Current epidemiology and trends in invasive *Haemophilus influenzae* disease--United States, 1989-2008. *Clin. Infect. Dis.* 2011 Dec;53(12):1230-6.
262. Doshi S, Kamimoto L, Finelli L, Perez A, Reingold A, Gershman K, et al. Description of antiviral treatment among adults hospitalized with influenza before and during the 2009 pandemic: United States, 2005-2009. *J. Infect. Dis.* 2011 Dec 15;204(12):1848-56.
263. MacNeil JR, Cohn AC, Zell ER, Schmink S, Miller E, Clark T, et al. Early estimate of the effectiveness of quadrivalent meningococcal conjugate vaccine. *Pediatr. Infect. Dis. J.* 2011 Jun;30(6):451-5.
264. Lippman SA, Chinaglia M, Donini AA, Diaz J, Reingold A, Kerrigan DL. Findings from Encontros: a multilevel STI/HIV intervention to increase condom use, reduce STI, and change the social environment among sex workers in Brazil. *Sex Transm Dis.* 2012 Mar;39(3):209-16.
265. Vandermeer ML, Thomas AR, Kamimoto L, Reingold A, Gershman K, Meek J, et al. Association between use of statins and mortality among patients hospitalized with laboratory-confirmed influenza virus infections: a multistate study. *J. Infect. Dis.* 2012 Jan 1;205(1):13-9.
266. Wise ME, Viray M, Sejvar JJ, Lewis P, Baughman AL, Connor W, et al. Guillain-Barre Syndrome during the 2009-2010 H1N1 influenza vaccination campaign: Population-based surveillance among 45 million Americans. *Am. J. Epidemiol.* 2012 Jun 1;175(11):1110-9.



**Arthur Lawrence Reingold**

267. Luckhaupt SE, Sweeney MH, Funk R, Calvert GM, Nowell M, D’Mello T, et al. Influenza-associated hospitalizations by industry, 2009-10 influenza season, United States. *Emerging Infect. Dis.* 2012 Apr;18(4):556–62.
268. Hampton LM, Farley MM, Schaffner W, Thomas A, Reingold A, Harrison LH, et al. Prevention of antibiotic-nonsusceptible *Streptococcus pneumoniae* with conjugate vaccines. *J. Infect. Dis.* 2012 Feb 1;205(3):401–11.
269. De Serres G, Pilishvili T, Link-Gelles R, Reingold A, Gershman K, Petit S, et al. Use of surveillance data to estimate the effectiveness of the 7-valent conjugate pneumococcal vaccine in children less than 5 years of age over a 9 year period. *Vaccine.* 2012 Jun 8;30(27):4067–72.
270. Reingold AL. Review: “Smallpox-The Death of a Disease: The Inside Story of Eradicating a Worldwide Killer” by D.A. Henderson. 2010; *Am J Epidemiol* 171:384-385.
271. Cohen AL, Taylor T Jr, Farley MM, Schaffner W, Leshner LJ, et al. An assessment of the screening method to evaluate vaccine effectiveness: The case of 7-valent pneumococcal conjugate vaccine in the United States. *PLoS One* 2012;7:341785. Doi:10.1371/journal.pone.0041785.
272. Henry JA, Reingold AL. Prehospital trauma systems reduce mortality in developing countries: A systematic review and meta-analysis. *Trauma Acute Care Surg* 2012;73:261-268.
273. Rathod SD, Klausner JD, Krupp K, Reingold AL, Madhivanan P. Epidemiologic features of vulvovaginal candidiasis among reproductive-age women in India. *Inf Dis Obst Gyn* 2012; Article ID 859071; doi:10.1155/2012/859071.
274. Duclos P, Durrheim DN, Reingold AL, Bhutta ZA, Vannice K, et al. Developing evidence-based immunization recommendations and GRADE\*. *Vaccine* 2012;31:12-19.
275. Joshi R, Kalantri SP, Reingold AR, Colford JM. Changing landscape of acute encephalitis syndrome in India: A systematic review. *Nat Med J India* 2012;25:212-220.
276. Muhammad RD, Oza-Frank R, Zell E, Link-Gelles R, Venkat Narayan KM, Schaffner W, Thomas A, Lexau C, Bennett NM, Farley MM, Harrison LH, Reingold A, et al. Epidemiology of invasive pneumococcal disease among high-risk adults since the introduction of pneumococcal conjugate vaccine for children. *Clin Inf Dis* 2013;56:e59-67.
277. Cox CM, D’Melio T, Perez A, Reingold A, Gershman K, et al. Increase in rates of hospitalization due to laboratory-confirmed influenza among children and adults during the 2009-2010 influenza pandemic. *J Inf Dis* 2012; 206:1350-1358.
278. Livorsi DJ, MacNeil JR, Cohn AC, Bareta J, Zansky S, Petit S, Gershman K, Harrison LH, Lynfield R, Reingold A, et al. Invasive *Haemophilus influenzae* in the United States, 1999-2008: Epidemiology and Outcomes. *J Inf Dis* 2012; 65:496-504.
279. \* Keller AC, Ansell CK, Reingold AL, Bourrier M, Hunter MD, Burrowes S, MacPhail TM. Improving Pandemic Response: A Sensemaking Perspective on the Spring 2009 H1N1 Pandemic. *Risk, Hazards & Crisis in Public Policy*: Vol. 3: Iss. 2, Article 1; 2012. DOI: 10.1515/1944-4079.1101.

**Arthur Lawrence Reingold**

280. Terrault NA, Dodge JL, Murphy EL, Tavis JE, Kiss A, Levin TR, Gish RG, Busch MP, Reingold AL, Alter MJ. Sexual transmission of hepatitis C virus among monogamous heterosexual couples: The HCV partners study. *Hepatology*; 2013;53:881-889.
281. Muhammed RD, Oza-Frank R, Zell E, Link-Gelles R, Venkat Narayan KM, Schaffner W, Thomas A, Lexau C, Bennett NM, Farley MM, Harrison LH, Reingold A, et al. Epidemiology of invasive pneumococcal disease among high-risk adults since the introduction of pneumococcal conjugate vaccine for children. *Clin Inf Dis* 2013;56:e59-e67.
282. Fleming-Dutra KE, Taylor T, Link-Gelles R, Garg S, Jhung MA, Finelli L, Jain S, Shay D, Chaves SS, Baumbach J, Hancock EB, Beall B, Bennett N, Zansky S, Petit S, Yousey-Hindes K, Farley MM, Gershman K, Harrison LH, Ryan P, Lexau C, Lynfield R, Reingold A, et al. Effect of the 2009 influenza A(H1N1) pandemic on invasive pneumococcal pneumonia. *J Inf Dis* 2013;207:1135-1143.
283. Kamimoto L, Euler GL, Lu P-J, Reingold A, Hadler J, Gershman K, et al. Seasonal influenza morbidity estimates obtained from telephone surveys, 2007. *Am J Pub Hlth* 2013;103:755-763.
284. Salmon DA, Proschan M, Forshee R, Gargiullo P, Bleser W, Burwen DR. .H1N1 GBS Meta-Analysis Working Group (Reingold AL-member). Association between Guillain Barré syndrome and influenza A (H1N1) 2009 monovalent inactivated vaccines in the USA: A meta-analysis. *Lancet* 2013;381:1461-1468.
285. Ssekitoleko R, Kamya MR, Reingold AL. Primary prophylaxis for cryptococcal meningitis and impact on mortality in HIV: A systematic review and meta-analysis. *Future Virol* 2013;8:doi: 10.2217/fvl.13.71.
286. Joshi R, Mishra PK, Joshi D, Santhosh SR, Parida MM, Desikan P, Gangane N, Kalantri SP, Reingold A, Colford JM Jr. Clinical presentation, etiology, and survival in adult acute encephalitis syndrome in rural Central India. *Clin Neuro Neurosurg* 2013;115:1753-1761.
287. Dawood FS, Chaves SS, Perez A, Reingold A, Meek J, Farley MM, et al. Complications and associated bacterial coinfections among children hospitalized with seasonal or pandemic influenza, United States, 2003-2010. *J Inf Dis* 2013; Epub DOI: 10.1093/infdis/jit473.
288. Thompson MG, Sokolow LZ, Almendares O, Openo K, Farley MM, Meek J, Ray J, Daily Kirley P, Reingold A, et al. Effectiveness of nonadjuvanted monovalent influenza A (H1N1) pdm09 vaccines for preventing reverse transcription polymerase chain reaction-confirmed pandemic influenza hospitalizations: Case-control study of children and adults at 10 U.S. influenza surveillance network sites. *Clin Inf Dis* 2013;11:1587-1592.
289. Wiringa AE, Shutt KA, Marsh JW, Cohn AC, Messonnier NE, Zansky SM, Petit S, Farley MM, Gershman K, Lynfield R, Reingold A, et al. Geotemporal analysis of *Neisseria meningitidis* clones in the United States: 2000-2005. *PLoS One* 2013;8:e82048l doi:10.1371/journal.pone.0082048.
290. Woolf-King SE, Steinmaus CM, Reingold AL, Hahn JA. An update on alcohol use and risk of HIV infection in sub-Saharan Africa: Meta:analysis and future research directions. *IJADR*, 2013, 2(1), 99-110; doi: 10.7895/ijadr.v2i1.45.
291. Jhung MA, D'Mello T, Perez A, Aragon D, Bennett NM, Cooper T, Farley MM, Fowler B, Grube SM, Hancock EB, Lynfield R, Morin C, Reingold A, et al. Hospital-onset influenza hospitalizations – United States, 2010-2011. *Am J Inf Control* 2014; 42:7-11.

**Arthur Lawrence Reingold**

292. Ayieko J, Abuogi L, Simchowitz B, Bukusi EA, Smith AH, Reingold A. Efficacy of isoniazid prophylactic therapy in prevention of tuberculosis in children: a meta-analysis. *BMC Inf Dis* 2014; 14:91; doi:10.1186/1471-2334-14-91.
293. Dharan NJ, Sokolow LZ, Cheng PY, Gargiullo P, Gershman K, Lynfield R, Morin C, Thomas A, Meek J, Farley MM, Arnold KE, Reingold A, et al. Child, household, and caregiver characteristics associated with hospitalization for influenza among children 6-59 months of age: an emerging infections program study. *Pediatr Infect Dis J*. 2014 Jun;33(6):e141-50. doi: 10.1097/INF.0000000000000283.PMID: 24642518.
294. Wortham JM, Zell ER, Pondo T, Harrison LH, Schaffner W, Lynfield R, Thomas A, Reingold A, et al. Racial disparities in invasive *Streptococcus pneumoniae* infections, 1998-2009. *Clin Infect Dis*. 2014 May;58(9):1250-7. doi: 10.1093/cid/ciu108. Epub 2014 Feb 27.PMID:24585565.
295. Madhivanan P, Raphael E, Rumphs A, Krupp K, Ravi K, Srinivas V, Arun A, Reingold AL, et al. Characterisation of culturable vaginal *Lactobacillus* species among women with and without bacterial vaginosis from the United States and India: A cross-sectional study. *J Med Microbiol*. 2014 Jul;63(Pt 7):931-5. doi: 10.1099/jmm.0.073080-0. Epub 2014 May 16.PMID :24836413.
296. Chaves SS, Perez A, Farley MM, Miller L, Schaffner W, Lindegren ML, Sharangpani R, Meek J, Yousey-Hindes K, Thomas A, Boulton R, Baumbach J, Hancock EB, Bandyopadhyay AS, Lynfield R, Morin C, Zansky SM, Reingold A, et al. The burden of influenza hospitalizations in infants from 2003 to 2012, United States. *Pediatr Infect Dis J*. 2014 Sep;33(9):912-9. doi: 10.1097/INF.0000000000000321.PMID:24577042.
297. Blain A, MacNeil J, Wang X, Bennett N, Farley MM, Harrison LH, Lexau C, Miller L, Nichols M, Petit S, Reingold A, et al. Invasive *Haemophilus Influenzae* Disease in Adults  $\geq 65$  Years, United States, 2011. *Open Forum Infect Dis* (Summer 2014) 1 (2): first published online June 13, 2014. doi:10.1093/ofid/ofu044.
298. Greenbaum A, Chaves S S, Perez A, Aragon D, Bandyopadhyay A, Bennett N, Fowler B, Hancock E, Lynfield R, McDonald-Hamm C, Reingold A, et al. Heavy alcohol use as a risk factor for severe outcomes among adults hospitalized with laboratory-confirmed influenza, 2005-2012. *Infection* (2014) 42:165-170. Doi 10.1007/s15010-013-0534-8.
299. Langley G, Schaffner W, Farley MM, Lynfield R, Bennett NM, Reingold A, et al. Twenty years of Active Bacterial Core surveillance. *Emerg Infect Dis*. 2015 Sept. <http://dx.doi.org/10.3201/eid2109.141333>.
300. Vugia DJ, Meek JI, Danila RN, Jones TF, Schaffner W, Baumbach J, Lathrop S, Farley MM, Tobin-D'Angelo M, Miller L, Harrison LH, Bennett NM, Cieslak PR, Cartter ML, Reingold A. Training in Infections Disease Epidemiology through the Emerging Infections Program Sites. *Emerg Infect Dis*. 2015 Sept. doi:<http://dx.doi.org/10.3201/eid2109.150443>.
301. MacNeil JR, Bennett N, Farley MM, Harrison LH, Lynfield R, Nichols M, Petit S, Reingold A, et al. Epidemiology of Infant Meningococcal Disease in the United States, 2006-2012. *Pediatrics* Volume 135, number 2, February 2015. doi:10.1542/peds.2014-2035.
302. Arriola CS, Anderson EJ, Baumbach J, Bennett N, Bohm S, Hill M, Lindegren ML, Lung K, Meek J, Mermel E, Miller L, Monroe ML, Morin C, Oni O, Reingold A, et al. Does Influenza Vaccination Modify

**Arthur Lawrence Reingold**

- Influenza Severity: Data on Older Adults Hospitalized With Influenza During the 2012-2013 Season in the United States. *J. Infect Dis* March 2015. doi: 10.1093/infdis/jiv200.
303. Moore MR, Link-Gelles R, Schaffner W, Lynfield R, Lexau C, Bennett NM, Petit S, Zankasy SM, Harrison LH, Reingold A, et al. Effect of use of 13-valent pneumococcal conjugate vaccine in children on invasive pneumococcal disease in children and adults in the USA: analysis of multisite, population-based surveillance. *Lancet Infect Dis* 2015; 15:301-09. [http://dx.doi.org/10.1016/S1473-3099\(14\)71081-3](http://dx.doi.org/10.1016/S1473-3099(14)71081-3).
  304. Madhivanan P, Alleyn HN, Raphael E, Krupp K, Ravi K, Nebhrajani R, Arun A, Reingold A, et al. Identification of culturable vaginal *Lactobacillus* species among reproductive age women in Mysore, India. *Med Micro* (2015), 64. doi:10.1099/jmm.0.000070.
  305. Brito AM, Kendall C, Kerr L, Salani Mota RM, Crosland Guimaraes MD, Dourado I, Pinho A, Schwartz Benzaken A, Brignol S, Reingold A. Factors Associated with Low Levels of HIV Testing among Men Who Have Sex with Men (MSM) in Brazil. *PLOS One* (2015). doi:10.1371/journal.pone.0130445.
  306. Dorjee K, Dierberg K, Sadutshang TD, and Reingold A. First report of multi-drug resistant tuberculosis in a systemic lupus erythematosus patient. *BMC Res Notes* (2015) 8:337. doi 10.1186/s13104-015-1302-x.
  307. Garg S, Jain S, Dawood F S, Jhung M, Perez A, D’Mello T, Reingold A, et al. Pneumonia among adults hospitalized with laboratory-confirmed seasonal influenza virus infection—United States, 2005-2008. *BMC Infectious Diseases* (2015) 15:369. Doi 10.1186/s12879-015-1004-y.
  308. Shuster M, Eskola J, Duclos P, SAGE Working Group on Vaccine Hesitancy. Review of vaccine hesitancy: Rationale, remit, and methods. Elsevier Ltd. 2015. <http://dx.doi.org/10.1016/j.vaccine.2015.04.035>.
  309. MacDonald N, SAGE Working Group on Vaccine Hesitancy. Vaccine hesitancy: Definition, scope and determinants. Elsevier Ltd. 2015. <http://dx.doi.org/10.1016/j.vaccine.2015.04.36>.
  310. Larson H, Jarrett C, Schulz W, Chaudhuri M, Zhou Y, Dube E, Schuster M, MacDonald N, Wilson R, SAGE Working Group on Vaccine Hesitancy. Measuring vaccine hesitancy: The development of a survey tool. Elsevier Ltd. 2015. <http://dx.doi.org/10.1016/j.vaccine.2015.04.37>.
  311. Butler R, MacDonald N, SAGE Working Group on Vaccine Hesitancy. Diagnosing the determinants of vaccine hesitancy in specific subgroups: The Guide to Tailoring Immunization Programmes (TIP). Elsevier Ltd. 2015. <http://dx.doi.org/10.1016/j.vaccine.2015.04.038>.
  312. Jarrett C, Wilson R, O’Leary M, Eckersberger E, Larson H, SAGE Working Group on Vaccine Hesitancy. Strategies for addressing vaccine hesitancy—A systematic review. Elsevier Ltd. 2015. <http://dx.doi.org/10.1016/j.vaccine.2015.04.040>.
  313. Dube E, Gagnon D, MacDonald N, SAGE Working Group on Vaccine History. Strategies intended to address vaccine hesitancy: Review of published reviews. Elsevier Ltd. 2015. <http://dx.doi.org/10.1016/j.vaccine.2015.04.0041>.
  314. Nowak G, Gellin B, MacDonald N, Butler R, SAGE Working Group on Vaccine Hesitancy. Addressing vaccine hesitancy: The potential value of commercial and social marketing principles and practices. Elsevier Ltd. 2015. *Vaccine* 33 (2015) 4204–4211 <http://dx.doi.org/10.1016/j.vaccine.2015.04.039>.

**Arthur Lawrence Reingold**

315. Goldstein S, MacDonald N, Guirguis S, SAGE Working Group on Vaccine Hesitancy. Health Communication and vaccine hesitancy. Elsevier Ltd. 2015.<http://dx.doi.org/10.1016/j.vaccine.2015.04.042>.
316. Eskoka J, Duclos P, Schuster M, MacDonald N, SAGE Working Group on Vaccine Hesitancy. How to deal with vaccine hesitancy? Elsevier Ltd. 2015. <http://dx.doi.org/10.1016/j.vaccine.2015.04.043>.
317. Rathod SD, Li T, Klausner JD, Hubbard A, Reingold AL, and Madhivanan P, Logic regression-derived algorithms for syndromic management of vaginal infections. Medical Informatics and Decision Making. 2015. 15:106. DOI 10.1186/s12911-015-0228-5.
318. Vugia DJ, Meek JI, Danila RN, Jones TF, Schaffner W, Baumbach J, Lathrop S, Farley MM, Tobin-D'Angelo M, Miller L, Harrison LH, Bennett NM, Cieslak PR, Cartter ML, Reingold AL. Training in Infectious Disease Epidemiology through the Emerging Infections Program Sites. Emerging Infectious Diseases. Vol. 21, No. 9; September 2015.
319. Smith EM, Khan MA, Reingold AL, Watt JP. Group B streptococcus infections of soft tissue and bone in California adults, 1995-2012. Epidemiol. Infect. (2015), 143, 3343-3350. doi:10.1017/S0950268815000606.
320. Pekka N, Reingold A. Preventing pneumococcal infections in older adults. The Lancet, Vol 3 November 2015. [http://dx.doi.org/10.1016/52213-2600\(15\)00365-3](http://dx.doi.org/10.1016/52213-2600(15)00365-3).
321. Tomczyk S, Lynfield R, Schaffner W, Reingold A, et al. Prevention of Antibiotic-Nonsusceptible Invasive Pneumococcal Disease With the 13-Valent Pneumococcal Conjugate Vaccine. Clin Infect Dis 2016;62(9):1119-25. doi: 10.1093/cid/ciw067.
322. Cardosa CS, Sabino EC, Oliveira CdL, de Oliveira LC, Ferreira AM, Cunha-Neto E, Bierrenback AL, Ferreira JE, Haikal DS, Reingold AL, et al. Longitudinal study of patients with chronic Chagas cardiomyopathy in Brazil (SaMi-Trop project): a cohort profile. BMJ Open 2016;6:e011181. doi:10.1136/bmjopen-2016-011181.
323. Moore MR, Link-Gelles R, Schaffner W, Lynfield R, Haltzman C, Harrison LH, Zansky SM, Rosen JB, Reingold A, et al. Effectiveness of 13-valent pneumococcal conjugate vaccine for prevention of invasive pneumococcal disease in children in the USA: a matched case-control study. The Lancet, Vol 4 May 2016. [http://dx.doi.org/10.1016/52213-2600\(16\)00052-7](http://dx.doi.org/10.1016/52213-2600(16)00052-7).
324. Bramley AM, Chaves SS, Dawood FS, Doshi S, Reingold A, et al. Utility of keywords from chest radiograph reports for pneumonia surveillance among hospitalized patients with influenza: The CDC Influenza Hospitalization Surveillance Network, 2008-2009. Public Health Reports. May/Jun 2016, Vol. 131 Issue 3, p483-490.
325. Blain AE, Sema M, Wu H, MacNeail JR, Harrison LH, Farley MM, Lynfield R, Miller L, Nichols M, Petit S, Reingold A, et al. Penicillin use in Meningococcal disease management: Active Bacterial Core Surveillance Sites, 2009. Open Forum Infectious Diseases. 11 July 2016. doi: 10.1093/ofid/ofw152.
326. Link-Gelles R, Westreich D, Aiello AE, Shang N, Weber DJ, Holtzman C, Scherzinger K, Reingold A, et al. Bias with respect to socioeconomic status: A closer look at zip code matching in a pneumococcal vaccine effectiveness study. 8 August 2016. Elsevier. <http://dx.doi.org/10.1016/j.ssmph.2016.08.005>.



**Arthur Lawrence Reingold**

327. Higgins JPT, Soares-Weiser K, Lopez JA, Kakourou A, Chaplin K, Martin NK, Sterne JAC, Reingold A. Association of BCG, DTP, and measles containing vaccines with childhood mortality: systematic review. *BMJ*. 2016;355:i5170. doi:10.1136/bmj.i5170.
328. Andreuccetti G, Leyton V, Lemos NP, Miziara ID, Ye Y, Takitane J, Munoz DR, Reingold AL, et al. Alcohol use among fatally injured victims in São Paulo, Brazil: bridging the gap between research and health services in developing countries. 2016 Nov 6. doi: 10.1111/add.13688. [Epub ahead of print]
329. Harris CM, Wu HM, Li J, Hall HI, Lee A, Zell E, Harrison LH, Petit S, Farley MM, Lynfield R, Miller L, Nichols M, Reingold A, et al. Meningococcal disease in patients with human immunodeficiency virus infection: a review of cases reported through active surveillance in the United States, 2000-2008. *Open Forum Infect Dis*. 2016 Dec 20;3(4):ofw226. doi: 10.1093/ofid/ofw226.
330. Schrag SJ, Farley MM, Petit S, Reingold A, et al. Epidemiology of invasive early-onset neonatal sepsis, 2005 to 2014. *Pediatrics*. 2016 Dec; 138(6). pii: e20162013.
331. Metcalf BJ, Chochua S, Gertz RE, Li Z, et al. Using whole genome sequencing to identify resistance determinants and predict antimicrobial resistance phenotypes for year 2015 invasive pneumococcal disease isolates recovered in the United States. *Clinical Microbiology and Infection*, Volume 22, Issue 12, 2016, Pages 1002.e1-1002.e8, <https://doi.org/10.1016/j.cmi.2016.08.001>.
332. Wesson P, Reingold A, McFarland W. Theoretical and empirical comparisons of methods to estimate the size of hard-to-reach populations: a systematic review. *AIDS Behav*. 2017 Jan 11. doi: 10.1007/s10461-017-1678-9. [Epub ahead of print] Review.
333. Cohn AC, MacNeil JR, Harrison LH, Lynfield R, Reingold AL, et al. Effectiveness and duration of protection of one dose of a meningococcal conjugate vaccine. *Pediatrics*. Volume 139, No. 2; February 2017.
334. Belongia EA, Karron RA, Reingold A, et al. The Advisory Committee on Immunization Practices recommendations regarding the use of live influenza vaccine: A rejoinder. *Vaccine* (2017), <http://dx.doi.org/10.1016/j.vaccine.2017.06.017>.
335. Carmen SA, Garg S, Anderson EJ, Ryan PA, George A, Zansky SM, Bennett N, Reingold A, et al. Influenza vaccination modifies disease severity among community-dwelling adults hospitalized with influenza. *Clin Infect Dis* 2017 cix468. doi: 10.1093/cid/cix468.
336. Link-Gelles R, Westreich D, Aiello AE, Shang N, Weber DJ, Rosen JB, Motala T, Mascola L, Eason J, Scherzinger K, Holtzman C, Reingold AL, et al. Generalisability of vaccine effectiveness estimates: an analysis of cases included in a postlicensure evaluation of 13-valent pneumococcal conjugate vaccine in the USA. *BMJ Open* 2017; 7:e017715. doi:10.1136/bmjopen-2017-017715.
337. Metcalf BJ, Chochua S, Girtz Jr. RE, et al. Short-read whole genome sequencing for determination of antimicrobial resistance mechanisms and capsular serotypes of current invasive *Streptococcus agalactiae* recovered in the USA, *Clinical Microbiology and Infection*, Volume 23, Issue 8, 18 Feb 2017, Pages 574.e7-574.e14, <https://doi.org/10.1016/j.cmi.2017.02.021>.

**Arthur Lawrence Reingold**

338. Arriola C, Garg S, Anderson E, Ryan PA, George A, Zansky SM, Bennett N, Reingold A, et al. Influenza vaccination modifies disease severity among community-dwelling adults hospitalized with influenza. *Clin Infect Dis* May 2017;00(00):1-9. doi:10.1093/cid/cix468.
339. Wong KK, Burdette E, Mahon B, et al. Recommendations of the Advisory Committee on Immunization Practices for use of cholera vaccine. *MMWR* 12 May 2017, 66(18):482-485. doi:10.15585/mmwr.mm6618a6.
340. Wesson P, Lechtenberg R, Reingold, A, et al. Evaluating the completeness of HIV surveillance using capture-recapture models, Alameda County, California. *AIDS Behav* 21 August 2017. doi: 10.1007/s10461-017-1883-6.
341. Orenstein WA, Hinman A, Nkowane B, Olive JM, Reingold A. Measles and Rubella Global Strategic Plan 2012-2020 midterm review. *Vaccine* 36 (2018); A1-A34; <https://doi.org/10.1016/j.vaccine.2017.09.026>
342. Orenstein WA, Cairns L., Hinman .A, Nkowane B., J-M., Olive, Reingold A.L. Measles and Rubella Global Strategic Plan 2012-2020 midterm review report: background and summary. *Vaccine* 36 (2018) A35-A42: <https://doi.org/10.1016/j.vaccine.2017.10.065>.
343. Schille S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. *Recommendations and Reports*:12 January 2018: 67(1);1-31.
344. Gordon A, Reingold A. The Burden of Influenza: a Complex Problem. *Current Epidemiology Reports*: 05 February 2018. <https://doi.org/10.1007/s40471-018-0136-1>.
345. Liang JL, Tiwari T, Moro P, et al. Prevention of Pertussis, Tetanus, and Diphtheria with Vaccines in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recommendations and Reports*. 27 April 2018;67(2):1-44. doi:10.15585/mmwr.rr6702a1
346. G. Andreuccetti, C.J. Cherpitel, H.B. Carvalho, V. Leyton, I.D. Miziara, D.R. Munoz, Reingold A, et al. Alcohol in combination with illicit drugs among fatal injuries in Sao Paulo, Brazil: An epidemiological study on the association between acute substance use and injury. *Injury*, Volume 49, Issue 12, 2018, Pages 2186-2192. <https://doi.org/10.1016/j.injury.2018.09.035>.
347. Soeters HM, Blain A, Pondo T, Doman B, Farley MM, Harrison LH, Lynfield R, Miller L, Petit S, Reingold A, et al. Current epidemiology and trends in invasive *Haemophilus influenzae* disease—United States, 2009–2015, *Clin Infec Dis*, Volume 67, Issue 6, 15 September 2018, Pages 881–889. <https://doi.org/10.1093/cid/ciy187>.
348. O’Brien KS, Emerson P, Hooper PJ, Reingold AL, et al. Antimicrobial resistance following mass azithromycin distribution for trachoma: a systematic review. *Lancet Infect. Dis* 2018. October 3, 2018. [http://dx.doi.org/10.1016/S1473-3099\(18\)30444-4](http://dx.doi.org/10.1016/S1473-3099(18)30444-4).
349. Mendes Lobão W, Duarte FG, Burns JD, et al. Low coverage of HPV vaccination in the national immunization programme in Brazil: Parental vaccine refusal or barriers in health-service based vaccine delivery *PLoS One*. 2018;13(11):e0206726. doi:10.1371/journal.pone.0206726.

**Arthur Lawrence Reingold**

350. Duarte FG, da Silva Moreir S, da Conceicao C Almeida M, de Souza Teles CA, Andrade CS, Reingold A, et al. Sex differences and correlates of poor glycaemic control in type 2 diabetes: a cross-sectional study in Brazil and Venezuela. *BMJ Open*. 2019;9:e023401. doi:10.1136/bmjopen-2018-023401.
351. Lewnard JA, Reingold AL. Emerging challenges and opportunities in infectious disease epidemiology. *American Journal of Epidemiology*. May 2019 Volume 188, Issue 5, Pages 873–882. <https://doi.org/10.1093/aje/kwy264>
352. Schaffner W, Nichol KL, Reingold AL, Preventing hepatitis in us adults through vaccination. *Infectious Diseases In Clinical Practice*. November 2018, Volume 26, Issue 6 p 304-312. doi: 10.1097/IPC.0000000000000685.
353. Cardoso CS, Ribeiro ALP, Oliveira CDL, Oliveira LC, Ferreira AM, Bierrenbach AL, Silva JLP, Colosimo EA, Ferreira JE, Lee TH, Busch MP, Reingold AL, et al. Beneficial effects of benznidazole in Chagas disease: NIH SaMi-Trop cohort study. *PLoS neglected tropical diseases*. 2018.12. <https://doi.org/10.1371/journal.pntd.0006814>.
354. Dorjee K, Choden T, Baxi SM, Steinmaus C, and Reingold AL. Risk of cardiovascular disease associated with exposure to abacavir among individuals with HIV: a systematic review and meta-analyses of results from 17 epidemiologic studies. *International Journal of Antimicrobial Agents*. 2018, 52(5), pp.541-553. <https://doi.org/10.1016/j.ijantimicag.2018.07.010>.
355. Ahmed SS, Pondo T, Xing W, McGee L, Farley M, Schaffner W, Thomas A, Reingold A, et al. Early impact of 13-valent pneumococcal conjugate vaccine use on invasive pneumococcal disease among adults with and without underlying medical conditions--United States. *Clinical Infectious Diseases*. CID 2019:1-9. doi:10.1093/cid/ciz739.



# EXHIBIT 4

This copy is for your personal, non-commercial use only. To order presentation-ready copies for distribution to your colleagues, clients or customers visit <https://www.djreprints.com>.

<https://www.wsj.com/articles/coronavirus-vs-flu-which-virus-is-deadlier-11583856879>

U.S.

# Coronavirus vs. Flu: Which Virus Is Deadlier?

The two maladies are similar in many ways, but people have more protection against seasonal flu



A discharged Covid-19 patient in Wuhan, China, bowed to the doctors while leaving the hospital on Tuesday.

PHOTO: STRINGER/GETTY IMAGES

By [Betsy McKay](#)

Updated March 10, 2020 12:49 pm ET

The new coronavirus and the seasonal flu are similar in many ways. Both are respiratory diseases that spread through droplets of fluid from the mouth and nose of someone who is infected. Both are contagious, produce similar symptoms and can be deadly.

But there are some major differences. While both produce many of the same symptoms—fever, cough and muscle aches—and are particularly hard on the elderly, they come from two different families of viruses. People have more protection from the flu because there is a vaccine and they are exposed to flu viruses every year.

There is no vaccine yet to protect people against Covid-19, the disease caused by the new virus.

“I think what we’re seeing with Covid-19 is what influenza would look like without a vaccine,” said Neil Fishman, who is chief medical officer at the Hospital of the University of Pennsylvania and an infectious-disease specialist.

## RELATED

- [This Common Flu Virus Is a Growing Threat](#)
- [The Deadly Flu No One Saw Coming](#)
- [Coronavirus Symptoms Start About Five Days After Infection, New Research Finds](#)
- [Japan Sees Silver Lining to Coronavirus as Flu Cases Drop](#)

Scientists haven't yet established exactly how deadly or transmissible the new virus is. But so far the new coronavirus appears to be deadlier than the seasonal flu, which kills thousands of Americans every season.

Calculations of the mortality rate for Covid-19 have ranged between 2% and 3.4% since the virus was identified in China in January, according to World Health Organization data. Those percentages are derived by dividing the number of confirmed deaths globally into the number of confirmed cases.

By contrast, the seasonal flu has a death rate of approximately 0.1%.

Covid-19's higher death rate is one reason that billionaire global-health philanthropist Bill Gates recently warned in an article in the New England Journal of Medicine that "Covid-19 has started behaving a lot like the once-in-a-century pathogen we've been worried about."

But public-health scientists say the real death rate is probably lower than the current estimates. U.S. health officials suggested in another article in the New England Journal of Medicine that the death rate could be well below 1%. (Other estimates have ranged between 1% and 2%.) That's because current calculations are based on tallies of people who were ill enough to be tested, they wrote.

Epidemiologists say they are certain there are many more people who were infected but didn't receive a test—either because they weren't ill enough to get one or didn't have access to a test. Problems with a test developed in the U.S. means many people haven't been able to get one.

Studies suggest there are also people who were infected but had no symptoms.

"We don't know the proportion of mild or asymptomatic cases," Marc Lipsitch, professor of epidemiology at Harvard T.H. Chan School of Public Health and director of the Center for Communicable Disease Dynamics, said in a recent teleconference.

In addition, the mortality rate has differed by region and by intensity of transmission, according to a report by an international mission to China of experts led by the WHO. It was 5.8% in an explosive initial outbreak in Wuhan. But in other, less-hard-hit areas of China, which had more time to prepare to care for patients, it was 0.7%. The rate in China has come down

over time, the report said. In South Korea, which has had more than 7,000 cases, the mortality rate is 0.7%.

To calculate the “infection fatality rate”—meaning an infected person’s risk of death—will require large-scale studies to determine how many people in an area where there has been an outbreak have antibodies to the virus in their blood, Dr. Lipsitch said. That would show how many people had been infected, he said.

---

#### SHARE YOUR THOUGHTS

---

*Have you been tested for flu or coronavirus? What was your experience? Join the conversation below.*

---

Two blood tests have been licensed in China to conduct such studies, according to the WHO.

The new coronavirus, called SARS CoV-2, infects the lower respiratory tract. About 80% of people in a cohort of nearly 56,000 people in China had either mild or moderate illnesses, according to the report by the experts who traveled to China. Those illnesses started with a fever, dry cough, fatigue and other flulike symptoms, but sometimes included shortness of breath and progressed to a mild form of pneumonia, according to the report.

Another 13.8% became severely ill, requiring oxygen, and 6.1% were critical, meaning respiratory and organ failure, according to the report. People over the age of 60 and those with underlying conditions such as cardiovascular disease, chronic lung disease, diabetes and cancer were at highest risk, the report said.

---

#### Newsletter Sign-up

Coronavirus Daily Briefing and Health Weekly

Get a weekday morning briefing on coronavirus, plus a curated weekly look at features, columns and headlines on personal health and the health industry.

PREVIEW

SUBSCRIBE

---

There are contradictory reports of how transmissible Covid-19 is. The disease does not seem to spread as easily as the flu, according to the WHO, which found that most of the spread in China was through close contacts like family members. Other disease modeling suggests the new virus is more transmissible than the flu.

Experts say the new coronavirus may appear to be more transmissible than flu right now because people have at least some immunity to seasonal flu viruses, since the flu goes around every year, and there is a flu vaccine.

About 34 million people in the U.S. have had the flu this season, which is still ongoing but starting to ease, according to the latest flu report from the Centers for Disease Control and Prevention. Of them, about 20,000 have died.

Flu strains change slightly every year, and the number of deaths depends on how severe the strains that are circulating that season are, according to the CDC. The most severe flu pandemic in recent history killed tens of millions of people in 1918 and 1919, meaning more than 2.5% of those it infected, according to CDC research.

Write to Betsy McKay at [betsy.mckay@wsj.com](mailto:betsy.mckay@wsj.com)

---

## HOW TO NAVIGATE THE CORONAVIRUS

---

- Read the [full report](#) (articles are free)
  - [See live updates](#) on the virus and its impact
  - [What We Know About the Coronavirus](#)
  - [The Virus and Your Job: A New Set of Questions](#)
  - [Essentials of Working From Home](#), and [How to Keep Your Home Virus-Free](#)
  - [Should You Clean Your Phone? Definitely... Maybe.](#)
  - [Stock Up on What You Need Without Getting Fleeced](#)
  - [Travel Tips to Protect Your Health](#)
  - [The Loneliness of Forced Isolation](#), and [How One Family Is Dealing With Life, Disrupted](#)
  - [You Aren't Washing Your Hands Right. Here's How to Do It.](#)
  - [Facts and Myths About Boosting Your Immune System](#)
  - [Who's Most at Risk From the Virus](#), and [How Vulnerable Children Are](#)
- 

Copyright © 2020 Dow Jones & Company, Inc. All Rights Reserved

This copy is for your personal, non-commercial use only. To order presentation-ready copies for distribution to your colleagues, clients or customers visit <https://www.djreprints.com>.

# EXHIBIT 5



ADVERTISEMENT

SCIENCE

## Coronavirus infection may cause lasting damage throughout the body, doctors fear



Medical staff attend to a COVID-19 patient. Doctors are seeing signs of long-term health problems in patients who have recovered from the disease. (Sascha Schuermann / Getty Images)

By MELISSA HEALY  
STAFF WRITER

APRIL 10, 2020 | 3:03 PM



For a world grappling with the new coronavirus, it's becoming increasingly clear that

even when the pandemic is over, it won't really be over.

Now doctors are beginning to worry that for patients who have survived COVID-19, the same may be true.

For the sickest patients, [infection with the new coronavirus](#) is proving to be a full-body assault, causing damage well beyond the lungs. And even after patients who become severely ill have recovered and cleared the virus, physicians have begun seeing evidence of the infection's lingering effects.

In a [study](#) posted this week, scientists in China examined the blood test results of 34 COVID-19 patients over the course of their hospitalization. In those who survived mild and severe disease alike, the researchers found that many of the biological measures had "failed to return to normal."

ADVERTISEMENT

Chief among the worrisome test results were readings that suggested these apparently recovered patients continued to have impaired liver function. That was the case even after two tests for the live virus had come back negative and the patients were cleared to be discharged.



### Get our free Coronavirus Today newsletter

Sign up for the latest news, best stories and what they mean for you, plus answers to your questions.

**SIGN ME UP**

You may occasionally receive promotional content from the Los Angeles Times.



At the same time, as cardiologists are contending with the immediate effects of COVID-19 on the heart, they're asking how much of the damage could be long-lasting. In an [early study](#) of COVID-19 patients in China, heart failure was seen in nearly 12% of those who survived, including in some who had shown no signs of respiratory distress.

When lungs do a poor job of delivering oxygen to the body, the heart can come under severe stress and may emerge weaker. That's concerning enough in an illness that typically causes breathing problems. But when even those without respiratory distress sustain injury to the heart, doctors have to wonder whether they have underestimated COVID-19's ability to wreak lasting havoc.

ADVERTISEMENT

"COVID-19 is not just a respiratory disorder," said [Dr. Harlan Krumholz](#), a cardiologist at Yale University. "It can affect the heart, the liver, the kidneys, the brain, the endocrine system and the blood system."

---

SCIENCE

**We can't shelter in place forever: How the coronavirus lockdown might end**

April 10, 2020

---

There are no long-term survivors of this wholly new disease: Even its first victims in China are little more than three months removed from their ordeal. And physicians have been too busy treating the acutely ill to closely monitor the progress of the roughly 370,000 people worldwide known to have recovered from COVID-19.

Still, doctors are worried that in its wake, some organs whose function has been knocked off kilter will not recover quickly, or completely. That could leave patients more vulnerable for months or years to come.

ADVERTISEMENT

“I think there will be long-term [sequelae](#),” said Yale cardiologist [Dr. Joseph Brennan](#), using the medical term for a disease’s downstream effects.

“I don’t know that for real,” he cautioned. “But this disease is so overwhelming” that some of the recovered are likely to face ongoing health concerns, he said.

Another question that could take years to answer is whether the SARS-CoV-2 virus that causes COVID-19 may lie dormant in the body for years and spring back later in different form.

It wouldn’t be the first virus to behave that way. After a chicken pox infection, for instance, the herpes virus that causes the illness hides quietly for decades and often emerges as the painful affliction shingles. The virus that causes hepatitis B can sow the seeds of liver cancer years later. And in the months after the West African Ebola epidemic subsided in 2016, the virus responsible for that illness was [found](#) to have taken up residence in the vitreous fluid of some of its victims’ eyes, causing blindness or vision impairment in 40% of those affected.

ADVERTISEMENT

---

**MORE CORONAVIRUS COVERAGE >**

---

## Organ transplants plummeted as the coronavirus spread, study says

---

California lawmakers question state's vetting of failed coronavirus contracts

---

Fifth worker at SoFi Stadium tests positive for coronavirus

Given SARS-CoV-2's affinity for lung tissue, doctors quickly suspected that some recovered COVID-19 patients would sustain lasting damage to their lungs. In infections involving the coronavirus that cause [severe acute respiratory syndrome](#)

[\(SARS\)](#), about one-third of recovered patients had lung impairment after three years, but those symptoms had largely cleared 15 years later. And researchers [found](#) that one-third of patients who suffered [Middle East respiratory syndrome \(MERS\)](#) had scarring of the lungs — fibrosis — that was probably permanent.

In a mid-March review of a dozen COVID-19 patients discharged from a hospital in Hong Kong, two or three were described as having difficulty with activities they had done in the past.

[Dr. Owen Tsang Tak-yin](#), director of infectious diseases at Princess Margaret Hospital in Hong Kong, told reporters that some patients “might have around a drop of 20 to 30% in lung function” after their recovery.

ADVERTISEMENT

---

SCIENCE

**How a discovery that brought us Viagra could help those battling the coronavirus**

April 5, 2020

---

Citing the history of lasting lung damage in SARS and MERS patients, a team led by UCLA radiologist [Melina Hosseiny](#) is [recommending](#) that patients who have recovered from COVID-19 get follow-up lung scans “to evaluate long-term or permanent lung damage including fibrosis.”

As doctors try to assess organ damage after COVID-19 recovery, there’s a key complication: Patients with disorders that affect the heart, liver, blood and lungs face a higher risk of becoming very sick with COVID-19 in the first place. That makes it difficult to distinguish COVID-19 after-effects from the problems that made patients vulnerable to begin with — especially so early in the game.

Right now, “we’re all in the middle of it,” said [Dr. Kim Williams](#), a cardiovascular disease specialist at Rush University Medical Center in Chicago. “We have much more information about what happens acutely, and we’re trying to manage that.”

ADVERTISEMENT

What they do know is that when COVID-19 patients show symptoms of infection, the function of many organs is knocked off course. And when one organ begins to fail, others often follow.

Add to that chaos the force of inflammation, which flares in those with severe COVID-19. The result can do damage throughout the body, prying plaques and clots from the walls of blood vessels and causing strokes, heart attacks and venous embolisms.

---

SCIENCE

**Ventilators for coronavirus patients are in short supply. How scientists might pivot**

April 7, 2020

---

Krumholz, who organized a [meeting of cardiologists](#) to discuss COVID-19 this week, said the infection can cause damage to the heart and the sac that encases it. Some patients develop heart failure and/or arrhythmias during the disease’s acute phase.

ADVERTISEMENT

Heart failure weakens the organ, though it can regain much of its strength with medications and lifestyle changes. Still, former COVID-19 patients can become lifelong cardiology patients.

Muddying this picture is another potential after-effect: blood abnormalities that

make clots of all sorts more likely to form.

In a [case report](#) published this week in the New England Journal of Medicine, Chinese doctors described a patient with severe COVID-19, clots evident in several parts of his body, and immune proteins called [antiphospholipid antibodies](#).

A hallmark of an autoimmune disease called [antiphospholipid syndrome](#), these antibodies sometimes occur as a passing response to an infection. But sometimes they linger, causing dangerous blood clots in the legs, kidneys, lungs and brain. In pregnant women, antiphospholipid syndrome also can result in miscarriage and stillbirth.

ADVERTISEMENT

Brennan said that in a new disease like COVID-19, the signposts that usually guide physicians in assessing a patient's long-term prognosis are just not there yet. "Coagulopathy," for instance, "usually rights itself," he said.

"But this isn't usual."

SCIENCE

WORLD & NATION

CORONAVIRUS PANDEMIC



### Get our free Coronavirus Today newsletter

Sign up for the latest news, best stories and what they mean for you, plus answers to your questions.

**SIGN ME UP**

You may occasionally receive promotional content from the Los Angeles Times.



Melissa Healy



Twitter



Instagram



Email



Facebook

Melissa Healy is a health and science reporter with the Los Angeles Times writing from the Washington, D.C., area. She covers prescription drugs, obesity, nutrition and exercise, and neuroscience, mental health and human behavior. She's been at The Times for more than 30 years, and has covered national security, environment, domestic social policy, Congress and the White House. As a baby boomer, she keenly follows trends in midlife weight gain, memory loss and the health benefits of red wine.

---

MORE FROM THE LOS ANGELES TIMES

---

SCIENCE

**Humans may have reached Europe earlier than thought**

May 11, 2020

---

SCIENCE

**New coronavirus test is an imperfect step toward mass screening**

May 11, 2020

---

---

SCIENCE

**Coronavirus offers new challenges to people trying to manage diabetes and kidney disease**

May 11, 2020

---

SCIENCE

**Was the coronavirus made in a Wuhan lab? Here's what the genetic evidence shows**

May 9, 2020

---

ADVERTISEMENT

---

**LATEST SCIENCE >**

---

SCIENCE

**What COVID-19 patients young and old can teach us about the coronavirus**

May 8, 2020

---

SCIENCE

**Coronavirus detected in semen; it's still unknown whether virus can be sexually transmitted**

May 7, 2020

---

SCIENCE

**They're not really called 'murder hornets.' And they're probably not as bad as you think**

May 6, 2020

---



## SCIENCE

You're probably watching a lot of TV. How much is too much?

May 6, 2020

---

## WORLD & NATION

China launches rocket, with plans to complete space station by 2022

May 5, 2020

---

---

## CORONAVIRUS >

---

Not everyone hates being stuck at home. Some people are thriving

---

134 pregnant women in L.A. tested positive for coronavirus, but none of their babies

---

L.A. County jail inmates trying to infect themselves with coronavirus, sheriff says

---

Tracking California's path to reopening, plus news, advice and distractions (free)

---

Coronavirus live updates: White House orders staff to wear masks after Pence aide is infected

---

ADVERTISEMENT

[Subscribe for unlimited access](#)

## Follow Us



Copyright © 2020, Los Angeles Times | [Terms of Service](#) | [Privacy Policy](#) | [CA Notice of Collection](#) | [Do Not Sell My Info](#)

# EXHIBIT 6

# The Guardian



## People in their 60s at higher coronavirus risk too, say scientists

**UK has advised over-70s to be extra vigilant but other countries have opted for lower age thresholds**

**Coronavirus - latest updates**  
**See all our coronavirus coverage**

**Sarah Boseley**

Wed 22 Apr 2020 04.36 EDT

UK guidance urging the over-70s to take particular care to observe social distancing and avoid contact with people outside the home is leaving people aged 60 to 69 at increased risk from coronavirus, say scientists.

Prof Azeem Majeed and colleagues at Imperial College London (ICL) noted that other countries had different policies and the World Health Organization said the highest risk was in over-60s.

According to a paper published by the Centre for Evidence-Based Medicine at Oxford University, the death rate among people in their 70s is 8%, and the rate among those in their 60s is 3.6%, which the ICL scientists said was “still substantial”.

They recommend that the 7.3 million people in their 60s in the UK should be more careful about physical distancing and personal hygiene.

“In the absence of government guidance, people in this group (60-69) can make their own informed decisions on how to minimise their risks of Covid-19 infection. This can include isolating themselves in a similar manner to that recommended by the UK government for people aged 70 years and over,” they said in a paper published in the Journal of the Royal Society of Medicine.

“While the severity of the disease increases from the age of 40 years, those above the age of 60 years and those with underlying medical conditions including, but not limited to, diabetes, cardiovascular diseases, chronic respiratory diseases and cancers are at the highest risk.”

They cited international evidence that over-60s are at higher risk. “The US Centers for Disease Control and Prevention reports that 80% of Covid-19-related deaths are in those aged 65 years and over,” they said. In China, 80% of deaths were in the over-60s.

Switzerland and France were among the countries that advised over-65s to take greater precautions against infection, they added.

Other scientists agree there is a cause for concern about the 60-69 age group. Dr Tom Wingfield from the Liverpool School of Tropical Medicine, said: “It would be helpful to see what evidence was used to inform the UK government’s decision to define people over 70 years old as a high-risk group rather than using a lower age threshold such as 60 or 65 years old. This is a really important issue for the general public when we consider that more than 7 million people in the UK are aged between 60 and 69 years old.

“In addition to the general public, it is also vital that carers and key workers who are aged over 60, including those returning from retirement to work in the NHS and other social care settings, are provided with accurate information to be able to make informed decisions about minimising their own risk from Covid-19.”

●. This article was amended on 23 April 2020 to clarify the UK lockdown measures for people over 70.

## America faces an epic choice ...

... in the coming year, and the results will define the country for a generation. These are perilous times. Over the last three years, much of what the Guardian holds dear has been threatened - democracy, civility, truth. This administration has cleared out science and scientists across all departments. America's reputation as a competent global leader is in peril. Truth is being chased away. But with your help we can continue to put it center stage.

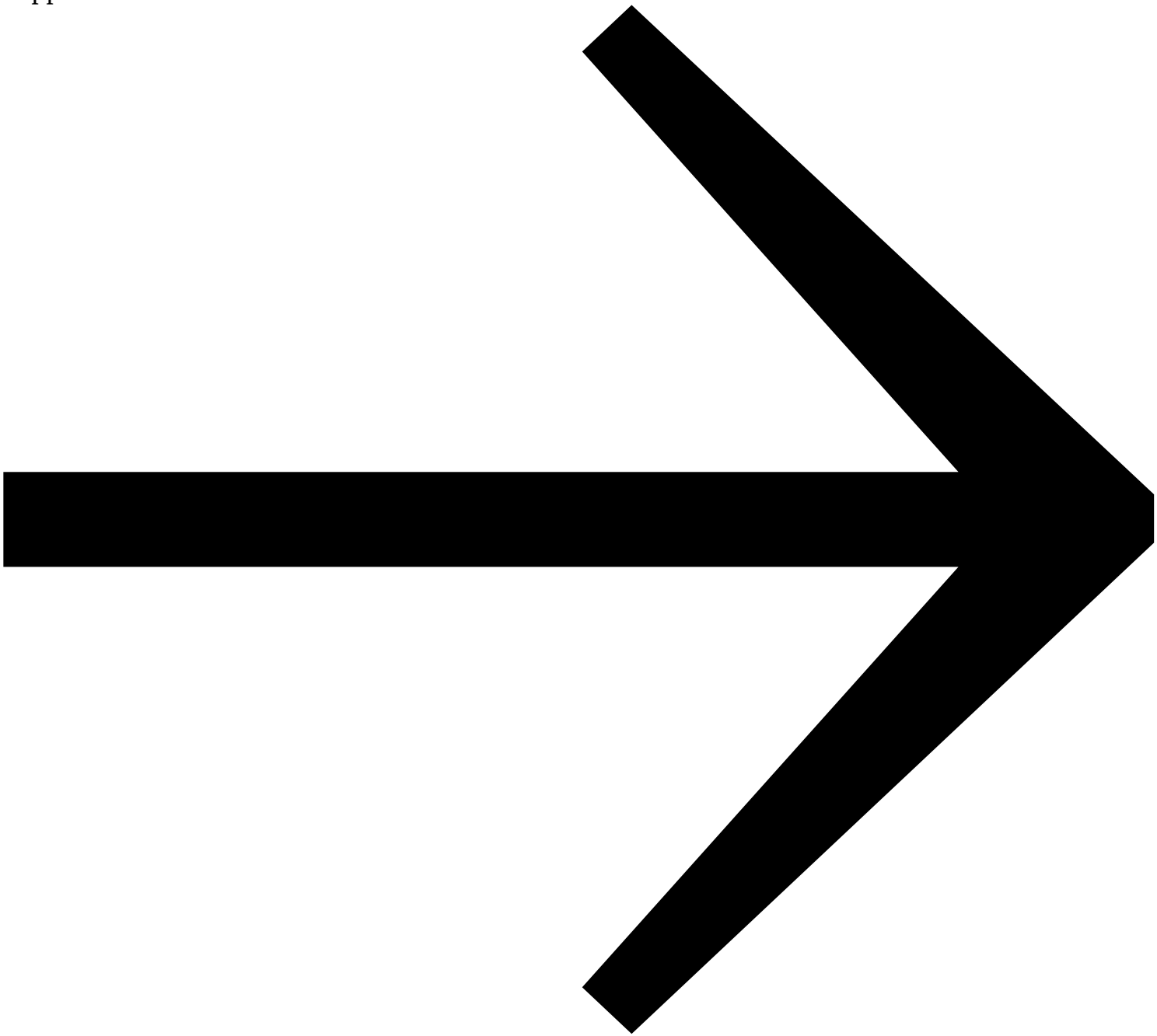
Rampant disinformation, partisan news sources and social media's tsunami of fake news are no bases on which to inform the American public in 2020. We believe every one of us deserves equal access to fact-based news and analysis. So we've decided to keep Guardian journalism free for all readers, regardless of where they live or what they can afford to pay. This would not be possible without the generosity of readers, who now support our work from across America in all 50 states.

Our journalism relies on our readers' generosity - your financial support has meant we can keep investigating, disentangling and interrogating. It has protected our independence, which has never been so critical. We are so grateful.

We hope you will consider supporting us today. We need your support to keep delivering quality journalism that's open and independent. Every reader contribution, however big or small, is so valuable. **Support the Guardian from as little as \$1 - and it only takes a minute. Thank you.**



Support The Guardian

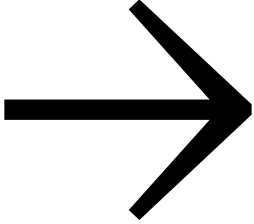


Remind me in July



Remind me in July  
Email address

Set my reminder



We will use this to send you a single email in July 2020. To find out what personal data we collect and how we use it, please visit our [Privacy Policy](#)

We will be in touch to invite you to contribute. Look out for a message in your inbox in July 2020. If you have any questions about contributing, please contact us [here](#).

#### Topics

- Health
- Health policy
- Older people
- Coronavirus outbreak
- news

# EXHIBIT 7



[Menu](#)

Office of the Governor of Alabama

The Office of Alabama Governor

**Kay Ivey**



- [COVID-19 News and Resources](#)
- [Public Records](#)
- [Citizens Alerts](#)
- [Newsletter](#)



**[Flag Status:](#)**  
**[Full Staff](#)**

- [Governor](#)
- [Administration](#)
- [Priorities](#)
- [Logo](#)
- [Legislation](#)
- [Newsroom](#)
- [Contact](#)

**For COVID-19 resources, please visit [altogetheralabama.org](https://altogetheralabama.org).**

View the current Safer At Home Order [here](#). The [amended](#) Safer at Home Order takes effect Monday, May 11, 2020.

## Newsroom

- [COVID-19 News and Resources](#)
- [Press Releases](#)
- [Statements](#)
- [Executive Orders](#)
- [State of Emergency](#)
- [Proclamations](#)
- [Flag Status](#)
- [Flag Memos](#)
- [Rewards](#)
- [Media](#)
- [Newsletter](#)
- [Press Kit](#)

Search for:

## Press Office

(334) 242-7150

[Email the Press Office](#)

## Archives

- [2020](#)
  - [May](#)
  - [April](#)
  - [March](#)

- [February](#)
- [January](#)
- [2019](#)
- [2018](#)
- [2017](#)

## Governor Ivey Announces New Primary Runoff Election Date



March 18, 2020

[Press Releases](#)

### Share

**MONTGOMERY** – Governor Kay Ivey on Wednesday announced the Primary Runoff Election would be held on July 14, 2020 due to the concerns surrounding the COVID-19 (Coronavirus) pandemic.

“Exercising my extraordinary powers under the Emergency Management Act, I am setting Alabama’s Primary Runoff Election for July 14, 2020,” said Governor Kay Ivey. “The ability to hold free and fair elections is an inherent right as citizens of the United States and the great state of Alabama, but the safety and wellbeing of Alabama citizens is paramount.

“Our State Health Officer, Dr. Scott Harris, is recommending that we should practice social distancing and refrain from public gatherings of more than 25 individuals. Maintaining a 6-foot distance between one another is paramount. This guidance alone would be making an election day a hotbed for spreading the virus.

“Persons who are 65 years or older as well as those with previous heart and lung diseases are more vulnerable to the Coronavirus. Knowing the average age of our faithful poll workers qualifies them to be most at-risk adds the necessity to extend the election runoff date.

“Delaying the election to July 14 is not a decision I came to lightly, but one of careful consideration. I appreciate the guidance of Attorney General Steve Marshall and Secretary of State John H. Merrill for their collaboration to ensure the continuity of our state government.”

On Tuesday, Attorney General Steve Marshall issued an emergency ruling declaring Governor Ivey had the authority to delay the runoff under the State of Emergency declaration.

“Governor Ivey has the legal authority under the Alabama Emergency Management Act to declare a state of emergency as a result of the current pandemic,” says Attorney General Steve Marshall. “Accordingly, she also has the

lawful ability to postpone a primary runoff election to protect public health and safety during the state of emergency.”

Upon the governor’s issuance of the amended State of Emergency proclamation rescheduling the Primary Runoff Election to be held on July 14, 2020, the Secretary of State shall give notice and provide the amended Administrative Calendar, via certified mail and email, to all applicable election officials.

“I am grateful to Governor Ivey and General Marshall for their proactive leadership, sincere dedication, and spirit of teamwork displayed during these trying times,” said Secretary of State John H. Merrill. “It is critical that we provide a safe and secure environment for all 3,585,209 voters in the State of Alabama to participate in the electoral process.”

The Secretary of State is encouraging anyone who is concerned about contracting the virus or spreading the illness may vote by absentee. For information regarding voter registration, locating a polling place, or how to obtain an absentee ballot, please contact the Secretary of State’s [website](#).

###

*The supplemental State of Emergency is available [here](#).*

Gov. Ivey Announces New Primary Runoff Ele...



Provided by the Office of the Governor of Alabama | [governor.alabama.gov](http://governor.alabama.gov)

[X](#)

Alabama the Beautiful



- 
- 
- 
- 
- 

[Top](#)

## [Governor](#)

- [Governor](#)
- [First Dog](#)
- [Mansion](#)
- [Contact](#)

## [Administration](#)

- [Cabinet](#)
- [Staff](#)
- [Appointments](#)
- [Public Records](#)
- [Legislation](#)
- [Internship Program](#)

## [Priorities](#)

- [Education](#)
- [Job Creation](#)
- [Infrastructure](#)
- [Health Care](#)

## [Newsroom](#)

- [COVID-19 News and Resources](#)
- [Press Releases](#)
- [Statements](#)
- [Executive Orders](#)
- [State of Emergency](#)
- [Proclamations](#)
- [Flag Status](#)
- [Flag Memos](#)
- [Rewards](#)
- [Media](#)
- [Newsletter](#)
- [Press Kit](#)

## State Resources

- [Alabama.gov](http://Alabama.gov)
- [Alabama.travel](http://Alabama.travel)
- [Made in Alabama](http://MadeinAlabama.com)
- [Government Directory](http://GovernmentDirectory.org)
- [Alabama Media Portal](http://AlabamaMediaPortal.com)
- [Alabama Checkbook](http://AlabamaCheckbook.com)
- [Serve Alabama](http://ServeAlabama.com)
- [Ready Alabama](http://ReadyAlabama.com)
- [Governor's Office on Disability](http://GovernorsOfficeonDisability.org)
- [Citizens Alerts](http://CitizensAlerts.com)

© 2020 Office of the Governor of Alabama

# EXHIBIT 8

About Us ([../.../about/index.html](#)) | Careers ([../.../employment/index.html](#)) |  
 Help/FAQ ([../.../about/faq.html](#)) | Login ([../.../about/login.html](#))

([../.../index.html](#))

(<http://www.facebook.com/alabamapublichealth>) (<http://instagram.com/alabamapublichealth>)  
 (<http://www.pinterest.com/alpublichealth>) (<http://twitter.com/alpublichealth>)  
 (<http://www.youtube.com/alabamapublichealth>)

Search ADPH

ADPH Home ([../.../index.html](#)) | Download  
 Adobe Reader (<http://get.adobe.com/reader>)

264



Home ([../.../index.html](#)) / News ([../.../index.html](#)) / 2020 ([../index.html](#)) / It's safer at home; protect yourself and your community from COVID-19

### **It's safer at home; protect yourself and your community from COVID-19**

#### **FOR IMMEDIATE RELEASE**

CONTACT: Karen Landers, M.D.  
 (256) 383-1231

A new health order requires the closure of certain "non-essential" businesses in Alabama. This order is effective March 28 at 5 p.m. The order defines affected businesses and activities that include entertainment venues, athletic facilities, close-contact service providers, and retail stores. The order is in effect until 5 p.m. April 17 when a determination on extending the order will be made.

A previous order concerning day care centers is unchanged, and earlier health orders regarding on-premise consumption of food or drink at restaurants and bars remain in effect. Except for certain situations that are described in the health order, elective dental, medical and surgical procedures are to be postponed until further notice.

State Health Officer Dr. Scott Harris said, "Everyone plays a critical role in protecting others and is encouraged to spend as much time as possible at home to prevent an increase in new infections."

The list of businesses, venues, and activities below will be closed to non-employees or not take place:

#### **Entertainment venues**

- Night clubs
- Bowling alleys
- Arcades
- Concert Venues
- Theaters, auditoriums, and performing arts centers
- Tourist attractions (including museums and planetariums)
- Racetracks
- Indoor children's play areas
- Adult entertainment venues
- Casinos
- Bingo Halls
- Venues operated by social clubs

#### **Athletic facilities and activities**

- Fitness centers and commercial gyms
- Spas and public or commercial swimming pools
- Yoga, barre, and spin facilities
- Spectator sports Activities on commercial or public playground equipment
- Sports that involve interaction with another person of closer than 6 feet
- Activities that require use of shared sporting apparatus and equipment



- Activities on commercial or public playground equipment

Close-contact service providers:

- Barber shops
- Hair salons
- Waxing salons
- Threading salons
- Nail salons and spas
- Body-art facilities and tattoo services
- Tanning salons
- Massage-therapy establishments and massage services

Retail Stores:

- Furniture and home-furnishings stores
- Clothing, shoe, and clothing-accessory stores
- Jewelry, luggage, and leather goods stores
- Department stores
- Sporting goods stores
- Book, craft, and music stores

The public is reminded to stay home if sick except to seek medical care, cover coughs and sneezes, wash hands often, avoid touching eyes, nose, and mouth with unwashed hands, and keep a six-foot distance between yourself and others. Fines for each violation of the health order are up to \$500.

The Alabama Department of Public Health encourages the public to keep informed by visiting [alabamapublichealth.gov](http://alabamapublichealth.gov). The ADPH toll-free hotline and e-mail address are as follows:

- COVID-19 General Information - 800-270-7268

Telephone calls are answered from 7 a.m. until 9 p.m. daily, and a language line is available for people who do not speak English.

- The COVID-19 General Information Email address - [covid19info@adph.state.al.us](mailto:covid19info@adph.state.al.us)  
(mailto:covid19info@adph.state.al.us)

In addition, a toll-free phone line provides information about available testing sites and hours of operation statewide at 888-264-2256. No medical advice is given on this line.

- 30 -

03/27/2020

**ALABAMA DEPARTMENT OF PUBLIC HEALTH**  
RSA Tower 201 Monroe Street, Suite 910, Montgomery, AL 36104  
Phone: (334) 206-5300 | Fax: (334) 206-5520

News/Media Home ([../index.html](#))  
News Releases ([../index.html](#))  
Social Media ([../social-media.html](#))  
Notices ([../notices.html](#))  
Events ([../events.html](#))  
State Health Officer ([../sho-message.html](#))  
PSAs ([../psa.html](#))  
Contact Us ([../contact.html](#))  
Publications ([../publications/index.html](#))  
News Releases ([../index.html](#))

## ***Preserving and Protecting the Public's Health***

En Español ([../../../../about/espanol.html](#)) | Notice of Privacy Practices ([../../../../publications/assets/privacypractices.pdf](#)) | Statements & Policies ([../../../../about/policies.html](#)) | Alabama.gov (<http://alabama.gov/>) | Alabama Directory (<http://inform.alabama.gov/>) | Alabama Media (<http://media.alabama.gov/>)

Alabama Department of Public Health | Montgomery, AL | 1-800-252-1818 | Health Departments (<http://www.adph.org/administration/assets/countylist.pdf>)

# EXHIBIT 9



## Coronavirus might spread much farther than 6 feet in the air. CDC says wear a mask in public.

Ramon Padilla, and Javier Zarracina, USA TODAY

Updated 7:27 a.m. EDT Apr. 5, 2020

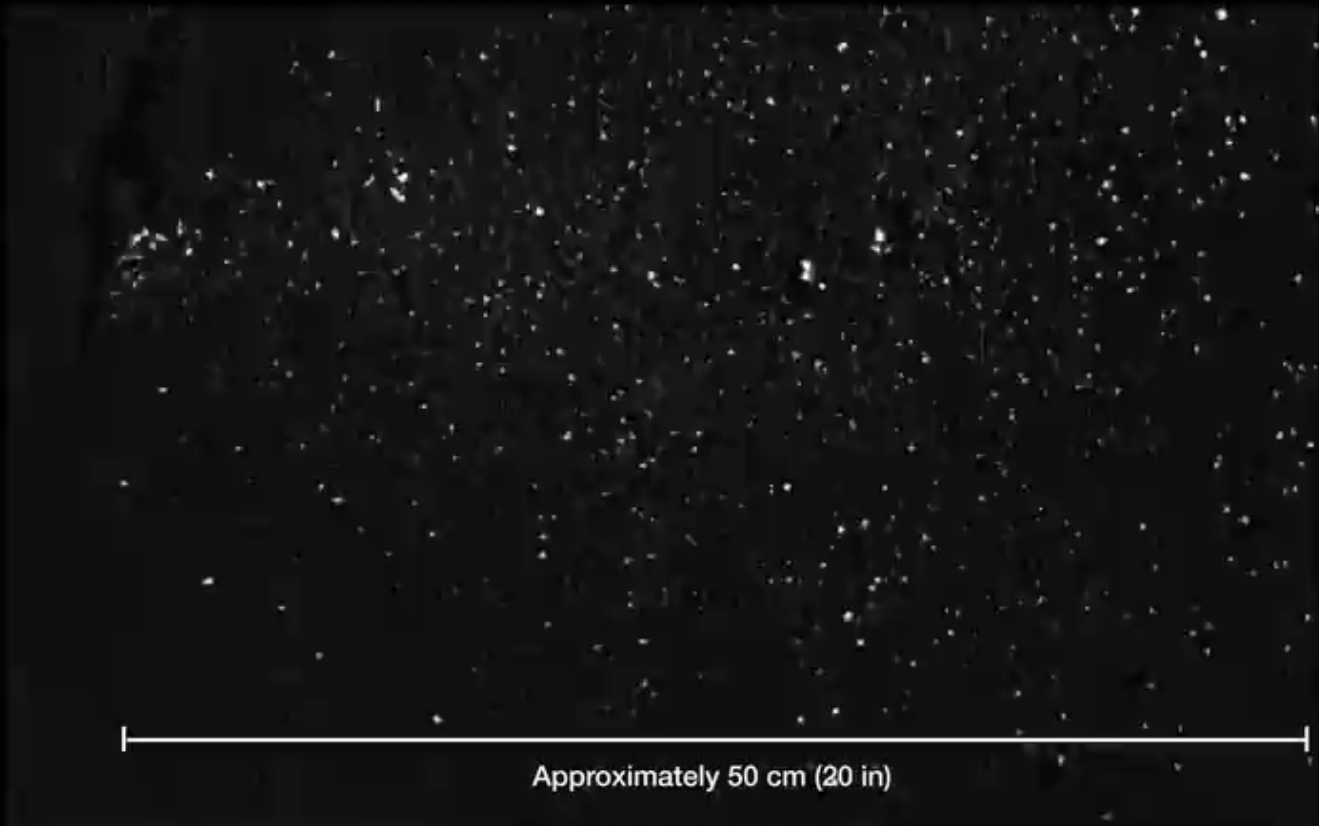
**A**ir contaminated with the COVID-19 virus might travel four times farther than the 6 feet the CDC asks we distance ourselves, according to a recent study.

The study published in the [Journal of the American Medical Association](#) found that under the right conditions, liquid droplets from sneezes, coughs and just exhaling can travel more than 26 feet and linger in the air for minutes.

Findings such as these may have some bearing on the [CDC's recommendation on Friday that Americans wear non-surgical face masks](#) in public — especially in places "where other social

There is no virtual wall at this 3- to 6-foot distance," says Lydia Bourouiba, the study's author, who specializes in fluid dynamics and is an associate professor at the Massachusetts Institute of Technology. These findings suggest the greatest risk is for health care workers working with infected patients, she says.

As seen in this video, shot from different views and [posted with Bourouiba's report](#), the invisible cloud can travel up to 26 feet:



The study focuses on a turbulent gas, the cloud emitted when someone coughs, sneezes or exhales. Liquid droplets of various sizes drop onto surfaces, while others can be trapped in a cloud that can swirl around a room with a payload, in theory, of pathogen-bearing droplets.

## How cough and sneeze droplets travel

A lot goes into how far the cloud and its droplets travel: a person's physiology, the environment, humidity and temperature. “The cloud can reach up to 26 feet for sneezes and less than that for coughs — about 16 to 19 feet,” Bourouiba says.

According to [a 2009 World Health Organization report](#), when someone coughs, they can spray up to 3,000 droplets. A sneeze could yield 40,000.

## **Virus-filled droplets smaller than a human hair**

Bourouiba's study did not look at gas clouds of patients infected with the SARS-CoV-2 virus but it hypothesized: "The rapid international spread of COVID-19 suggests that using arbitrary droplet size cutoffs may not accurately reflect what actually occurs with respiratory emissions" and lead to inadequate recommendations and more sick people.

These droplets can be very small — "as small and invisible as the micron size to the ones that you can see that are on the order of the millimeter" says Bourouiba. A human hair is 60 to 120 microns thick.

## **Aerosols: The smallest droplets may carry COVID-19**

Researchers don't know how many virus-laden particles people infected with COVID-19 might expel in the average droplet, including the micron-size droplets — called aerosols — that linger in the air.

"Aerosols are different," says Dr. Stanley Deresinski, clinical professor of medicine and infectious diseases at Stanford University. "Very small particles may be suspended in the air for a long time, sometimes for hours. They're suspended by air currents."

Those floating airborne droplets — some shielded by turbulent gas clouds — can stay suspended long enough for someone to walk through and inhale the virus. Inside the gas cloud "the lifetime of a droplet could be considerably extended by a factor of up to 1000, from a fraction of a second to minutes," Bourouiba's study says.



## **Droplets containing virus reach air circulation systems**

Pathogens in the cloud could potentially reach air circulation systems inside buildings, says Bourouiba. "There was sampling done in air vents with positive detection of the virus."

A separate [JAMA Network study](#) found that exhaust outlets tested positive for SARS-CoV-2: "small virus-laden droplets may be displaced by airflows and deposited on equipment such as vents," the study says.

"Now, there are other questions about whether the detected virus particles are still live," says Bourouiba. "However, finding the virus in air vents is more compatible with that longer distance range that can be reached through the cloud."

## Fresh air can help rid coronavirus droplets

These findings heighten the dangers for those caring for COVID-19 patients. Without sufficient air circulation to disperse the cloud, its concentrated payload of droplets can linger in hospitals and homes.

“Drops are trapped in the cloud for quite some time and they can remain locally concentrated,” says Bourouiba.

The best defenses are the outdoors and open windows which dissipate the clouds or droplets.

“When one is outside, with air circulation or wind, the cloud and its payload is easily dispersed and less concentrated. Making sure that indoor spaces are aired frequently also reduces the concentration,” Bourouiba says.

Surgical masks are helpful at blocking large droplets, but unlike respirators they do not provide a reliable level of protection from inhaling smaller airborne particles, according to the CDC.

N95 respirators are tight-fitting and filter out at least 95% of airborne particles as small as 0.3 microns. They have a protection factor (APF) of 10, according to the CDC. That means the N95 reduces the aerosol concentration to 1/10 of that in the room — or blocking 90% of airborne particles.

An elastomeric respirator is a reusable device with exchangeable cartridge filters. It fits tight against the user's face and also has a APF of 10. Before reusing the mask, all its surfaces need to be wiped down with a disinfectant.

In addition to respirators, health care workers should wear personal protective equipment (PPE) to help limit exposure to the virus through their eyes or contaminated clothing.

### ■ Should you make a homemade face mask?

The [CDC](#) now recommends Americans wear cloth face coverings in public settings where it's difficult to stay at least 6 feet apart, such as grocery stores and pharmacies — especially in areas with high levels of community transmission.

When asked about the CDC recommendations for people the general public to wear masks or other improvised devices, Bourouiba offered a qualified response:

they are not perfectly sealed....

"It is important, therefore, to understand that such masks are not necessarily protective for the wearer in terms of preventing inhalation of the residual droplets in the air, which enter from the sides unfiltered, but they can provide a way to reduce the range of contamination from the droplets-laden cloud."

The CDC press release says that cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure. They recommend that critical supplies such as surgical masks or N-95 respirators continue to be reserved for health care workers and other medical first responders. Top trends on Google Friday were face mask patterns and bandanas.

The start of allergy season could also hasten new infections. Bourouiba warned that asymptomatic carriers could spread COVID-19 through any sneezing and coughing triggered by allergies.

*Contributing: George Petras and Jim Sergent*

Originally Published 6:52 p.m. EDT Apr. 3, 2020

**Updated 7:27 a.m. EDT Apr. 5, 2020**

[Help](#) · [Terms of Service](#) · [Your California Privacy Rights/Privacy Policy](#) · [Privacy Policy](#) · [Site Map](#) ·  
[Accessibility](#) · [Our Ethical Principles](#) · [Cookies Settings](#)



© Copyright Gannett 2020

# EXHIBIT 10

Statements

Media Statement – COVID-19

April 30, 2020

The United States Postal Service is proud of the work our more than 600,000 employees play in processing, transporting, and delivering mail and packages for the American public. We provide a vital public service that is a part of this nation’s critical infrastructure. The Postal Service has a dedicated Coronavirus Disease 2019 (COVID-19) Command Response leadership team that is focusing on employee and customer safety in conjunction with operational and business continuity during this unprecedented epidemic. We continue to follow the strategies and measures recommended by the Centers for Disease Control and Prevention (CDC) and public health departments. The CDC has information available on its website at <https://www.coronavirus.gov> that provides the latest information about COVID-19.

To reduce health risks for our employees and customers and to safeguard our operational and business continuity, the Postal Service is doing the following:

- Ensuring millions of face coverings, including masks, gloves and cleaning and sanitizing products are available and distributed to more than 30,000 locations every day through our Postal Service supply chain. We also have opened up local purchasing authorities and sourcing options so that our employees can access additional supplies within the communities they serve. We have expanded our national sourcing of supplies and services to ensure that increasing demands are met.
- Requiring that non-public facing Postal Service employees wear face coverings while at work, when proper social distancing cannot be achieved or maintained.
- In the local and state jurisdictions where there is an ordinance for the mandatory use of face coverings, we are voluntarily aligning by requiring that our public-facing Postal Service employees use face coverings.
- Requesting customers use face coverings while in our retail facilities located in jurisdictions that have implemented orders requiring use of face coverings by individuals within those jurisdictions.
- Reinforcing workplace behaviors to ensure that contact among our employees and with our customers reflects the best guidance regarding healthy interactions, social distancing, and risk minimization. We have implemented measures at retail facilities and mail processing facilities to ensure appropriate social distancing, including through signage, floor tape, and “cough/sneeze” barriers. We have changed delivery procedures to eliminate the requirement that customers sign our Mobile Delivery Devices for delivery. For increased safety, employees will politely ask the customer to step back a safe distance or close the screen door/door so that they may leave the item in the mail receptacle or appropriate location by the customer door.
- Updated our cleaning policies to ensure that all cleaning occurs in a manner consistent with CDC guidance relating to this pandemic.
- Updated our leave policies to allow liberal use of leave and to therefore give our employees the ability to stay home whenever they feel sick, must provide dependent care, or any other qualifying factor under the Families First Coronavirus Response Act. We have entered into agreements with our unions to provide 80 hours of paid leave to non-career employees for issues related to COVID-19, and have expanded the definition of sick leave for dependent care for covered employees to deal with the closures of primary and secondary schools across the country.
- Expanded the use of telework for those employees who are able to perform their jobs remotely.
- Issuing a daily cadence of employee talks, articles, videos, and other communications to ensure employees have the latest information and guidance.
- Leveraging localized continuity of operations plans that can be employed in the case of emergencies to help ensure that the nation's postal system continues to function for the American people. With a longstanding history of quickly adapting its operational plans to changing conditions, the Postal Service maintains steady communications with mailers during natural disasters or other events that require emergency responses and advises residential customers and business mailers with regard to postal facility disruptions that may impact delivery in an affected area via its USPS Service Alerts webpage at: <https://about.usps.com/newsroom/service-alerts/>.

The Postal Service delivers much needed medications and Social Security checks, and we are the leading delivery service for online purchases. The Postal Service is an essential service for purposes of compliance with state or municipality shelter-in-place orders or other social distancing restrictions. The statute that created the Postal Service begins with the following sentence: “The United States Postal Service shall be operated as a basic and fundamental service provided to the people by the Government of the United States, authorized by the Constitution, created by an Act of Congress, and supported by the people.” 39 U.S.C. §101(a).

According to the CDC, the virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet). “COVID-19 is thought to spread mainly through close contact from person-to-person in respiratory droplets from someone who is infected.” (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>) The CDC recognizes that while it may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, this is not thought to be the main way the virus spreads. (<https://www.cdc.gov/coronavirus/2019-ncov/fag.html#How-COVID-19-Spreads>)





# Our COVID-19 response

See how USPS is delivering for customers and employees.



Copyright© 2020 United States Postal Service

# EXHIBIT 11



CONTINUING COVERAGE

Live



5 CHICAGO

SHARE

## CORONAVIRUS

## Poll Worker at Chicago Voting Site Dies of Coronavirus, Election Officials Say

By **Mary Ann Ahern** • Published April 13, 2020 • Updated on April 13, 2020 at 10:52 pm



Illinois Gov. J.B. Pritzker and Chicago Mayor Lori... [Read more](#)

A poll worker who was stationed at a Chicago voting site on election day died from the coronavirus, the Chicago Board of Elections said Monday.

The person was a city employee who was working the March 17 election at the Zion Hill Baptist Church in the city's 17th Ward, officials said Monday. City officials identified him as Revall Burke. The Cook County Medical



He was a "hardworking, health-conscious ex-Marine," Patch reported, and left behind six children as well as a large extended family.

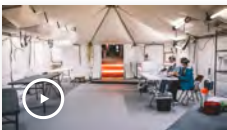
The Board will be sending letters to all poll workers at that location as well as voters who cast their ballots there in person, field investigators and cartage companies who may have been around at the time the worker was there, Board of Elections spokesman Jim Allen said.



Revall Burke, 60, died from the coronavirus April 1, according to the Cook County Medical... [Read more](#)

Voters and polls workers who were at the polling place at Andrew Jackson Language Academy, located at West Harrison Street and South Loomis Street on the city's West Side, received letters informing them that a person who voted there in person on election day tested positive for the coronavirus.

## Local



APR 14

NBC 5 Investigates: See Where Illinois Stands Today on Coronavirus Cases,...

2 HOURS AGO

United Airlines Announces Policy Changes After Social Media Images Show...





"Although the Board took every precaution possible by supplying poll workers with hand sanitizers, gloves and instructions for wiping down the equipment, the fact remains that you and an individual who has now tested positive voted at the same Polling Place," the letter reads, advising individuals who feel they are experiencing any COVID-19 symptoms follow federal, state and local health officials' protocol.

**Get the latest news on COVID-19 delivered to you. Click here to sign up for our coronavirus newsletter.**

Letters about a report of a positive case were also sent to voters and polls workers at the Montclare Senior Residences of Avalon Park, located at 1200 E. 78th St., election officials said.

Authorities said another round of letters about a confirmed coronavirus case also went out to those who voted at Dever Elementary School, located at 3436 N. Osceola Ave.

The letters also ask that anyone who tested positive after March 17 notify the Board of Elections by contacting its human resources department at (312) 269-7950.

"We're letting voters and poll workers know as soon as we have confirmed a coronavirus case," Allen said. "We're doing our best to learn from this and move forward."





Gov. J.B. Pritzker addressed the election during his daily coronavirus briefing on Sunday - encouraging increased use of mail-in ballots for the November election.

"We relied on the local election authorities and backed them up in this effort that they would have sanitizer, PPE, that would protect the people who were working in those facilities... and if there were electronic screens that those were being wiped down," Pritzker said.

"We want to be looking at allowing everybody in the state to vote by mail and make it easier for people to do that so we have fewer people that would want to show up on election day at a precinct."

Pritzker and the Chicago Board of Elections traded barbs on election day in March over the Board's claim that he denied its request to postpone the election or move to all mail-in ballots.

Allen said in an election day conference call with members of the media that a call was made to the governor's office within hours of the Centers for Disease Control and Prevention classifying the coronavirus outbreak as a pandemic.

"There's nothing magical about March 17 unless you're St. Patrick," Allen said at the time, adding that the circumstances were "not anywhere near a normal situation."



## Concerns at Voting Polls in Illinois Rise Amid Coronavirus Outbreak

With early voting underway in the Illinois primary next Tuesday, there's a renewed push to keep... [Read more](#)

☰

failings.



SHARE

"Not surprisingly, they could not even explain the legal basis for their request," Pritzker said on election day. "Nor could they promise the people of Illinois that the state would be able to hold an election on their suggested date of May 12."

"There are people out there today who want to say, 'It's a crisis, bend the rules and overstep your authority,'" he continued. "It is exactly in times like these that the constitutional bounds of our democracy should be respected above all else."

Pritzker said in an earlier statement that he did not have the authority to cancel or delay the election - a change that would have required legislative approval.

"Elections are the cornerstone of our democracy and we could not risk confusion and disenfranchisement in the courts. No one is saying this is a perfect solution. We have no perfect solutions at the moment. We only have least bad solutions," his statement read.

---

This article tagged under:

**CORONAVIRUS**



Taboola Feed

## Protective Cloth Masks with PM2.5 Filter

Brave New Look | Sponsored

## Getting this Treasure is impossible! Prove us wrong!

Hero Wars | Sponsored

## NYC Nurse Arrested for Allegedly Stealing Credit Card Off Dying Coronavirus Patient

A nurse for a NYC hospital was arrested Thursday after allegedly stealing a dying coronavirus patient's credit card and using it for gas and groceries.

NBC Chicago

## If You Like to Play, this City-Building Game is a Must-Have. No Install.

Forge Of Empires | Sponsored



SHARE

## Weather Forecast

CHICAGO, IL

44° 

Clear

0% Precip

TONIGHT

40° 

TOMORROW

56° 

WHAT DO YOU THINK?



**Do you expect US states to re-impose coronavirus restrictions in the coming months due to higher rates of infection after reopening their economies?**

- ☐ Yes, definitely
- ☐ Maybe somewhat / In some cases
- ☐ No, definitely not
- ☐ No opinion / Other

NEXT

## Subscribe to our Newsletters

Sign up to receive breaking news alerts in your inbox.

Enter your email

Sign up

[PRIVACY POLICY](#)[SUBMIT TIPS FOR INVESTIGATIONS](#)

[Send Feedback](#)  
[WMAQ Employment Information](#)



NEWSLETTERS



[Terms of Service](#)  
[Do Not Sell My Personal Information](#)  
[Privacy Policy – New](#)  
[Ad Choices](#)  
[Advertise with us](#)  
[WMAQ Public Inspection File](#)

[SHARE](#)

CONNECT WITH US

Copyright © 2020 NBC Universal Inc. All rights reserved

# EXHIBIT 12

SECTIONS

SOUTH FLORIDA  
**SunSentinel****SUBSCRIBE**  
4 weeks for only 99¢

LOG IN

SOUTH FLORIDA'S CONFUSING REOPENING: HERE'S WHAT TO EXPECT

✕

Broward residents dying at home because they are afraid to go to a hospital,...



'It was a tremendously hard decision': Duffy's Sports Grill closes all 34 Florida...



Broward cities eager to reopen while some coronavirus risks

&gt;

## CORONAVIRUS

# Two Broward poll workers, including one who handled voters' driver licenses, test positive for coronavirus



By ANTHONY MAN

SOUTH FLORIDA SUN SENTINEL | MAR 26, 2020



We have lifted the paywall on this story. To support essential reporting, please consider [becoming a subscriber](#).



Peter Antonacci, the Broward County supervisor of elections, said that two poll workers from the March 17 presidential primary have tested positive for coronavirus.(Mike Stocker / Sun Sentinel)

Two Broward County poll workers, including one who accepted and handled voters' driver licenses on primary day, have tested positive for the new coronavirus.

One of the poll workers was on duty for all nine days of early voting at a site in Weston. That person also worked at a precinct in Hollywood on primary day on March 17. A second poll worker was on duty at another Hollywood precinct on March 17.

One of the poll workers was assigned to the David Park Community Center in Hollywood on primary day. As one of eight workers at that location, he handled peoples' driver licenses and scanned them as part of the voter check-in and identification process.

[RELATED: Congressman Ted Deutch in self-quarantine after his college-age son returned from Spain with coronavirus symptoms »](#)

A total of 61 people voted at that location, but there was also one other person operated another scanning device, so not everyone's license would have been handled by the worker who now has COVID-19, the disease caused by the new coronavirus.

The same poll worker was also a poll deputy at the early voting site at the Weston Branch library, where 3,088 people voted over nine days from March 7-15. His job at that location was operating outside the polling place, directing voters.

The other poll worker who tested positive was on duty at the Dr. Martin Luther King Jr. Community Center in Hollywood, where 204 people voted on March 17. That person held a position that generally doesn't involve contact with voters.

### Breaking News Alerts Newsletter

As it happens

Get updates on the coronavirus pandemic and other news as it happens with our free breaking news email alerts.



Supervisor of Elections Peter Antonacci said on Thursday that the early voting site and the two neighborhood voting locations had hand sanitizer and signs encouraging people to use it.

Antonacci said people who voted at those locations "may wish to seek medical advice." He said he has not received any guidance from health authorities as to the potential risk to any voter.

[RELATED: Florida orders two-week delay in property tax payment deadline »](#)

The neighborhood polling places on primary day had eight workers each. The early voting site had 16 workers.

Almost all the other workers on duty at those locations have been notified, as well as county staff who may have come in contact with the infected poll workers. Antonacci

said his staff had not been able to reach two of the poll workers by late Thursday afternoon.

The total work force of poll workers was about 4,000 on March 17 and about 300 for the nine days of early voting.

#### LATEST CORONAVIRUS

---

More aid to states? That may depend on their political hue

As countries restart, WHO warns about lack of coronavirus tracing, 'some seriously blind driving over the next few months'

White House orders everyone who enters West Wing to wear face mask — but not Trump — amid president's push to 'reopen' US

*Anthony Man can be reached at [aman@sunsentinel.com](mailto:aman@sunsentinel.com) or on Twitter @browardpolitics*

---

### Anthony Man

South Florida Sun Sentinel



---

Anthony Man is the Sun Sentinel's political writer. Concentrating on local political people, parties and trends, he also covers state and national politics from a South Florida perspective. He previously covered Palm Beach County government and made repeated reporting trips to Tallahassee. He has also covered state and local politics in Illinois.

---

**Taboola** Feed

## The CDC Recommends Protective Cloth Masks

Brave New Look | Sponsored

## Face Masks For Children Finally Available In New Haven

Child Face Mask | Sponsored

## Unemployed still blocked and frustrated after upgrades to jobless claims...

Florida's overwhelmed unemployment claims system returned to service Monday after the Department of Economic Opportunity shut it down over the weekend to fix a wide array of problems arising from an ...

Sun Sentinel

## KN95 Masks Restocked. Guaranteed 7 Days Shipping

Stratton Medical Supply | Sponsored

## You May Like

Sponsored Links by Taboola

### New Assisted Living Near New Haven Coming in 2020

Assisted Living | Search Ads

### Pink Beans

\$3.99 - nuts.com

### The Most Successful Lawyers In New Haven. Search Now

Find Attorney | Search Ads

### ( Buy 4 Free Shipping ) For Excellent Breathability & Extra Comfort

Anti-Smog Activated Carbon Mask Pm2.5 Dust Masks 5 Layers Filter Reusable Towel

Subscribe for unlimited  
access

Sign up for our  
newsletters

Newsroom Directory

Contact the Newsroom

Newspaper Online

Terms of Service

Feedback

Sun Sentinel Web

Notifications

Place an ad

Privacy Policy

Do Not Sell My Info

TAG disclosure

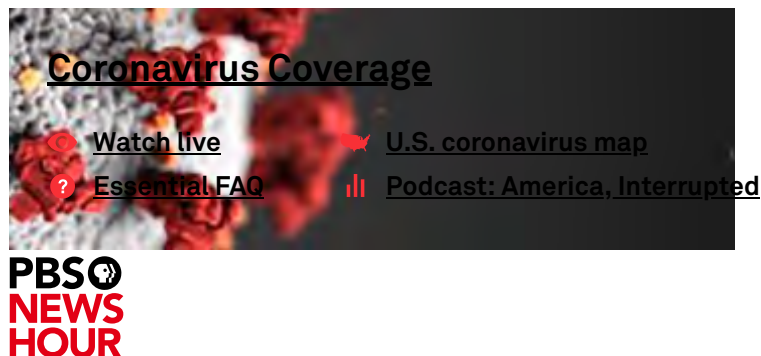
FAQ







# EXHIBIT 13



## 52 people who worked or voted in Wisconsin election have COVID-19

Health Apr 29, 2020 1:41 PM EDT

MADISON, Wis. — There are no plans to postpone or otherwise alter a special congressional election in Wisconsin that is less than two weeks away, even though more than 50 people who voted in person or worked the polls during the state's presidential primary this month have tested positive for COVID-19.

Democratic Gov. Tony Evers tried to change the April 7 election so that it would be conducted entirely by mail, but he was blocked by the Republican-led Legislature and conservative Wisconsin Supreme Court. Evers and others had warned that allowing in-person voting would cause a spike in coronavirus cases, but so far the impact appears to be limited.

Several of the 52 people who have tested positive and were at the polls on April 7 also reported other ways they may have been exposed to the virus, the Wisconsin Department of Health Services said Tuesday. Because of that, it's unclear if those people contracted the virus at the polls.

The 52 positive cases were in people who tested positive in the two weeks after the election, so by April 21. Most people show symptoms within 14 days of exposure, though some people who have the virus don't show symptoms.

### READ MORE: Record absentee ballots sustain turnout in Wisconsin primary

After next week, the state will no longer ask people who test positive for the virus whether they were at the polls on April 7 because of how much time has passed, said Julie Willems Van Dijk, who heads the state health agency.

"We're getting to the point where the door will be closing on those," she said.

Most of the positive cases were in Milwaukee County. The city's health commissioner has said the data was being analyzed and an update was expected next week.

Statewide, there have been more than 6,200 confirmed cases and 300 deaths since the outbreak began.

Although voters had to wait in long lines on April 7, primarily in Milwaukee, that likely won't happen with the May 12 special congressional election, where the largest city in the 7th Congressional District is Wausau, which is home to about 40,000 people. That House race is the only one on the ballot, unlike in this month's election, which featured the presidential primary and a state Supreme Court race.

Election clerks in the district have said they're ready for the election after they managed to make it through this month's election despite the difficulties posed by the pandemic. There's also a push to encourage absentee voting. About 71% of all voters in the April 7 election cast absentee ballots.

Evers has made no move to alter the special election even though as it currently stands, it would occur while his stay-at-home order is still in effect. The order is scheduled to run until May 26, but Republicans have asked the state Supreme Court to block it.

### READ MORE: 'We've got to get going.' States under pressure to plan for the general election amid a pandemic

The 7th Congressional District covers all or parts of 26 northern and northwestern Wisconsin counties and is the state's largest congressional district, geographically.

The race pits Democrat Tricia Zunker, president of the Wausau school board, against Republican state Sen. Tom Tiffany, who has been endorsed by President Donald Trump. Trump carried the heavily Republican district by 20 percentage points in 2016.

By — **Scott Bauer, Associated Press**

## More states lift restrictions, as small businesses struggle to secure relief

Health Apr 28

# EXHIBIT 14