

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA**

TELISA CLARK, et al.,

Plaintiffs,

v.

JOHN BEL EDWARDS, et al.,

Defendants.

Case No.: 3:20-cv-00308-SDD-RLB

PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

Plaintiffs Telisa Clark, Lakeshia Barnett, Martha Christian Green, Crescent City Media Group (“CCMG”), and League of Women Voters Louisiana (“LWVLA”) (collectively, “Plaintiffs”) respectfully move for a preliminary injunction restraining Defendants for all upcoming 2020 elections from enforcing (1) the requirement to qualify for an excuse to vote by absentee ballot (the “Excuse Requirement”), *see* [La. Rev. Stat. § 18:1303](#); (2) the requirement to have another person witness the absentee voter’s signature and then sign the absentee ballot envelope (the “Witness Requirement”), *see* [La. Rev. Stat. § 18:1306\(E.\)](#)(2)(a)–(b); and (3) the failure to provide absentee voters with notice of defects with their mail-in absentee ballot and an opportunity to cure such defects so that their votes may be counted (the “Cure Prohibition”), *see* [La. Rev. Stat. § 18:1313](#).

The United States and Louisiana are facing an unprecedented global pandemic that epidemiologists predict will continue into the fall, when the general election in November is expected to draw high voter turnout. As a result of the COVID-19 crisis, Louisiana election officials, including Defendants Governor Edwards and Secretary of State Ardoin have already

concluded that the state's voting rules must change to protect voters and ensure safe, free, fair, and equal elections during the pandemic. They simply have not adequately alleviated the burdens of voting during a pandemic. In these circumstances, Plaintiffs are substantially likely to succeed on their claims that the Excuse Requirement, Witness Requirement, and Cure Prohibition violate their constitutional rights.

First, Plaintiffs seek to enjoin the Excuse Requirement on behalf of all Louisiana voters during 2020 elections. Despite the Emergency Election Plan expanding eligibility for absentee voting for the July and August elections, voters like Plaintiffs Barnett and Green and Plaintiff LWVLA's members, who live in the same household with family members who have health conditions that make them high risk for COVID-19, do not qualify for an excuse for any 2020 election. These voters must vote in person, which requires them to choose between voting and the health of their family. And voters like Plaintiff Clark, who qualify to vote by absentee ballot for the July and August election because of her health condition under the Emergency Election Plan, must vote in person in the November and December elections because the Emergency Election Plan does not extend past August. Plaintiff Clark and voters like her must therefore choose between her health and her right to vote. The Excuse Requirement creates a severe burden on all voters' fundamental right to vote and, for voters like Plaintiff Clark, creates an unconstitutional condition on the right to vote compelling forfeiture of the right to bodily integrity.

Second, Plaintiffs seek to enjoin the Witness Requirement for all voters in 2020 elections. By requiring voters—especially high-risk voters—to break their isolation or recommended social distancing guidelines to sign their absentee ballot in the presence of a witness who then signs the absentee ballot envelope in turn, the Witness Requirement creates an unreasonable burden on

absentee voters' fundamental right to vote under the U.S. Constitution and creates an unconstitutional condition on the right to vote compelling forfeiture of the right to bodily integrity.

The Witness Requirement and Excuse Requirement frustrate the missions of Plaintiffs CCMG and LWVLA and cause them to divert limited resources to mitigate the harm caused by requiring voters to risk exposure to COVID-19 by voting in person or finding a witness for an absentee ballot.

Finally, Plaintiffs seek to enjoin the Cure Prohibition for all absentee voters in 2020 elections. Louisiana law provides absentee voters no notice of or opportunity to cure defects in their absentee ballot so that it may be counted. For Plaintiff Clark, Plaintiff LWVLA members eligible to vote by absentee ballot, and voters like them, the Cure Prohibition violates their right to procedural due process during the absentee ballot process. Plaintiffs also seek a preliminary injunction ordering Defendants to implement a process by which voters may cure material defects in their returned absentee ballots so that they may be counted.

Unless the Excuse Requirement and Witness Requirement are enjoined, Plaintiffs will be forced to choose between exercising their fundamental right to vote and protecting their health or the health of their loved ones. If the Cure Prohibition is not enjoined and a process is not implemented for voters to cure material defects in their returned absentee ballot, Plaintiff Clark and Plaintiff LWVLA's members, like many Louisiana voters who will be voting by mail for the first time, will be denied their right to procedural due process and risk losing their right to vote.

Plaintiffs are also entitled to relief because they will suffer irreparable harm absent relief and traditional legal remedies will not adequately protect their rights. Further, the harm to Plaintiffs and other Louisiana voters outweighs any putative harm to the Defendants. Finally, the relief sought by Plaintiffs is clearly in the public interest.

To protect their rights, their lives, the lives of their loved ones, and the rights and lives of Louisianans like them during the COVID-19 pandemic, Plaintiffs respectfully request this Court enter a preliminary injunction for the July, August, November, and December 2020 elections that (1) enjoins Defendants from enforcing the Excuse Requirement, La. Rev. Stat. § 18:1303; (2) enjoins Defendants from enforcing the Witness Requirement, La. Rev. Stat. § 18:1306(E.)~~(2)(a)–(b)~~; (3) orders Defendants to implement a process by which voters are given notice of and an opportunity to cure any material defects in their returned absentee ballots so that they may be counted; and (4) orders Defendants to educate all voters about the injunction, in coordination with parish and local officials.

DATED this 1st day of June, 2020.

Respectfully submitted,

/s/ Caren E. Short

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CERTIFICATE OF SERVICE

I hereby certify that on June 1, 2020, I electronically filed the foregoing motion with the Court's CM/ECF system, which will send notice of electronic filing to counsel of record who are registered participants of the Court's CM/ECF system. I further certify that I sent the foregoing document by electronic mail to counsel of record who are not CM/ECF participants.

/s/ Caren E. Short
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**MEMORANDUM IN SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY INJUNCTION**

I. INTRODUCTION

Plaintiffs Telisa Clark, Lakeshia Barnett, Martha Christian Green, Crescent City Media Group (“CCMG”), and League of Women Voters Louisiana (“LWVLA”) (collectively, “Plaintiffs”) respectfully submit this Memorandum of Law in support of their Motion for Preliminary Injunction pursuant to [Federal Rule of Civil Procedure 65](#).

Defendants Governor Edwards, Secretary of State Ardoin, Attorney General Landry and the Louisiana Legislature have already conceded that voting rules must change to facilitate safe, free, fair, and equal voting during the unprecedented Covid-19 pandemic. But the state’s emergency election plan fails to address the burdens, gaps, and inequities of the state’s restrictive mail-in voting system and does not apply to the general election in November, which is expected to draw high turnout and when the transmission of Covid-19 will likely continue to endanger voters. As a result, provisions of Louisiana’s absentee ballot law pose direct and severe obstacles to voting: (1) the requirement to qualify for an excuse to vote by absentee ballot (the “Excuse Requirement”), *see* [La. Rev. Stat. § 18:1303](#); (2) the requirement to have another person witness the absentee voter’s signature and then sign the absentee ballot envelope (the “Witness Requirement”), *see* [La. Rev. Stat. § 18:1306\(E.\)~~\(2\)\(a\)–\(b\)~~](#); and (3) the failure to provide absentee voters with notice of defects with their mail-in absentee ballots and opportunity to cure such defects so that their votes may be counted (the “Cure Prohibition”), *see* [La. Rev. Stat. § 18:1313](#).

Plaintiffs seek to enjoin the Excuse Requirement and Witness Requirement for all voters in 2020 elections because they violate the fundamental right to vote under the U.S. Constitution, and create an unconstitutional condition on the right to vote compelling forfeiture of the right to bodily integrity. Plaintiffs also seek to enjoin the Cure Prohibition because it violates their right to procedural due process by failing to provide notice of and an opportunity to cure material defects

during the absentee ballot process. Plaintiffs also seek a preliminary injunction ordering Defendants to implement a process by which voters may cure material defects in their returned absentee ballots so that they may be counted.

If the Excuse Requirement and Witness Requirement are not enjoined, Plaintiffs will be forced to choose between exercising their fundamental right to vote and protecting their health or the health of their loved ones. If the Cure Prohibition is not enjoined and a process put in place for voters to cure material defects in their returned absentee ballots, Plaintiff Clark and Plaintiff LWVLA's members, like many Louisiana voters who will be voting by mail for the first time, will be denied their right to procedural due process and risk losing their right to vote. Accordingly, Plaintiffs respectfully ask the Court to enjoin these provisions.

II. STATEMENT OF FACTS¹

A. The Covid-19 Pandemic

“SARS-CoV-2 is a newly identified coronavirus that is the causative agent involved in Coronavirus Disease 2019 (Covid-19).” Declaration of Dr. Megan Murray, attached as Ex. 2 (“Murray Decl.”) ¶ 6. On January 30, 2020, the World Health Organization (“WHO”) declared Covid-19 to be a Public Health Emergency of International Concern.² On March 11, 2020, WHO declared that it had become a pandemic.³ It has now spread throughout the world, including to

¹ The Court can take judicial notice of census data, voting statistics, public health reports, and newspapers. See Fed. R. Evid. 201(b)(2). See, e.g., *United States v. Alexander*, No. CR 14-126-JWD-EWD, 2020 WL 2468773, at *7 (M.D. La. May 13, 2020); *Gen. Elec. Co. v. W. Feliciana Par. Hosp. Serv. Dist. No. 1*, No. CV 16-449-JWD-RLB, 2016 WL 7007504, at *14 (M.D. La. Nov. 29, 2016); *Hollinger v. Home State Mut. Ins. Co.*, 654 F.3d 564, 571 (5th Cir. 2011); *Terrebonne v. Blackburn*, 646 F.2d 997, 1000 n.4 (5th Cir. 1981).

² World Health Organization, *Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)* (Jan. 30, 2020), [https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)).

³ World Health Organization, *WHO Director-General's opening remarks at the media briefing on Covid-19*, (Mar. 11, 2020), <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-Covid-19---11-march-2020>.

every state in the United States. There are currently 1,787,680 confirmed cases in the United States, and 104,396 deaths nationwide.⁴ As of May 31, 2020, the Louisiana Department of Health had confirmed 40,341 positive cases of coronavirus and 2,690 deaths in Louisiana.⁵

As Dr. Megan Murray, an epidemiologist with the Harvard T.H. School of Public Health and its Center for Communicable Disease Dynamics, explains in her declaration:

Covid-19 is a respiratory virus which is spread by symptomatic and asymptomatic people through respiratory droplets, meaning drops of fluid from the nose or mouth that are emitted during coughs, sneezes or even talking. Some of the viral particles emitted this way end up on surfaces (door handles, coins) where they can remain viable. It has also been shown that Covid-19 can be transmitted as an aerosol – in other words, through the airborne route, i.e., direct inhalation of virus suspended in the air.

Id. ¶ 8. As a result, individuals can spread the disease before realizing they are infected and self-quarantining. *Id.* ¶ 9. The Centers for Disease Control and Prevention (“CDC”) has also noted that asymptomatic Covid-19-positive individuals can transmit the disease to others.⁶

According to the CDC, individuals are at higher risk of severe complications and death from Covid-19 if they are 65 years old or older or have underlying health conditions and diseases, including chronic lung disease or moderate to severe asthma, serious heart conditions, severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis, liver disease, and other health conditions that suppress immune systems like HIV/AIDS.⁷

The CDC also notes that immunocompromised individuals are at severe risk from Covid-19.⁸

⁴ Ctrs. for Disease Control & Prevention, *Cases in U.S.*, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> (last updated Jun. 1, 2020).

⁵ La. Dept. of Health, *Louisiana Coronavirus (Covid-19) Information*, <http://ldh.la.gov/coronavirus/> (last updated Jun. 1, 2020).

⁶ Ctrs. For Disease Control & Prevention, *Coronavirus 2019 (Covid-19): How to Prepare*, <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html> (last updated Mar. 4, 2020).

⁷ Ctrs. For Disease Control & Prevention, *People who are at higher risk for severe illness*, <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html> (last updated May 14, 2020).

⁸ *Id.*

“Although Covid-19 has been reported in people of all ages, older people and those with co-morbidities (concurrent illnesses) are most likely to develop severe disease.” *Id.* ¶ 20. Dr. Murray explains in her declaration that “[i]n addition to age, other risk factors for severe disease and death include hypertension, heart disease, lung diseases (e.g., asthma, COPD [chronic obstructive pulmonary disease]), diabetes mellitus, obesity, and chronic kidney disease.” *Id.* ¶ 21.

Though Covid-19 typically begins with “a flu-like illness that starts out with fever, cough, sore throat and shortness of breath,” *id.* ¶ 14, some people “develop much more serious illness, characterized by respiratory compromise due to pneumonia that can be gradual or sudden.” *Id.* ¶ 15. The major complication in patients with severe disease is acute respiratory distress syndrome (“ARDS”). *Id.* ¶ 16. Many patients who develop ARDS must be put on a ventilator. *Id.* The Covid-19 disease can cause a wide variety of clinical manifestations, including pneumonia, kidney failure, liver failure, strokes, heart attacks, cardiac inflammation, pulmonary embolisms, and gastrointestinal infections. *Id.* ¶ 17. People who develop severe complications and require mechanical ventilation to survive ARDS or who suffer a stroke “are likely to develop lung scarring that may permanently impair their pulmonary function” or “long term neurological deficits from these events,” respectively. *Id.* ¶ 19. In critical cases, Covid-19 can be fatal. *Id.* ¶¶ 16, 20. Even young individuals, including children, are at risk of severe complications and death from Covid-19. *Id.*

“The CDC has documented that 36.8 percent of Louisiana residents are obese and an additional 32.7 percent are overweight; 39 percent have a diagnosis of high blood pressure and 13.9 percent have diagnosed diabetes mellitus.” *Id.* ¶ 46. 15.4 percent of the population is 65 years old or over. *Id.* Using data from the CDC’s 2018 Behavioral Risk Factor Surveillance System (“BRFSS”), the Kaiser Family Foundation has “estimated the total number of at-risk adults by

state . . . who are at higher risk of serious illness if they get infected with coronavirus.” *Id.* ¶ 48. Based on their analysis of state-specific data on relevant factors such as age, heart disease, chronic obstructive pulmonary disease (COPD), uncontrolled asthma, diabetes, and a BMI greater than 40, “42.1% of adults over age 18 in Louisiana are at risk for serious Covid-19 cases with older adults making up 48.4% of those at high risk.” *Id.* According to another risk assessment study, “Louisiana scored an 88 out of 100 when 100 is the most vulnerable.” *Id.* ¶¶ 49-50. Dr. Murray concludes that “[t]hese data suggest that in the event of further spread of Covid-19, Louisiana may experience higher levels of disease, disability and death than other states experiencing the same amount of transmission.” *Id.* ¶ 50.

Covid-19 is highly communicable and poses a severe threat to voters. As Dr. Murray testifies, “[b]ecause voting takes place in public buildings where people congregate and given the risks of infection and disease in the Louisiana population, voting at a polling station in November entails a substantial risk of infection with Covid-19 that could result in symptomatic disease, hospitalization or death.” *Id.* ¶ 32. Polling places create a risk to voters where they are “crowded, require people to wait in lines, involve interacting with polling staff or other voters at a close distance, move people through the process slowly, are poorly ventilated and/or involve people touching objects like pens, paper, or surfaces within the voting booth.” *Id.* Additionally, “if voters or poll workers use toilets that are also used by others, they can be put at risk . . . [because] poorly ventilated areas where crowding may take place pose risk to those using these facilities” from aerosol transmission. *Id.* “The probability that a person who is exposed to Covid-19 in [a polling place] will go on to develop severe Covid-19 disease or to die depends on the age of that person and his/her underlying health status.” *Id.*

B. Covid-19's Impact on Black Louisianans

Plaintiffs incorporate the discussion of Covid-19's disproportionate impact on Black Louisianans in the Memorandum of Law filed by the *Power Coalition* plaintiffs, Section II.A.2.⁹ Mem. L. Supp. Pls.' Mot. Prelim. Inj., *Power Coalition for Equity & Justice v. Edwards*, No. 3:20-cv-00283, [ECF No. 14-1](#) (May 21, 2020), attached as Ex. 3 ("*Power Coalition* brief"). In further support, Dr. Sekou Franklin, Associate Professor of Political Science at Middle Tennessee University, testifies in his expert declaration that as the Black population in a county increases—a proxy for determining whether race is a predictor of a certain factor—residents are more likely to live in high-poverty areas and live in economic distress, less likely to have an automobile, and more likely to have worse health outcomes. Expert Declaration of Dr. Sekou Franklin, attached as Ex. 4 ("Franklin Decl.") ¶ 7. Each of these factors make Black Louisianans more susceptible to contracting and suffering complications or dying from Covid-19. *Id.* ¶¶ 4-7. As recognized in the *Power Coalition* brief, the CDC has both acknowledged the disparate impact of Covid-19 on Black Americans rooted in systemic discrimination and recommended that racial and ethnic minority groups "take extra precautions to protect themselves from Covid-19."¹⁰

C. The Covid-19 Pandemic and Louisiana's 2020 Elections

Covid-19's impact on the November general election and other 2020 elections will be unprecedented. In response to Covid-19, many states will likely see an increase in vote-by-mail in the general election. For example, in Wisconsin's April 7, 2020 election, nearly 1.3 million

⁹ On May 26, 2020, Defendants in *Power Coalition for Equity & Justice, et al. v. Edwards, et al.*, 3:20-cv-00283, filed an unopposed motion to consolidate the instant case with their case. Plaintiffs in this case did not oppose the motion to consolidate.

¹⁰ Ctrs. for Disease Control & Prevention, Covid-19 in Racial and Ethnic Minority Groups, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html> (last visited May 30, 2020).

registered voters requested an absentee ballot, the most in the state’s history.¹¹ Voters submitted an unprecedented total of 1,239,611 absentee ballot requests to municipal clerks, clerks issued 1,282,097 absentee ballots, and voters cast and returned 1,157,599 of them.¹² Eighty-three percent or 964,433 of the 1,157,599 absentee ballots were mail-in absentee ballots, comprising nearly 62 percent of the total turnout.¹³ This absentee ballot use was a dramatic increase from the 2016 presidential primary election, in which mail-in absentee ballots constituted just 4.8 percent of total ballots cast.¹⁴ *See also Power Coalition Brief* at 5-7 (further detail regarding the course of coronavirus pandemic in Louisiana).

The Excuse Requirement: The Louisiana Constitution requires the legislature to establish an absentee voting system. La. Const. art. XI, § 2 (“The legislature shall provide a method for absentee voting.”). Louisiana is one of only 16 states that require an excuse to vote by mail.¹⁵ Louisiana statute limits absentee voting by mail to voters who satisfy one of fifteen excuses. *See La. Rev. Stat. § 18:1303*. Only limited categories of voters may vote by mail, including voters with documented disabilities, voters aged 65 years and older, military and overseas voters, and voters who will be out of the parish of residence, among others. *Id.* Plaintiffs here incorporate the discussion of the excuse requirement in *Power Coalition* brief, Section II.B.1 and related penalties, Section II.B.3.

¹¹ Absentee Ballot Report - April 7, 2020 Spring Election and Presidential Preference Primary, Wis. Elections Comm’n (Apr. 16, 2020), <https://elections.wi.gov/node/6856>.

¹² Absentee Ballot Report - April 7, 2020 Spring Election and Presidential Preference Primary (updated Apr. 21, 2020), <https://elections.wi.gov/node/6862>; *see* Wisconsin Elections Commission, April 7, 2020 Absentee Voting Report, at 4 (Table 2), 5 (Table 3) (May 15, 2020), <https://elections.wi.gov/sites/elections.wi.gov/files/2020-05/April%202020%20Absentee%20Voting%20Report.pdf>.

¹³ *See* Absentee Voting Report, *supra* note 11, at 6 (Table 4); *id.* at 4 (Table 1).

¹⁴ *Id.* at 6 (Table 4).

¹⁵ *See Ala. Code § 17-11-3; Ark. Code Ann. § 7-5-402; Conn. Gen. Stat. § 9-135; Del. Code Ann. tit. 15, § 5502; Ind. Code § 3-11-10-24; Ky. Rev. Stat. § 117.085; La. Rev. Stat. § 18:1303; Mass. Gen. Laws ch. 54, § 86; Miss. Code Ann. § 23-15-715; Mo. Rev. Stat. § 115.277; N.H. Rev. Stat. Ann. 657:1; N.Y. Elec. § 8-400; S.C. Code Ann. § 7-15-320; Tenn. Code Ann. § 2-6-201; Tex. Elec. Code Ann. §§ 82.001, 82.002, 82.003, 82.004, 82.005, 82.006, 82.007; W. Va. Code § 3-3-1.*

The Witness Requirement: Louisiana law also requires voters who vote by mail to obtain a witness signature, verifying the voter’s identity, for their ballot to count. *See* [La. Rev. Stat. § 18:1306\(E.\) \(2\)\(a\)](#). The voter must sign their absentee ballot affidavit in the presence of this witness, who then signs the envelope. *Id.* The law does not specify who may serve as a witness. Louisiana is one of only 12 states to require voters to obtain at least one witness signature on their absentee mail-in ballot.¹⁶

Dr. Franklin testifies that according to the American Community Survey (“ACS”), 30.6% of households in Louisiana are headed by a person who identifies as “living alone.” Franklin Decl. ¶ 3 & tbl.2. And 11.6% of Louisiana households are a person living alone who is 65 years old or older. *Id.*

Dr. Franklin explains that as the Black population increases at the county level in Louisiana, residents of voting age (18 and above) are more likely to live alone. Franklin Decl. ¶¶ 7, 19-22. Of all Black households (i.e., homes with all their occupants, regardless of number, treated as one unit), 37% contain people who live alone compared to 28.2% of white households. *Id.* ¶ 13. And nearly 15% of all Black households in Louisiana are headed by women who live alone with children under 18 versus just 5.1% percent of similar white households. *Id.* Plaintiffs here incorporate the discussion of *Power Coalition* brief, Section II.B.2 and related penalties, Section II.B.3.

The Cure Prohibition: Louisiana law fails to provide absentee voters with notice of defects with their mail-in absentee ballots and deprives them of an opportunity to cure such

¹⁶ *See* [Ala. Code §§ 17-9-30\(b\), 17-11-7, 17-11-10](#); [Alaska Stat. § 15.20.030](#); [La. Stat. Ann. § 18:1306\(2\)\(a\)](#); [Minn. Stat. §§ 203B.07, 203B.121](#); [Minn. R. 8210.2450](#); [Miss. Code Ann. §§ 23-15-627, 23-15-635, 23-15-633](#); [Mo. Rev. Stat. §§ 115.279, 115.283, 115.295](#); [N.C. Gen. Stat. § 163-231](#); [Okla. Stat. tit. 26, § 14-108](#); [17 R.I. Gen. Laws § 17-20-23](#); [S.C. Code Ann. §§ 7-15-220, 7-15-230](#); [Va. Code Ann. §§ 24.2-706, 24.2-707](#); [Wis. Stat. § 6.87\(4\)\(b\)1](#).

problems so that their votes may be counted. *See* [La. Rev. Stat. § 18:1313](#). Louisiana also provides no mechanism for tracking whether one's absentee ballot has been received, accepted, or counted.

Plaintiffs here incorporate the discussion of the absentee ballot review and counting process in the *Power Coalition* brief, Section II.B.4. Louisiana law requires that an absentee ballot be rejected and not counted if a majority of the parish board of election supervisors determines that the ballot is invalid, [La. Rev. Stat. § 18:1313\(F\)\(5\)](#), or the ballot contains a “distinguishing mark.” *Id.* § 18:1316(A). But it does not require election officials to notify voters that their ballots have been deemed invalid or how to correct the defect or error with their ballot. Additionally, if an absentee ballot is challenged by a “commissioner, watcher, or qualified voter” under § 18:1315(A)(1), § 18:565(A)(1)–(3), or § 18:1315(B), the registrar must notify the voter that his or her ballot has been challenged, although such notice is sent only *after* the challenge is sustained and the ballot rejected with no opportunity for the voter to cure. *Id.* § 18:1315(C)(2), (3)(a).

D. Emergency Election Plans

On April 15, 2020, in response to the Covid-19 pandemic, Defendant Secretary of State Ardoin proposed an emergency election plan that would have expanded access to absentee ballots during the July 11, 2020 Presidential Preference Primary (“July election”) and August 15, 2020 Municipal General Elections (“August election”), pursuant to [La. Rev. Stat. § 18:401.3](#). Specifically, the First Proposed Emergency Plan would have expanded the list of registered voters who could request an absentee ballot, most importantly, those who are at high risk of contracting and suffering complications from the disease, are subject to a quarantine or isolation order or caring for such an individual, those caring for children whose school or childcare is closed, and most broadly, those who are “unable to appear in public due to concern of exposure to or transmission of Covid-19.” *See* First Proposed Emergency Election Plan (Apr. 13, 2020), attached as Ex. 5 (“First Proposed Emergency Election Plan”) at 8.

Under the First Proposed Emergency Election Plan, returned ballots could not have been rejected for lack of a witness signature for the July and August elections. *Id.* at 9. But the Senate Governmental Affairs Committee blocked the plan, citing unspecified concerns of “voter fraud.”¹⁷ Subsequently, Defendant Governor Edwards stated that “nobody should have to choose between exercising their right to vote and potentially endangering themselves or others.”¹⁸ In response to senators’ concerns about Louisiana voters using the Covid-19 crisis to engage in fraudulent behavior, Defendant Secretary of State Ardoin stated: “I think some of their concerns are not steeped in all the facts that were presented to them today. I’m hoping over time there can be some clarity.”¹⁹

On April 20, Defendant Secretary of State Ardoin presented a revised emergency election plan that significantly limits access to absentee ballots and fails to waive witness requirements for absentee ballots during the July and August elections. *See* Revised Emergency Election Plan (Apr. 20, 2020), attached as Ex. 6 (“Emergency Election Plan”). Neither the First Proposed Emergency Election Plan nor the Emergency Election Plan resolves any burdens voters will face in November general election (“November election”) or December 5, 2020 Congressional and open general election (“December election”) from Louisiana’s absentee voting laws during the Covid-19 pandemic.

¹⁷ Recording of Senate Hearing for First Proposed Emergency Election Plan, Senate Cmte. on Senate & Governmental Affairs (Apr. 15, 2020); *see also* Sam Karlin, *Louisiana republicans block emergency coronavirus election plan; future of election unclear*, The Advocate, Apr. 15, 2020, https://www.theadvocate.com/baton_rouge/news/coronavirus/article_4dfccfd6-7f44-11ea-b67e-73d2172ba20b.html.

¹⁸ Sam Karlin, *Louisiana republicans block emergency coronavirus election plan; future of election unclear*, The Advocate, Apr. 15, 2020, https://www.theadvocate.com/baton_rouge/news/coronavirus/article_4dfccfd6-7f44-11ea-b67e-73d2172ba20b.html.

¹⁹ *Id.*

Defendant Secretary of State Ardoin is now implementing the Emergency Election Plan that was approved, ironically, by the Louisiana legislature *mailing* in their votes. See La. Rev. Stat. § 18:401.3(D).²⁰

The Emergency Election Plan extends the ability to vote by mail to voters:

- At higher risk of severe illness from COVID-19 due to serious underlying medical conditions as identified by the Centers for Disease Control and Prevention (including chronic lung disease, moderate to severe asthma, serious heart conditions, diabetes, severe obesity (BMI of 40 or higher), chronic kidney disease and undergoing dialysis, liver disease, pregnancy, or immunocompromised due to cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications);
- Subject to a medically necessary quarantine or isolation order as a result of COVID-19;
- Advised by a health care provider to self-quarantine due to COVID-19 concerns;
- Experiencing symptoms of COVID-19 and seeking a medical diagnosis; or
- Caring for an identified individual who is subject to a medically necessary quarantine or isolation order as a result of COVID-19 or who has been advised by a health care provider to self-quarantine due to COVID-19 concerns.

Emergency Election Plan at 8. Plaintiffs herein refer to the “Excuse Requirement” as embracing this list of additional, but temporary, excuses for the July and August elections.

Further, the Emergency Election Plan does not remove the Witness Requirement and does not outline a cure process for returned ballots that contain material defects resulting in rejection.

See generally id.

²⁰ Tierney Sneed, *The Irony: LA Legislature Votes By Mail To Approve Plan Limiting Vote-By-Mail*, TPM, May 4, 2020, <https://talkingpointsmemo.com/news/voting-rights-primer-pandemic-age-flashpoint-voting>.

E. The Danger to Voters this Fall

The COVID-19 pandemic is expected to produce steady or increased transmission in the United States through the fall, as voters seek to cast their ballots on or before Election Day. Dr. Murray explains in her declaration that “[e]pidemiologists have projected a number of future Covid-19 epidemic trajectories based on a range of different possible scenarios but all of these scenarios are similar in that they predict that it is highly likely that Covid-19 will continue to circulate at its current level or at an even higher level than currently in October and November of 2020.” Murray Decl. ¶ 33. Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, has said a second wave of infections in the United States is “inevitable,” and CDC Director Robert Redfield has said that wave may “be even more difficult than the one we just went through.”²¹

Due to the relaxation of social distancing measures, the corresponding increase in social contacts, and seasonal changes, “it is reasonable to expect that, like other beta-coronaviruses, [COVID-19] may transmit somewhat more efficiently in winter than summer.” *Id.* ¶¶ 37-39. The projected persistent or increased risk of transmission in the fall and winter is, in part, due to seasonal factors, including “differences in the ways people congregate,” as “people tend to spend more time indoors with less ventilation and less personal space than they do in the summer.” *Id.* ¶ 39. Citing one study that “drew lessons from previous influenza pandemics to predict the future trajectory of Covid-19,” *id.* ¶ 40, Dr. Murray notes that the “most likely scenario” is that “the current first wave of Covid-19 will be followed by a larger wave in the fall or winter of 2020 and

²¹ *Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing*, White House, Mar. 25, 2020, <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-11/>; Zack Budryk, *CDC director warns second wave of coronavirus might be ‘more difficult,’* The Hill, Apr. 21, 2020, <https://thehill.com/policy/healthcare/493973-cdc-director-warns-second-wave-of-coronavirus-might-be-more-difficult>.

one or more smaller subsequent waves in 2021,” *id.* ¶ 41, and that “most epidemiologists expect that incidence will increase in the fall/winter months of 2020-2021.” *Id.* ¶ 42. “In the period prior to the widespread use of an effective vaccine, this spread will continue to lead to serious disease and death in at-risk groups.” *Id.* ¶ 44. Finally, progress towards herd immunity and vaccine development and production are unlikely to advance sufficiently quickly to significantly alter the trajectory of the COVID-19 outbreak. *Id.* ¶¶ 50-53.

III. ARGUMENT

A preliminary injunction is warranted if Plaintiffs show “(1) a substantial likelihood of success on the merits, (2) irreparable injury if the injunction is not granted, (3) that the injury outweighs any harm to the other party, and (4): that granting the injunction will not disserve the public interest.” *Brock Servs., LLC v. Rogillio*, [936 F.3d 290, 296](#) (5th Cir. 2019) (citing *Cardoni v. Prosperity Bank*, [805 F.3d 573](#) (5th Cir. 2015)). “In each case, courts ‘must balance the competing claims of injury and must consider the effect on each party of the granting or withholding of the requested relief.’” *Winter v. Natural Res. Def. Council, Inc.*, [555 U.S. 7, 24](#) (2008) (citation omitted). Plaintiffs readily meet these requirements.

A. Plaintiffs are likely to succeed on the merits of their claims.

Plaintiffs challenge Louisiana’s Excuse Requirement, Witness Requirement, and Cure Prohibition, which violate Plaintiffs’ constitutional rights. Louisiana’s Excuse Requirement and Witness Requirement separately and together, are wholly incompatible with the public health measures necessary to protect individuals from Covid-19 and unduly burden Plaintiffs’ rights to vote. Unless these requirements are waived for the remainder of the 2020 elections, they will force thousands of Louisiana voters to decide between exposing themselves or their family members to a deadly virus by voting in person or surrendering their right to vote to protect their own and their

families' health. The U.S. Constitution prohibits the state from compelling this choice. Finally, to prevent disenfranchisement and conform with the requirements of procedural due process, Defendants must also establish a cure process.

1. The Excuse Requirement and the Witness Requirement Impose an Undue Burden on Plaintiffs' Fundamental Right to Vote.

a. The Excuse Requirement

The Excuse Requirement unduly burdens qualified Louisianans' right to vote. For Plaintiffs Clark, Barnett, and Green, the Excuse Requirement wholly prevents voting because they or their cohabitants live with health conditions that put them at increased risk of severe illness or death from Covid-19, making in-person voting unreasonably dangerous for them and their loved ones during this pandemic. Declaration of Telisa Clark, attached as Ex. 7 ("Clark Decl."), ¶¶ 7, 10-12; Declaration of Lakeshia Barnett, attached as Ex. 8 ("Barnett Decl."), ¶¶ 6, 11; Declaration of Martha Christian Green, attached as Ex. 9 ("Green Decl."), ¶¶ 9, 15-18. The Excuse Requirement will also seriously undermine Plaintiffs LWVLA and Crescent City's missions and ongoing efforts to increase civic engagement and participation in this year's elections and require them to divert limited resources in response, as thousands of registered Louisiana voters find themselves in the same predicament as the individual Plaintiffs here. Declaration of Crescent City Media Group, attached as Ex. 10 ("CCMG Decl."), ¶¶ 5-13; Declaration of League of Women Voters Louisiana, attached as Ex. 11 ("LWVLA Decl."), ¶¶ 6, 7, 10, 14. Further, Plaintiff LWVLA's members include voters who need to vote by absentee ballot to protect themselves or a household member in upcoming elections, but because of the Excuse Requirement, they do not qualify to vote by mail under Louisiana law. LWVLA Decl. ¶¶ 9, 12-13.

Under the First and Fourteenth Amendments to the U.S. Constitution, any burden on the right to vote must be balanced against the degree to which the requirement furthers the state's interest in enacting that requirement. The Supreme Court has set forth the following test:

[T]he rigorousness of our inquiry into the propriety of a state election law depends upon the extent to which a challenged regulation burdens First and Fourteenth Amendment rights. Thus, as we have recognized when those rights are subjected to “severe” restrictions, the regulation must be “narrowly drawn to advance a state interest of compelling importance.” But when a state election law provision imposes only “reasonable, nondiscriminatory restrictions” upon the First and Fourteenth Amendment rights of voters, “the State’s important regulatory interests are generally sufficient to justify” the restrictions.

Burdick v. Takushi, [504 U.S. 428, 434](#) (1992) (internal citations omitted). Strict scrutiny is also appropriate where the effect of a challenged provision bears more heavily on a specific group like racial minorities, younger or older voters, or voters with disabilities. *See League of Women Voters of Fla., Inc., v. Detzner*, [314 F. Supp. 3d 1205, 1216](#) (N.D. Fla. 2018) (“Disparate impact matters under *Anderson-Burdick*.” (citing *Crawford v. Marion Cty. Elec. Bd.*, [553 U.S. 181, 216](#) (2008)); *see also Jones v. Governor of Fla.*, [950 F.3d 795, 822](#) (2020); *Ga. Coal. for the People’s Agenda, Inc. v. Kemp*, [347 F. Supp. 3d 1251, 1264](#) (N.D. Ga. 2018).

While in general, voters do not have a constitutional right to vote by absentee ballot, *see McDonald v. Bd. of Election Comm’rs of Chicago*, [394 U.S. 802, 808–09](#) (1969), such a right does arise when an absentee ballot constitutes the only means for a qualified, registered voter to cast a ballot. *See Thomas v. Andino*, No. 3:20-cv-01552-JMC, --- F.Supp.3d ----, [2020 WL at 2617329](#), at *17 n.20 (D.S.C. May 25, 2020) (finding that in Covid-19 pandemic, absentee voting impacts voters’ fundamental right to vote where “it is relatively difficult to vote in person without risking the possibility of infection, especially for those who are more susceptible to the ravaging harms of COVID-19” and “during this pandemic, absentee voting is the safest tool through which voters can use to effectuate their fundamental right to vote”); *cf. McDonald*, 394 U.S.. *id.* at 807–08

(noting that “absentee [voting] statutes . . . are designed to make voting more available to some groups who cannot easily get to the polls”). In this case, for as long as novel coronavirus continues to pose a threat to public health, the Excuse Requirement prevents Plaintiffs Clark, Barnett, and Green from voting because they cannot vote in person without incurring a substantial risk to their own or their loved ones’ health.

The burden on voters’ rights is extremely severe. Since Plaintiffs Clark, Bennett, and Green cannot safely vote in person and cannot vote in all 2020 elections due to the Excuse Requirement, they are effectively disenfranchised. Due to Plaintiff Clark’s existing health conditions, which put her at increased risk of severe illness or death from Covid-19, she qualifies to vote by mail under the Emergency Election Plan in the July and August elections. Clark Decl. ¶ 11. But she does not qualify to vote by mail under [La. Rev. Stat. § 18:1303](#), and the Election Emergency Plan does not extend to the November and December elections. She must vote in person for those latter elections, thereby exposing herself, her husband, her daughter, and grandson to serious danger. Clark Decl. ¶¶ 7, 12. Similarly, Plaintiffs Barnett and Green do not qualify to vote by absentee ballot under either [La. Rev. Stat. § 18:1303](#) or the Emergency Election Plan. Barnett Decl. ¶ 11; Green Decl. ¶ 17. As a result, they cannot vote in any of this year’s four remaining elections without endangering vulnerable members of their households. Barnett Decl. ¶ 11; Green Decl. ¶ 18.

The burdens imposed by the Excuse Requirement will disproportionately fall on Black voters in Louisiana like Plaintiffs Clark and Barnett who—due to longstanding socioeconomic discrimination and inequity—are more likely to suffer from or live with a family member who has preexisting health conditions that make a person more susceptible to contracting and suffering severe complications and dying from Covid-19. *See* Franklin Decl. ¶¶ 24-38.

Organizational Plaintiffs' missions center on facilitating voter participation, pursuant to their goals of promoting democratic values, increasing civic engagement, and advancing their public policy goals through the democratic process. LWVLA Decl. ¶¶ 6-7; CCMG Decl. ¶ 5. They have already diverted funds and staff resources away from planned work to educate and help voters comply with the complex Excuse Requirement, made more complicated by the Emergency Election Plan. LWVLA Decl. ¶ 14; CCMG Decl. ¶¶ 8-13. If the Excuse Requirement is not enjoined, LWVLA and CCMG Plaintiffs will be forced to continue to divert funds and staff time and resources away from planned work on voter registration, the 2020 Census, and redistricting to educate voters who do not qualify for an absentee ballot and must risk their health by voting in person. *Id.* Such diversion of resources will increase if the Excuse Requirement remains in place for the November 2020 election, which will draw high turnout. Organizational plaintiffs' core missions are greatly harmed if voters cannot vote because in-person voting requirements force them to risk contracting the novel coronavirus that causes Covid-19.

Because the Excuse Requirement will disenfranchise individual Plaintiffs and require organizational Plaintiffs to divert resources to respond to its impact, it imposes a severe burden on the right to vote that can only survive if Defendants can show that it is narrowly tailored to serve a compelling state interest. *See Norman v. Reed*, [502 U.S. 279, 289](#) (1992). They cannot. The Excuse Requirement is not supported by a legitimate interest, let alone a compelling one. Absentee voting laws with excuse requirements simply express a preference for voters to vote in person, and while the excuses recognize that some voters simply cannot vote in person, this preference does not turn the excuse requirement into a law enforcement tool. It does not help deter, prevent, detect, investigate, or prosecute electoral fraud.

If Defendants are going to argue that carving up the electorate into voters who may cast absentee ballots and voters who may not advances an anti-fraud interest, they would have to produce a modicum of evidence supporting that argument. *Fish v. Schwab*, [957 F.3d 1105, 1132](#) (10th Cir. 2020) (observing that “the Secretary points to no concrete evidence that ‘[its] interests make it necessary to burden the plaintiff’s rights’ in this case”). Here, Defendants would have to demonstrate that the groups they have allowed to vote absentee are less prone to commit fraud or are less vulnerable to the kind of fraudulent manipulation or undue influence strictly outlawed in every election code in the country. *See, e.g.*, [La. Rev. Stat. § 18:1461.7\(A\)\(3\)](#) (“No person shall knowingly, willfully, or intentionally: . . . When assisting a voter in voting, fail to mark the ballot or vote in the manner dictated by the voter.”). No such evidence exists. To the contrary, senior citizens are generally thought to be more vulnerable to fraudulent manipulation or undue influence and are in greater need of assistance with voting, and yet anyone aged 65 years or older is allowed to cast an absentee ballot. [La. Rev. Stat. § 18:1303\(J\)](#). The Excuse Requirement is not an anti-fraud measure.

Furthermore, during the Louisiana Legislature’s hearings on the First Proposed Emergency Election Plan, Defendant Secretary of State Ardoin repeatedly defended the plan against claims it would open the election up to fraud.²² In contrast to the total lack of evidence that the Excuse Requirement is an effective tool to safeguard election integrity, health officials have confirmed several thousands of Covid-19 cases and deaths in Louisiana, underscoring the very real and substantial threat and severe burden voters face now and will continue to face for the foreseeable future.

²² *See* Recording of Senate Hearing for First Proposed Emergency Election Plan, Senate Cmte. on Senate & Governmental Affairs (Apr. 15, 2020).

The Excuse Requirement is also not narrowly drawn to the goals of preventing, detecting, and prosecuting fraud. Thirty-four states and the District of Columbia have implemented methods for safeguarding election integrity without restricting access to absentee ballots, including instituting barcode systems and requiring voters to provide identifying information like driver's license numbers or the last four digits of their Social Security numbers on their absentee ballot request forms.²³ Louisiana's absentee ballot request forms use similar safeguards, requiring voters to provide their mother's maiden name and giving them the option of providing a driver's license number, ID number, or the last four digits of their Social Security number.²⁴ La. Rev. Stat. § 18:1307(A)(6). There are also restrictions on where a voter's absentee ballot may be sent. "If the address [listed on the voter's absentee ballot request form] is within the parish or an adjacent parish, such address shall only be the address at which the applicant is registered to vote, his mailing address on file with the registrar of voters, or an address at which he regularly receives mail." *Id.* § 18:1307(A)(3).

As in other states, Louisiana law already requires voters to sign an affidavit printed on their absentee ballot envelopes, allows for the challenging of absentee ballots, and establishes criminal penalties for people who engage in election-related fraud. *See* La. Rev. Stat. § § 18:1306(E)(1)(f); *id.* § 18:1315(A)(2)(a); *id.* § 18:565(A)(1)–(3); *id.* § 18:1461.2. The Emergency Election Plan also authorizes the Department of State to contract with the U.S. Postal Service to develop a tracking system for absentee mail-in ballots. Emergency Election Plan at 9. By working to verify

²³ Nat'l Conf. State Legislatures, Voting Outside the Polling Place: Absentee, All-Mail and other Voting at Home Options (select "Qualifying for an Absentee Ballot" tab), <https://www.ncsl.org/research/elections-and-campaigns/absentee-and-early-voting.aspx>.

²⁴ *General Application for Absentee by Mail Ballot*, La. Sec'y of State (Sept. 2019), <https://www.sos.la.gov/ElectionsAndVoting/PublishedDocuments/GeneralApplicationForAbsenteeByMailBallot.pdf>; *Disabled Application for Absentee by Mail Ballot*, La. Sec'y of State (Sept. 2019), <https://www.sos.la.gov/ElectionsAndVoting/PublishedDocuments/DisabledApplicationForAbsenteeByMailBallot.pdf>.

a voter's identity, develop a documented chain of custody, and providing criminal penalties for fraud, these requirements are far more careful and effective at preventing the casting of fraudulent ballots than the Excuse Requirement. The latter disqualifies entire categories of voters from voting by absentee ballot without regard to the burden in-person voting may impose on individual voters within those categories.

Given the severe burden imposed on voters during the Covid-19 pandemic, the lack of concrete evidence supporting a legitimate state interest, and the effective alternatives to prevent, detect, and prosecute fraud, Louisiana's Excuse Requirement presents a classic undue burden in violation of the First and Fourteenth Amendments.

b. The Witness Requirement

The Witness Requirement imposes a severe burden on voters who are self-isolating, particularly on at-risk voters, while failing to serve as a minimally effective anti-fraud measure. Absentee voters are required to sign their ballot in the presence of a witness, exposing themselves to the risks of surface contamination and transmission of Covid-19 via the dispersion of respiratory droplets and aerosolization. Murray Decl. ¶¶ 8, 24. This requirement is a very weak anti-fraud measure and, therefore, at least in the face of a highly contagious and lethal pandemic, the state's interests do not outweigh the substantial burdens voters face in securing a witness signature on the absentee ballot certificate envelope. The risk of transmission by respiratory droplets in close quarters and the risk of transmission via a contaminated paper ballot passed between a voter and a witness will be unreasonably high for certain voters who are at higher risk due to age and underlying health conditions. This burden is severe and must be justified by and narrowly drawn to a compelling interest that animates the law; for all other voters, the burden is moderate but must still be tailored to the state's interest.

The burdens imposed by the Witness Requirement will disproportionately fall on already vulnerable populations, including elderly and Black voters. As noted above, 30.6% percent of Louisianans households are those of people who live alone and 11.6% of Louisiana households are people 65 or older who live alone. *See supra* at II.C. Black Louisianans are also more likely to live alone than white Louisianans. *Id.* Black Louisianans are also more likely than white Louisianans to live only with children. *Id.*

The Witness Requirement will have the same effect on many of Plaintiff LWVLA's members who live alone and are self-isolating, as they will be unable to cast their absentee mail-in ballots without risking contracting Covid-19. *See Thomas*, [2020 WL at 2617329](#), at *16-21; *see also League of Women Voters of Okla. v. Ziriak*, No. 118765, [2020 WL 2111348](#), at *1 (Okla. May 4, 2020) (enjoining absentee ballot notary requirement); *Libertarian Party of Ill. v. Pritzker*, No. 20-CV-2112, [2020 WL 1951687](#), at *4 (N.D. Ill. Apr. 23, 2020) (enjoining portions of signature requirement for potential candidate ballot eligibility because they presented “insurmountable hurdle” during pandemic).

Organizational Plaintiffs' missions center on facilitating voter participation, pursuant to their goals of promoting democratic values, increasing civic engagement, and advancing their public policy goals through the democratic process. LWVLA Decl. ¶¶ 6-7; CCMG Decl. ¶ 5. They have already diverted funds and resources away from planned work to mitigate the harm caused by the Witness Requirement and help voters navigate it. LWVLA Decl. ¶ 14; CCMG Decl. ¶¶ 8-13. As with the Excuse Requirement, if the Witness Requirement is not enjoined, Plaintiffs LWVLA and CCMG will continue to divert funds and resources away from work on voter registration, the 2020 Census, and redistricting to educate voters who qualify for an absentee ballot, but must risk their health by finding and engaging a witness to sign their ballots. Such diversion

of resources will increase if the Witness Requirement remains in place for the November 2020 election, which will draw very high turnout and increased use of absentee ballots. Organizational Plaintiffs' core missions will be greatly harmed if voters cannot vote because the Witness Requirement forces them to risk contracting the novel coronavirus that causes Covid-19.

State interests proffered in resisting *Anderson-Burdick* claims must be rational and legitimate, at a minimum; bald assertions will not suffice. In the recent decision enjoining South Carolina's witness requirement in light of the pandemic, the court stated that "[w]hile states certainly have an interest in protecting against voter fraud and ensuring voter integrity, the interest will not suffice absent 'evidence that such an interest made it necessary to burden voters' rights.'" *Thomas*, [2020 WL at 2617329](#), at *20 (quoting *Fish*, [957 F.3d at 1133](#)). The court placed particular emphasis on evidence from the state's election commission that wholly undermined the asserted need for a witness requirement. On March 30, Defendant Marci Andino, in her capacity as the Executive Director of the South Carolina Election Commission, wrote to several elected officials, including the Governor, to relay concerns about Covid-19's impact on the upcoming elections. In that letter, she urged consideration of emergency changes to the electoral process, including rescinding the witness requirement, and pointedly noted that "**the witness signature offers no benefit to election officials as they have no ability to verify the witness signature.**" *Id.* (emphasis in original).

In another challenge to a witness requirement, the U.S. District Court for the Western District of Virginia recently approved a consent decree suspending the law's enforcement in the June primary election. *League of Women Voters of Virginia v. Virginia State Bd. of Elections*, No. 6:20-CV-00024, [2020 WL 2158249](#) (W.D. Va. May 5, 2020). The court explained that:

In ordinary times, Virginia's witness signature requirement may not be a significant burden on the right to vote. But these are not ordinary times. In our current era of

social distancing—where not just Virginians, but all Americans, have been instructed to maintain a minimum of six feet from those outside their household—the burden is substantial for a substantial and discrete class of Virginia’s electorate. During this pandemic, the witness requirement has become “both too restrictive and not restrictive enough to effectively prevent voter fraud.”

On the one hand, the measure is too restrictive in that it will force a large class of Virginians to face the 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. The Constitution does not permit a state to force such a choice on its electorate.

Id. at *8 (internal citations omitted).

For the foregoing reasons, Louisiana is twice an outlier in its strict absentee ballot rules by requiring both an excuse and a witness certification, despite employing numerous, more effective methods for preventing vote-by-mail fraud. These requirements are not narrowly tailored to protect election integrity and the burdens they impose in light of the Covid-19 pandemic far outweigh any perceived benefits to election officials and law enforcement. The challenged requirements therefore constitute undue burdens on the right to vote during this pandemic—forcing voters, including Plaintiffs and their members to choose their health over voting this summer and fall—and must be enjoined as violations of the First and Fourteenth Amendments.

2. Louisiana’s Excuse and Witness Requirements Create an Unconstitutional Condition on the Right to Vote Compelling Forfeiture of the Right to Bodily Integrity.

The challenged requirements are also unconstitutional because they require voters to forfeit their fundamental right to bodily integrity as a condition of exercising their right to vote. Such state-sponsored coercion violates the unconstitutional conditions doctrine.

Here, a condition is imposed on the exercise of the right to vote, which is protected by the First Amendment as a means of political association and political expression. *Cal. Democratic Party v. Jones*, 530 U.S. 567, 574 (2000); *Norman*, 502 U.S. at 288–90; *Anderson v. Celebrezze*, 460 U.S. 780, 787–89, 806 (1983); *Kusper v. Pontikes*, 414 U.S. 51, 56–58 (1973); *Williams v.*

Rhodes, [393 U.S. 23, 30–31](#) (1968). Similarly, courts recognize a constitutional right to bodily integrity. See *Washington v. Glucksberg*, [521 U.S. 702, 777–78](#) (1997); *Alton v. Tex. A & M Univ.*, [168 F.3d 196, 199](#) (5th Cir. 1999); *Shillingford v. Holmes*, [634 F.2d 263, 265](#) (5th Cir. 1981).

Under the unconstitutional conditions doctrine, the government may not require an individual to forfeit one constitutional right in order to exercise another. *Simmons v. United States*, [390 U.S. 377](#) (1968), presented a classic violation of this doctrine, where a criminal defendant was effectively forced to incriminate himself in establishing his standing to move to suppress evidence on Fourth Amendment grounds. The Supreme Court noted that the defendant “was obliged either to give up what he believed, with advice of counsel, to be a valid Fourth Amendment claim or, in legal effect, to waive his Fifth Amendment privilege against self-incrimination.” *Id.* at 394. The Supreme Court found “it intolerable that one constitutional right should have to be surrendered in order to assert another.” *Id.* at 394. The doctrine has also been invoked to prohibit the imposition of conditions on First Amendment-protected activities that require the forfeiture of other rights. See, e.g., *Lefkowitz v. Cunningham*, [431 U.S. 801](#) (1977) (holding that New York law unconstitutionally required political party leaders to provide unimmunized testimony before grand jury, forcing leaders to choose between First Amendment right of association and Fifth Amendment right against self-incrimination); *Bourgeois v. Peters*, [387 F.3d 1303, 1324](#) (11th Cir. 2004) (“This case presents an especially malignant unconstitutional condition because citizens are being required to surrender a constitutional right—freedom from unreasonable searches and seizures—not merely to receive a discretionary benefit but to exercise two other fundamental rights—freedom of speech and assembly.”).

Most directly relevant to this case, the Supreme Court has invalidated voting requirements or conditions that require the forfeiture of another fundamental right. In *Dunn v. Blumstein*, [405](#)

U.S. 330 (1972), the Court held that a one-year durational residency requirement for voter registration placed an unconstitutional condition on the fundamental right to interstate travel. *Id.* at 346, 353. The Court explained that “such laws force a person who wishes to travel and change residences to choose between travel and the basic right to vote.” *Id.* at 342. Notably, when First Amendment-protected rights such as the right to vote are at stake, it is irrelevant whether the government intended to coerce the voter into forfeiting a constitutional right. *See Bourgeois*, 387 F.3d at 1324–25 (“[T]he very purpose of the unconstitutional conditions doctrine is to prevent the Government from subtly pressuring citizens, *whether purposely or inadvertently*, into surrendering their rights.” (emphasis added)).

Courts evaluate these claims by looking to the constitutional standard for the right that Plaintiffs are being coerced into surrendering. “[W]hen a condition on a government benefit burdens a constitutional right, it generally triggers the same scrutiny as a direct penalty would.” *McCabe v. Sharrett*, 12 F.3d 1558, 1562 (11th Cir. 1994). In *Dunn*, for instance, the durational residency requirement for voter registration was subjected to strict scrutiny because fundamental voting and interstate travel rights were implicated: “In the present case, whether we look to the benefit withheld by the classification (the opportunity to vote) or the basis for the classification (recent interstate travel) we conclude that the State must show a substantial and compelling reason for imposing durational residence requirements.” 405 U.S. at 335; *see also Shapiro v. Thompson*, 394 U.S. 618, 634, 638 (1969), *rev’d in part on other grounds*, *Edelman v. Jordan*, 415 U.S. 651, 670 (1974) (invalidating Connecticut’s one-year durational residency requirement for welfare eligibility as impermissible penalty on individuals who exercised their right to interstate travel) (“Since the classification here touches on the fundamental right of interstate movement, its

constitutionality must be judged by the stricter standard of whether it promotes a compelling state interest.”).

“[I]ndividuals possess a constitutional right to be free from forcible intrusions on their bodies against their will, absent a compelling state interest.” *Guertin v. State*, 912 F.3d 907, 919 (6th Cir. 2019) (quoting *Planned Parenthood Sw. Ohio Reg. v. DeWine*, 696 F.3d 490 (6th Cir. 2012)). Government actions that threaten the right to bodily integrity must be narrowly tailored to achieve a compelling state interest. *See Washington*, 521 U.S. at 721; *Kallstrom v. City of Columbus*, 136 F.3d 1055, 1064 (6th Cir. 1998). In the Flint water crisis case, *Guertin*, the Court articulated the following standard: “Involuntarily subjecting nonconsenting individuals to foreign substances with no known therapeutic value . . . is a classic example of invading the core of the bodily integrity protection.” 912 F.3d at 921–22; *cf. id.* at 921 (“[A] government actor violates individuals’ right to bodily integrity by knowingly and intentionally introducing life-threatening substances into individuals without their consent, especially when such substances have zero therapeutic benefit.”).

As discussed above, Plaintiff Clark is at risk of severe illness or death from Covid-19 and therefore cannot vote in person in the November and December elections without jeopardizing her health. Clark Decl. ¶ 7, 12. Many of Plaintiff LWVLA’s members are also at-risk and will also be required to break vital self-isolation measures to vote in person in the November and December elections. LWVLA Decl. ¶¶ 9, 12. And other Louisiana voters who do qualify to vote by mail but are at high risk of severe illness or death from Covid-19 will be required to break vital self-isolation measures to satisfy the Witness Requirement in the July, August, November, and December elections.

In this case, the challenged requirements place an unconstitutional condition on the right to vote because they coerce Plaintiff Clark and Plaintiff LWVLA's at-risk members into sacrificing their fundamental right to bodily integrity to exercise their constitutional right to vote in the November and December elections. Requiring voters to make this sacrifice is not a narrowly drawn means for achieving the State's asserted interest in preventing voter fraud. Although states have an interest in protecting election integrity, discussed *supra*, Section III.A.1.a, that interest is less than compelling here. Even if it were compelling, Louisiana already employs more narrowly drawn methods for accomplishing its ends than exposing voters to risk of serious illness or death by going to a polling place or through the witnessing process; for example, Louisiana requires voters to provide personal identifiers on their absentee ballot request forms, restricts where ballots may be sent, imposes criminal penalties for fraud, and authorizes the implementation of a ballot tracking system.

Here, parish election officials will violate voters' right to bodily integrity by denying them absentee ballots and forcing them to come into contact with novel coronavirus at their polling places or through the witnessing process. This violation is directly attributable to Defendants. Louisiana law tasks state and parish election officials with protecting the safety of voters in casting their ballots. Indeed, the statute authorizing the Secretary of State to develop the Emergency Election Plan expressly grants the Secretary this power "to ensure maximum citizen participation in the electoral process and provide a safe and orderly procedure for persons seeking to qualify or exercise their right to vote, to minimize to whatever degree possible a person's exposure to danger during declared states of emergency, and to protect the integrity of the electoral process" La. Rev. Stat. § 18:401.1(A); *id.* § 18:401.3(A). It further requires that "[i]f a polling place is

destroyed, inaccessible, or unsafe, efforts should be made . . . to permit the orderly establishment of a new polling place.” *Id.* § 18:401.1(D)(1). Furthermore,

a police jury is required to exercise reasonable care in establishing a polling place to locate it in a building which affords each qualified voter an opportunity to exercise his right of voting and access with reasonable safety and convenience free from unreasonable, arbitrary or capricious discrimination based on age or physical condition.

Burgess v. City of Shreveport, [471 So.2d 690, 693](#) (La. 1985).

In this case, Defendants and their subordinates will have breached their duty to voters by maintaining the challenged requirements during a prolific, deadly, and fast-moving pandemic. State officials can no more require voters to cast their ballots in polling places potentially contaminated with the novel coronavirus than they could require them to vote in a polling place that is dilapidated, flooded with sewage or putrid storm water, or experiencing a carbon monoxide or other gas leak. Indeed, in defending the First Proposed Emergency Election Plan and its expanded protections for voters, Defendant Secretary of State Ardoin compared the Covid-19 pandemic to the aftermath of Hurricane Katrina, explaining that such protections were needed now “in direct response to an unprecedented health event” and, noting the state had already reached 1000 deaths, he hoped it would not “take another 600 [deaths] for people to realize it is not wise to proceed with elections as if nothing is wrong.”²⁵

For voters like Plaintiff Clark, *every* polling place denies reasonable safety because their physical health conditions require them to self-isolate away from the public during the pandemic. By forcing Plaintiff Clark and Plaintiff LWVLA’s members to vote in person or to obtain witness signatures, the challenged requirements will be directly responsible for them coming into contact with a virus they have taken significant efforts to avoid; but for the challenged requirements, they

²⁵ Recording of Senate Hearing for First Proposed Emergency Election Plan, Senate Cmte. on Senate & Governmental Affairs 9:17 to 9:48 (Apr. 15, 2020).

will have otherwise eschewed crowded spaces and contact with persons outside of their households. *See* Clark Decl. ¶ 8. It does not matter that these voters could also contract the virus outside of the voting process, because the right to bodily integrity is violated when *the government* “[i]nvoluntarily subject[s] nonconsenting individuals to foreign substances with no known therapeutic value” *Guertin*, 912 F.3d at 921–22. By failing to keep voters safe and instructing their subordinates to move forward with enforcing these requirements, Defendants are liable for needlessly exposing voters to infection.

For these reasons, the Excuse and Witness Requirements place an unconstitutional condition on the right to vote, impermissibly compelling forfeiture of the fundamental right to bodily integrity.

3. The Cure Prohibition Violates Plaintiffs’ Right to Procedural Due Process by Failing to Provide Opportunity to Cure.

By failing to provide voters notice of and a process by which to cure deficiencies in their returned ballots, Defendants Secretary of State Ardoin, Lafayette Parish Registrar of Voters Meaux Menard, and Terrebonne Parish Registrar of Voters Rogers also violate the procedural due process rights of Plaintiff Clark and Plaintiff LWVLA’s members who qualify to vote by mail. The Due Process Clause of the Fourteenth Amendment prohibits the deprivation of “life, liberty, or property, without due process of law.” U.S. Const. amend. XIV. A liberty interest that is governed by due process can be created by the Constitution or “may arise from an expectation or interest created by state laws or policies.” *Wilkinson v. Austin*, 545 U.S. 209, 221 (2005). Courts analyze whether a statutory entitlement existed prior to the notice and process afforded and prior to the deprivation.

“The fundamental requirement of due process is the opportunity to be heard ‘at a meaningful time and in a meaningful manner.’” *Fed. Deposit Ins. Corp. v. Bank of Coushatta*, 930

F.2d 1122, 1130 (5th Cir. 1991) (quoting *Mathews v. Eldridge*, 424 U.S. 319, 333 (1976)). “An elementary and fundamental requirement of due process in any proceeding which is to be accorded finality is notice reasonably calculated, under all the circumstances, to apprise interested parties of the pendency of the action and afford them an opportunity to present their objections.” *Triplett v. Dep’t of Soc. Servs.*, 26 F.3d 1119 (5th Cir. 1994) (quoting *Mullane v. Cent. Hanover Bank & Trust Co.*, 339 U.S. 306, 314 (1950)) (internal quotation marks omitted). Absent exigent circumstances, due process requires pre-deprivation procedures. *Cleveland Bd. of Educ. v. Loudermill*, 470 U.S. 532, 542 (1985) (“We have described ‘the root requirement’ of the Due Process Clause as being ‘that an individual be given an opportunity for a hearing before he is deprived of any significant property interest.’” (quoting *Boddie v. Connecticut*, 401 U.S. 371, 379 (1971) (emphasis in original)); *Jabari v. McCollough*, 686 F. App’x 282, 286 (5th Cir. 2017); *Sciolino v. City of Newport News, Va.*, 480 F.3d 642, 653 (4th Cir. 2007) (“An opportunity to clear your name after it has been ruined by dissemination of false, stigmatizing charges is not ‘meaningful.’”).

Determining what process is due rests on the balance between (1) the interest affected; (2) the risk of erroneous deprivation under the current procedures, and the “probable value, if any, of additional or substitute procedural safeguards”; and (3) the state’s interest, including the “fiscal and administrative burdens” additional procedures would entail. *Mathews*, 424 U.S. at 335.

Louisiana law provides multiple grounds for rejecting a ballot but provides voters with no pre-deprivation notice of and opportunity to cure such defects. See La. Rev. Stat. §§ 18:1313, 18:1315, 18:1316. This lack of notice necessarily fails the *Mathews* test.

First, the law vests Plaintiff Clark and Plaintiff LWVLA’s members who qualify to vote by absentee ballot with a liberty interest in casting an absentee ballot and having it counted. The

right to vote enjoys protection under both the U.S. Constitution and the Louisiana constitution. *See Wesberry v. Sanders*, [376 U.S. 1, 17–18](#) (1964) (“No right is more precious in a free country than that of having a voice in the election of those who make the laws under which, as good citizens, we must live. Other rights, even the most basic, are illusory if the right to vote is undermined.”); La. Const. art. I, § 10(A). Under Louisiana law, voters who meet certain statutory qualifications may cast an absentee ballot, *see* [La. Rev. Stat. § 18:1303](#), and the Legislature has approved additional qualifications in the Emergency Election Plan, adopted pursuant to [La. Rev. Stat. § 18:401.3](#). Having satisfied these statutory requirements and/or the requirements provided in the Emergency Election Plan, Plaintiff Clark and Plaintiff LWVLA’s qualifying members have a right to vote by mail and have their ballots counted.

Second, the risk of erroneous deprivation remains high. Defendants do not afford voters any notice or opportunity to cure defects or challenges to their absentee ballots, thereby depriving qualifying voters of their liberty interests of having their absentee ballots counted. Because voters cannot vote in person after casting an absentee ballot, even a faulty one, the lack of cure process also deprives them of their fundamental right to vote. *See* [La. Rev. Stat. § 18:1305](#). This risk of wrongful deprivation rises significantly during the Covid-19 pandemic, during which Louisiana will experience a substantially higher level of absentee voting than in past elections. Many voters ages 65 and older have already had the option to vote by mail under the existing excuses, but now that they are at severe risk from Covid-19, many will abandon in-person voting at the polls and cast ballots by mail for the first time. Indeed, Plaintiff Clark and her husband and Plaintiff Green and her mother are all lifelong voters who prefer to vote in person, even when they would have qualified to vote by absentee ballot in the past, but because of Covid-19, voting in person poses too great a risk to their health or their loved one’s health, so they need to vote by absentee ballot.

Clark Decl. ¶¶ 6-12; Green Decl. ¶¶ 12-18. Having so many first-time absentee voters will inevitably yield a higher error rate. It is therefore critical that Defendants provide absentee voters an opportunity to correct any errors that will result in their ballots' rejection and voters' resulting disenfranchisement.

Third, Defendants cannot advance any interests that outweigh the risk of erroneous deprivation. The threat of disenfranchising Plaintiff Clark and Plaintiff LWVLA's members eligible to vote by absentee ballot far outweighs any increased administrative burden in affording voters an opportunity to cure any absentee ballot defects. Defendants' interest in conducting fair elections and preserving election integrity would not be compromised in the slightest, and they would satisfy their weighty interest in abiding by federal constitutional requirements and increasing the public's faith in election systems. Plaintiff Clark and Plaintiff LWVLA are therefore likely to succeed on the merits of their procedural due process claim.

B. Failure to grant Plaintiffs' requested relief will cause irreparable injury.

Failure to grant Plaintiffs' Motion for Preliminary Injunction will either disenfranchise Plaintiffs or force them to surrender their fundamental right to bodily integrity to cast their ballots. Movants satisfy the irreparable injury prong when they can show irreparable injury is likely to occur. *Winter*, 555 U.S. at 375; *United States v. Emerson*, 270 F.3d 203, 262 (5th Cir. 2001). "The 'loss of First Amendment freedoms for even minimal periods of time constitutes irreparable injury justifying the grant of a preliminary injunction.'" *Palmer ex rel. Palmer v. Waxahachie Indep. Sch. Dist.*, 579 F.3d 502, 506 (5th Cir. 2009) (quoting *Deerfield Med. Ctr. v. City of Deerfield Beach*, 661 F.2d 328, 338 (5th Cir. Unit B 1981)); *see also Opulent Life Church v. City of Holly Springs*, 697 F.3d 279, 295 (5th Cir. 2012) ("The loss of First Amendment freedoms, for even minimal periods of time, unquestionably constitutes irreparable injury." (quoting *Elrod v. Burns*, 427 U.S.

347 (1976)). This principle applies equally to the First Amendment protected right to vote. “A restriction on the fundamental right to vote therefore constitutes irreparable injury.” *Obama for America v. Husted*, 697 F.3d 423, 436 (6th Cir. 2012) (citations omitted).

Here, Plaintiffs face irreparable harm if Defendants are permitted to enforce the Excuse Requirement and Witness Requirement and continue the Cure Prohibition—rejecting returned ballots without providing voters notice of and an opportunity to cure defects in their absentee ballots. Despite qualifying to vote by mail in the July and August elections because she is at increased risk of severe illness or death from Covid-19, Plaintiff Clark will be required to vote in person in the November and December elections because the Emergency Election Plan does not apply to this fall’s elections and because she does not meet any of the statutory excuses to vote absentee. She will therefore have to risk exposure to the virus to cast her ballots in the November and December elections, or forego voting altogether. And even though she may vote by mail in July and August elections, she may still be disenfranchised without notice of and an opportunity to correct issues resulting in rejection.

Plaintiff LWVLA’s members face the same the predicament. Some will be required to vote in person in the November and December elections, or all remaining elections in 2020, because they do not qualify to vote under La. Rev. Stat. 18:1313 or the Emergency Election Plan.

Because they do not satisfy the Excuse Requirement, Plaintiffs Barnett and Green and Plaintiff LWVLA’s members in similar situations will be required to vote in person in all of the 2020 elections, forcing them to engage in personal contacts they have worked to avoid to protect at-risk family members, thereby endangering their loved ones. Faced with such an untenable choice, they will effectively be disenfranchised.

In these ways, Plaintiffs will suffer irreparable injury if their Motion for Preliminary Injunction is denied.

C. Plaintiffs' injuries far outweigh any harm to Defendants and their agents and granting their request relief is in the public interest.

Plaintiffs can also show that the balance of the equities and the public interest favor granting their Motion for Preliminary Injunction. “In each case, courts ‘must balance the competing claims of injury and must consider the effect on each party of the granting or withholding of the requested relief.’” *Winter*, 555 U.S. at 376 (quoting *Amoco Prod. Co. v. Vill. of Gamble*, 480 U.S. 531 (1987)). Courts should also “‘pay particular regard for the public consequences in employing the extraordinary remedy of injunction.’” *Id.* at 376–77 (quoting *Weinberger v. Romero-Barcelo*, 456 U.S. 305 (1982))).

In this case, Defendants cannot identify any harm that outweighs the constitutional injuries Plaintiffs will experience if Plaintiffs’ Motion for Preliminary Injunction is denied. As discussed above, *supra* Section III.A.1., proponents of the challenged requirements have not advanced any evidence of voter fraud in Louisiana, and most states have successfully implemented secure vote-by-mail systems without requiring an excuse or witness signature. Additionally, the speed with which Defendants Governor Edwards and Secretary of State Ardoin drafted two emergency election plans and ushered them through the approval process shows that Defendants and their agents will experience minimal inconvenience in developing a cure process for absentee ballot defects.

Plaintiffs’ Motion for Preliminary Injunction also aligns with the public interest. Louisianans have a constitutional right to a republican form of government, *see* U.S. Const. art. IV, § 4; La. Const. art. I, § 10; La. Rev. Stat. § 18:512(A), a right that is undermined by laws and practices that impose unnecessary burdens on qualified voters seeking to register and vote. They

also unquestionably have an interest in mitigating the spread of novel coronavirus, as reflected in Defendant Edwards's multiple proclamations to protect public health during the Covid-19 pandemic. Enforcement of the Excuse Requirement, Witness Requirement, and Cure Prohibition during the duration of the pandemic will harm that interest by requiring voters to interact in ways that facilitate the virus's proliferation, as voters congregate in crowded precincts to vote and at-risk voters living in single-member households break critical self-isolation measures to obtain witness signatures. The balance of the equities therefore favors granting Plaintiffs' Motion for Preliminary Injunction.

CONCLUSION

For the foregoing reasons, Plaintiffs have met their burden and respectfully request that this Court to grant their Motion for Preliminary Injunction.

DATED this 1st day of June, 2020.

Respectfully submitted,

/s/ Caren E. Short

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EXHIBIT 1

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA**

TELISA CLARK, et al.,

Plaintiffs,

v.

JOHN BEL EDWARDS, et al.,

Defendants.

Case No.: 3:20-cv-00308-SDD-RLB

DECLARATION OF CAREN E. SHORT

Pursuant to [28 U.S.C. § 1746](#), I, Caren E. Short, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I am an attorney for Plaintiffs. I am barred in Alabama and New York and have been admitted *pro hac vice* before this Court in the above-captioned matter. I submit this declaration on behalf of Plaintiffs to provide true and correct copies of certain listed exhibits submitted in support of Plaintiffs' Motion for Preliminary Injunction.
2. Exhibit 2 is a true and correct copy of the Declaration of Dr. Megan Murray, dated May 29, 2020.
3. Exhibit 3 is a true and correct copy of the Memorandum of Law in Support of Plaintiffs' Motion for Preliminary Injunction filed in *Power Coalition for Equity & Justice, et al. v. Edwards, et al.*, No. 3:20-cv-00283, [ECF No 14-1](#) (May 21, 2020).
4. Exhibit 4 is a true and correct copy of the Declaration of Dr. Sekou Franklin, dated June 1, 2020.

5. Exhibit 5 is a true and correct copy of Defendant Secretary of State Ardoin's First Proposed Emergency Election Plan, dated April 13, 2020.
6. Exhibit 6 is a true and correct copy of Defendant Secretary of State Ardoin's Emergency Election Plan, dated April 20, 2020.
7. Exhibit 7 is a true and correct copy of the Declaration of Telisa Clark, dated May 29, 2020.
8. Exhibit 8 is a true and correct copy of the Declaration of Lakeshia Barnett, dated May 31, 2020.
9. Exhibit 9 is a true and correct copy of the Declaration of Martha Christian Green, dated May 26, 2020.
10. Exhibit 10 is a true and correct copy of the Declaration of Trupania Bonner, dated May 27, 2020.
11. Exhibit 11 is a true and correct copy of the Declaration of Hilda Walker Thomas, dated May 26, 2020.

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

Dated: June 1, 2020



Caren E. Short

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA**

TELISA CLARK, et al.,

Plaintiffs,

v.

JOHN BEL EDWARDS, et al.,

Defendants.

Case No.: 3:20-cv-00308

AMENDED DECLARATION OF DR. MEGAN MURRAY

1. I am the Ronda Stryker and William Johnston Professor of Global Health in the Department of Global Health and Social Medicine at the Harvard Medical School, a Professor of Epidemiology at the Harvard Chan School of Public Health, a faculty member of the Center for Communicable Disease Dynamics at the Harvard Chan School of Public Health and an associate Professor of Medicine at the Harvard Medical School and the Brigham and Women's Hospital. I obtained my BA from Dartmouth College in 1980, after which I worked for the Intergovernmental Committee for Migration (now IOM) heading up a public health screening program for refugees being resettled from refugee camps in Thailand. I obtained my MD from Harvard Medical School in 1990 and my ScD (doctorate in science) in Epidemiology from the Harvard School of Public Health in 2001. I completed a residency in internal medicine in 1993 and a fellowship in the subspecialty of Infectious Diseases in 1995, both at the Massachusetts General Hospital in Boston.

2. Over the past 20 years, I have worked in the field of infectious disease dynamics and epidemiology, teaching and conducting research in emerging infectious diseases and in tuberculosis epidemiology and control. At the Harvard Chan SPH, I taught the basic epidemiology

course *Infectious Disease Dynamics* between 2000 and 2016, and I have directly supervised the research of over 40 graduate students and post-doctoral fellows in these fields. Attached here as Exhibit A and incorporated by reference to this declaration is a copy of my curriculum vitae.

3. I have conducted research and have published on the transmission dynamics of SARS-CoV-1 in 2003, the 2010 cholera epidemic in Haiti, and on the 2015 Ebola outbreak, although most of my research is in the field of tuberculosis. I have published over 200 research articles. My work includes dynamic modeling of epidemics (TB, Cholera, Ebola, SARS-CoV-1, SARS-CoV-2); cohort studies on host and pathogen specific determinants of disease transmission and the development of novel diagnostic tools for the diagnosis of infectious diseases. I have been funded by the National Institute of Infectious Disease and Allergy since 1995 and have led, and currently lead, several major consortium projects on tuberculosis funded by this agency.

4. At the Harvard Medical School, I lead the Global Health Research Core of the Harvard Medical School, which conducts research in more than ten countries on a range of topics including emerging infectious diseases. I head up research at the Division of Global Health Equity at the Brigham and Women's Hospital and also direct research at the non-governmental organization, Partners in Health. I have served as an associate editor of the *European Journal of Epidemiology*, the *Journal of the International Union against TB and Lung Disease* and of *PLoS (Public Library of Science) Medicine*. I am the co-lead of the Epidemiology working group of the Massachusetts Consortium for Pathogen Readiness.

5. I am currently collaborating on research concerning SARS-CoV-2 and its incidence, as well as serving on Covid-19 advisory groups for multiple organizations, including the State of Massachusetts and Harvard University. My research in this area includes, but is not limited to, modeling and estimating the number of hospital beds that will be required in the US

and elsewhere, developing methods on syndromic surveillance for Covid-19 for low and middle-income countries, identification of risk factors for poor outcomes and the use of the vaccine, BCG, to prevent Covid-19 disease. To date (May 11, 2020), I have published two papers in this area and have three others under review.

OVERVIEW

6. **SARS-CoV-2 is a newly identified coronavirus that is the causative agent involved in Coronavirus Disease 2019 (Covid-19). SARS-CoV-2 infection can result in an asymptomatic infection or in symptomatic disease which ranges from mild to severe.** Most people who develop symptomatic Covid-19 have a flu-like illness that starts out with fever, cough, sore throat and shortness of breath. A subset of people who are infected will go on to develop much more serious illness, characterized by respiratory compromise and acute respiratory distress syndrome (ARDS). Other serious manifestations of Covid-19 have included cardiac problems: arrhythmias, acute cardiac injury, and shock.

7. Because Covid-19 is a new disease, it is too early to know the full extent of long-term medical consequences of the infection. However, some information can be inferred from the courses of diseases with similar manifestations. Patients who develop ARDS and/or are mechanically ventilated are likely to develop lung scarring that may permanently impair their pulmonary function [1]. Patients who end up in ICUs or on mechanical ventilation for extended periods often develop post-ICU syndrome which prolonged physical debilitation, muscle atrophy, neurocognitive impairments and emotional/psychiatric responses that are similar to post-traumatic stress syndrome. Although Covid-19 has been reported in people of all ages, older people and those with co-morbidities (concurrent illnesses) are most likely to develop severe disease.

8. **Covid-19 is a respiratory virus which is spread by symptomatic and asymptomatic people through respiratory droplets, meaning drops of fluid from the nose or mouth that are emitted during coughs, sneezes or even talking.** Some of the viral particles emitted this way end up on surfaces (door handles, coins) where they can remain viable. It has also been shown that Covid-19 can be transmitted as an aerosol – in other words, through the airborne route, *i.e.*, direct inhalation of virus suspended in the air.

9. **Control of SARS-CoV-2 spread is particularly difficult relative to some other viral infections because people can transmit the infection even when they do not have symptoms of the disease.** This means that the practice of isolating patients with symptomatic disease will not be enough by itself to control epidemic spread. In contrast, infections like smallpox and SARS-CoV-1 were not infectious until symptoms had developed so isolation of ill people had a substantial impact on epidemic control. In the absence of a vaccine or pharmaceutical interventions that interrupt transmission, infection control can only be achieved by reducing the number of contacts between infectious individuals (including those who are asymptomatic) and susceptible people.

10. Infectious disease epidemiologists have developed projections of the future trajectory of Covid-19 incidence based on modeling the epidemic and possible interventions. Although these models differ in terms of specifics, they consistently show that it is highly likely that the relaxation of social distancing measures that will occur with the end of “lock-down” will increase the number of social contacts that people make and that the incidence of infection will increase accordingly. In particular, these models predict that transmission of SARS-CoV-2 will continue or increase in the fall and winter, leading to further morbidity and mortality from this disease.

11. There is a substantial risk that an infection with Covid-19 acquired during voting at a poll booth in Louisiana in the fall of 2020 could result in symptomatic disease, hospitalization or death. The risk of an individual being infected during voting at a polling booth in fall 2020 depends on the number of infectious people in that community at that time point and the number of physical, fomite-mediated and near contacts one makes during that process. To the extent that polling places are crowded, require people to wait in lines, involve interacting with polling staff or other voters at a close distance, move people through the process slowly, are poorly ventilated and/or involve people touching objects like pens, paper, or surfaces within the voting booth, they constitute a risk to voters. Similarly, if voters or poll workers use toilets that are also used by others, they can be put at risk. Louisiana has relatively high rates of the co-morbidities that predispose people to poor outcomes from Covid-19.

12. *I was asked to describe the novel coronavirus that causes Covid-19.* SARS-CoV-2 is a newly identified coronavirus that is the causative agent involved in Coronavirus Disease 2019 (Covid-19) [1]. It is a single-stranded RNA virus of the Coronavirus family. Previously identified coronaviruses are known to infect a wide range of hosts including wild and domestic animals and birds as well as humans. Six human coronaviruses have been identified over the past 60 years; four of them (OC43, 229E, NL63, and HKU1) cause mild cold-like symptoms and/or gastrointestinal tract infections. Two that have caused more serious illness include the severe acute respiratory syndrome coronavirus (SARS-CoV-1) that emerged in China in 2003 and the Middle East respiratory syndrome coronavirus (MERS-CoV) that was first identified in humans in Saudi Arabia in 2012. SARS- and MERS-CoVs are believed to have originated in bats and transferred to humans through intermediary hosts, possibly palm civets for SARS or dromedary camels for MERS. The coronaviruses that are most similar to SARS-CoV-2 are those identified in horseshoe

bats – these share 96 percent of their genetic material with SARS-CoV-2 while the earlier SARS virus shared 80 percent and cold viruses mentioned above share about 50 percent [2].

13. Like SARS-CoV-1, SARS-CoV-2 infiltrates human cells by binding to the receptor for ACE2 (angiotensin converting enzyme) and then being taken up by these cells, where it directs the production of new virus particles (virions) using the host's genetic machinery [3]. Like other viruses, SARS-CoV-2 virions consist of a "core" which contains the genetic material, a "capsid" which is a protein coat and a lipid envelope. Upon assembly in the host cell, newly-produced virions are released from the host cell and go on to infect new host cells. To some extent, the clinical manifestations of the disease are related to the types of cells that have the receptor to which the virus binds and to the inflammatory responses that are induced by the host immune response to the infection. While ACE2 receptors were well-known to be present on vascular endothelial cells (blood vessels) and renal tubular cells (kidney), they have also been found to be abundant on alveolar epithelial cells (lung), enterocytes (gut), heart cells, brain cells and in cells in the inner lining of the nose [4]. This diverse distribution helps explain the wide constellation of symptoms and syndromes that are increasingly being recognized as part of Covid-19 disease.

14. *I was asked to characterize clinical features of Covid-19.* SARS-CoV-2 infection can result in an asymptomatic infection or in symptomatic disease which ranges from mild to severe. The term Covid-19 refers to the illness that is caused by SARS-CoV-2. Most people who develop symptomatic Covid-19 have a flu-like illness that starts out with fever, cough, sore throat and shortness of breath. As clinicians have gained more experience with the disease, it is now becoming clear that the initial presentation of the disease can also include a variety of other symptoms including gastrointestinal issues such as nausea, vomiting and diarrhea, loss of a sense of taste and/or smell, headache and muscle pain and in some cases, particularly in the elderly,

altered neurological states such as confusion, lethargy and reduced responsiveness. The Centers for Disease Control and Prevention (CDC) have recently expanded their list of symptoms associated with Covid-19 from fever, shortness of breath and cough to include chills, muscle pain, headache, sore throat and new loss of taste or smell [5]. On average, among those who present with these symptoms, fever persists for around 12 days, shortness of breath for 13 days and cough for about 19 days. According to the World Health Organization (WHO), recovery time appears to be around two weeks for mild infections and three to six weeks for severe disease [6].

15. A subset of people who are infected will go on to develop much more serious illness, characterized by respiratory compromise due to pneumonia that can be gradual or sudden. Some patients who initially reported only mild symptoms may progress to severe disease over the course of a week. In one study of 138 patients hospitalized in Wuhan, China for pneumonia due to SARS-CoV-2, dyspnea (severe shortness of breath) developed approximately five days after the onset of symptoms, and hospital admission occurred after around seven days after the onset of symptoms [7].

16. Acute respiratory distress syndrome (ARDS) is the major complication in patients with severe disease. In the study cited above, ARDS developed in 20 percent of hospitalized patients around eight days after the onset of symptoms and 12.3 percent of this group required mechanical ventilation [7]. In another study of 201 hospitalized patients with Covid-19 in Wuhan, 41 percent developed ARDS [8]. Some patients with severe Covid-19 have an overactive inflammatory response, sometimes termed a “cytokine storm” – which is characterized by persistent fevers and laboratory abnormalities including high levels of inflammatory markers and elevated proinflammatory cytokines. People with these types of laboratory abnormalities are those most likely to have critical or fatal illness.

17. Other serious manifestations of Covid-19 have included cardiac problems: arrhythmias, acute cardiac injury, and shock [9-11] which occurred in 17, 7, and 9 percent of hospitalized patients, respectively [7]. In a case series of 21 severely ill patients admitted to a US ICU, one-third developed cardiomyopathy (injury to the heart muscle) [12]. An alarming recent finding has been the association of Covid-19 with thromboembolic complications (pulmonary embolism and stroke) that have been reported among patients in younger age groups and without known risk factors [13-15]. In one US-based case series, a single health facility reported on five Covid-19 patients with acute stroke who were seen over a two-week period, all of these people were under 50 years of age [14]. This incidence is more than seven times the rate reported in that age group prior to the pandemic. In one series of ICU patients, ischemic stroke was also noted observed in 3.7 percent of the patients [15].

18. Other rarer manifestations of Covid-19 include Guillain-Barré syndrome which can occur five to ten days after initial symptoms [16]. Guillain-Barré syndrome is a rare neurological syndrome characterized by an inflammation of nerve cells outside the brain. In serious cases, it can lead to paralysis which usually resolves after six months but which can be permanent in some cases. Another rare inflammatory syndrome that has been reported in Covid-19 occurs in children who have developed symptoms consistent with toxic shock syndrome and Kawasaki disease [17].

19. Because Covid-19 is a new disease, it is too early to know the full extent of long-term medical consequences of the infection. However, some information is already available, and some can be inferred from the courses of diseases with similar manifestations. Patients who develop ARDS and/or are mechanically ventilated are likely to develop lung scarring that may permanently impair their pulmonary function. [18]. In addition, patients who end up in ICUs or on mechanical ventilation for extended periods often develop post-ICU syndrome which includes a

constellation of findings such as prolonged physical debilitation, muscle atrophy, neurocognitive impairments and emotional/psychiatric responses that are similar to post-traumatic stress syndrome [19]. Patients that suffer strokes in the context of Covid-19 are very likely to experience long-term neurological deficits from these events.

20. Although Covid-19 has been reported in people of all ages, older people and those with co-morbidities (concurrent illnesses) are most likely to develop severe disease. Accurate case fatality rates are hard to obtain in the context of limited testing since we do not always know who actually has the infection. However, a compilation of the death rates across countries shows that older people are consistently more likely to die if they have detectable Covid-19 disease than are younger people [20]. The table below shows that the risk of death rises with each additional decade after age 50.

Table 1. Case Fatality rate by age groups. From Onder G, Rezza G, Brusaferro S. Case-Fatality Rate and Characteristics of Patients Dying in Relation to Covid-19 in Italy. *JAMA*. 2020;323 [18].

	Italy as of March 17, 2020		China as of February 11, 2020	
	No. of deaths (% of total)	Case-fatality rate, % ^b	No. of deaths (% of total)	Case-fatality rate, % ^b
All	1625 (100)	7.2	1023 (100)	2.3
Age groups, y				
0-9	0	0	0	0
10-19	0	0	1 (0.1)	0.2
20-29	0	0	7 (0.7)	0.2
30-39	4 (0.3)	0.3	18 (1.8)	0.2
40-49	10 (0.6)	0.4	38 (3.7)	0.4
50-59	43 (2.7)	1.0	130 (12.7)	1.3
60-69	139 (8.6)	3.5	309 (30.2)	3.6
70-79	578 (35.6)	12.8	312 (30.5)	8.0
≥80	850 (52.3)	20.2	208 (20.3)	14.8

^a Data from China are from Chinese Center for Disease Control and Prevention.[†] Age was not available for 1 patient.

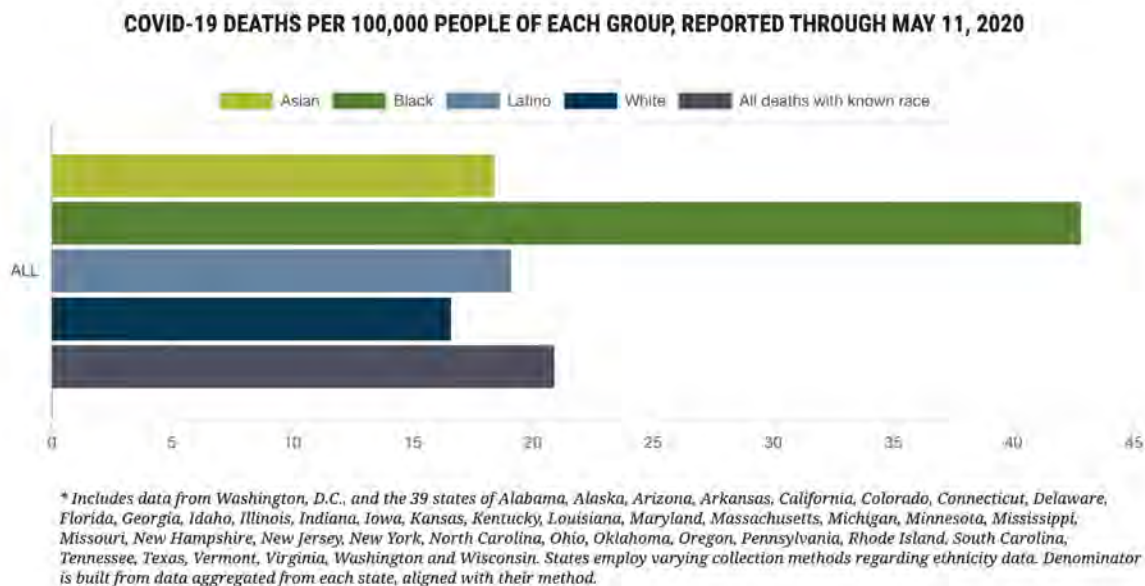
^b Case-fatality rate calculated as number of deaths/number of cases.

21. In addition to age, other risk factors for severe disease and death include hypertension, heart disease, lung diseases (e.g., asthma, chronic obstructive pulmonary disease (COPD)), diabetes mellitus, obesity, and chronic kidney disease. In one recent study of 5700 Covid-19 patients identified in New York City, 56.6 percent had pre-existing hypertension, 41.7

percent were obese (body mass index > 30) and 33.8 percent had diabetes mellitus in contrast to a national prevalence of hypertension of 30 percent, of diabetes mellitus of 10 percent and of obesity of 42.2 percent [21]. Risk factors for death among patients with Covid-19 were recently ascertained in another study of 5,683 Covid-19 deaths in the United Kingdom [22]. In this report, men were twice as likely to die as women; people with obesity 2.3 times as likely to die as those of normal weight; people with uncontrolled diabetes 2.36 times than non-diabetics, people with organ transplants 4.3 times than their healthy counterparts. In both Britain and the US, there are marked disparities in deaths by race: 33 to 42 percent of deaths in the US have reportedly occurred in African Americans, while only 12 to 13 percent of the total US population is African American [23]. Figure 2 provides comparative death rates from Covid-19 from the APM research lab (<https://www.apmresearchlab.org/>).

Table 2 Covid-19 Death Rate by ethnic group. (From APM Research Lab)

<https://www.apmresearchlab.org/>



22. Although the Covid-19 case fatality rates are low in young individuals, it is important to note that multiple seroprevalence studies (studies that detect previous infection in

people) in several countries show that infection (as distinct from severe disease) is more common in people younger than 50, probably because they have more frequent social contacts than older people. Furthermore, the proportion of people in the US population under 50 years of age is 66%, meaning that even though the absolute risk for a young person is lower than for someone over 50, deaths among people under 50 will not be uncommon as the epidemic progresses over time.

23. *I was asked to explain how Covid-19 is transmitted and to describe interventions that could interrupt transmission.* SARS-CoV-2 can be transmitted in multiple ways, through respiratory droplets emitted during talking, singing, sneezing and coughing, via objects on which viral particles have been deposited, and through air. Importantly, the virus can be transmitted by people who are asymptomatic as well as by those who are demonstrably ill.

24. Covid-19 is a respiratory virus which is spread through respiratory droplets, meaning drops of fluid from the nose or mouth that are emitted during coughs, sneezes or even talking [50]. Some of the viral particles emitted this way end up on surfaces (door handles, coins) where they can remain viable. These objects then become “fomites,” defined as inanimate objects that can transfer infection between people. A recent study documented the stability of SARS-CoV-2 on a series of different surfaces over time [24]. The virus was found to be more stable on plastic and stainless steel than on copper and cardboard with viable virus detectable for up to 72 hours after application to these surfaces although the virus titer was steadily reduced over those periods. On cardboard, viable SARS-CoV-2 was measured for 24 hours. Notably, this study also evaluated the stability of SARS-CoV-1 – the causative virus of the 2003 SARS epidemic – and found that it was very similar to SARS-CoV-2 despite the fact that SARS-CoV-2 has much more capacity to spread widely than SARS-CoV-1. The authors conclude that the “differences in the epidemiologic characteristics of these viruses probably arise from other factors, including high viral loads in the

upper respiratory tract and the potential for persons infected with SARS-CoV-2 to shed and transmit the virus while asymptomatic.” [24]

25. It is also possible that Covid-19 is transmitted as an aerosol – in other words, through the airborne route, *i.e.*, direct inhalation of virus suspended in the air. The study cited above also assessed the stability of aerosolized SARS-CoV-2 over time. To do this, they used a nebulizer to generate aerosols that would be similar to those observed in samples obtained from the upper and lower respiratory tract in humans. SARS-CoV-2 remained viable in aerosols throughout the duration of the three-hour experiment, suggesting that aerosol spread of SARS-CoV-2 is indeed possible. These findings are consistent with case reports of Covid-19 patients who were infected in settings in which they did not have direct contact with others. In one case, 45 people were diagnosed with Covid-19 after attending a choir practice in Washington State in early March although they had no direct physical contact with each other [25]. The findings are also consistent with a report in the journal, *Nature*, where researchers found viral RNA in aerosols sampled in February and March at two hospitals in Wuhan, China. The levels of airborne viral RNA in well-ventilated patient rooms were relatively low but there were higher levels in some of the patients’ toilet areas, presumably aerosolized by the flushing mechanism.

26. High levels of viral RNA were also found in areas where medical workers remove their protective equipment and in locations near the hospitals where people tended to congregate. The authors concluded: “Our study and several other studies proved the existence of SARS-CoV-2 aerosols and implied that SARS-CoV-2 aerosol transmission might be a non-negligible route from infected carriers to someone nearby.”

27. The transmissibility of any infectious agent depends on several things: the probability of an infection event given a contact between a susceptible person and an infectious

person; the duration of infectiousness – or number of days that a person can transmit – and the number of contacts that an infectious person has per unit time. This means that the transmissibility can vary in different settings and will depend on things like crowding, which increases the number of contacts. Based on a summary of multiple studies, each infectious person with Covid-19 is expected to infect between 2 and 3 people on average [26]. But this term – “on average” – obscures the substantial variability observed in different people. Some people are much more infectious than others and other people do not transmit at all. Like many other respiratory infections, SARS-CoV-2 follows the 20/80 rule – meaning that most transmission is associated with 20 percent of the infectious people while the other 80 percent infect relatively few people. The factors that lead to this kind of “super-spreading” are not clear and it is thus not possible to identify in advance those people who are likely to infect a large number of other people.

28. Control of SARS-CoV-2 spread is also made more difficult because people can transmit the infection even when they do not have symptoms of the disease. This can happen in two ways. Many people with SARS-CoV-2 infection have few if any symptoms – as more and more seroprevalence studies are being conducted to identify who has been infected, it is estimated that 50-60 percent of infected people never develop symptoms of the disease. (Seroprevalence surveys are studies that look for the presence of antibodies to an infection in a blood sample; these are only present in people who have been exposed to the infection and have mounted an immune response.) Secondly, people who develop Covid-19 disease experience a “pre-symptomatic” period during which they are infected but do not yet have symptoms. A recent study in the New England Journal of Medicine found that quantitative SARS-CoV-2 viral loads were similarly high in four different symptom groups; people with typical symptoms of Covid-19, people with atypical symptoms, people who were pre-symptomatic, and those who remained asymptomatic [27].

Notably, 71 percent of the samples taken from pre-symptomatic persons had viable virus for one to six days before the development of symptoms. Because viral load is an accepted proxy for infectiousness, these data imply that a significant proportion of transmission events originate from persons who do not have detectable infection.

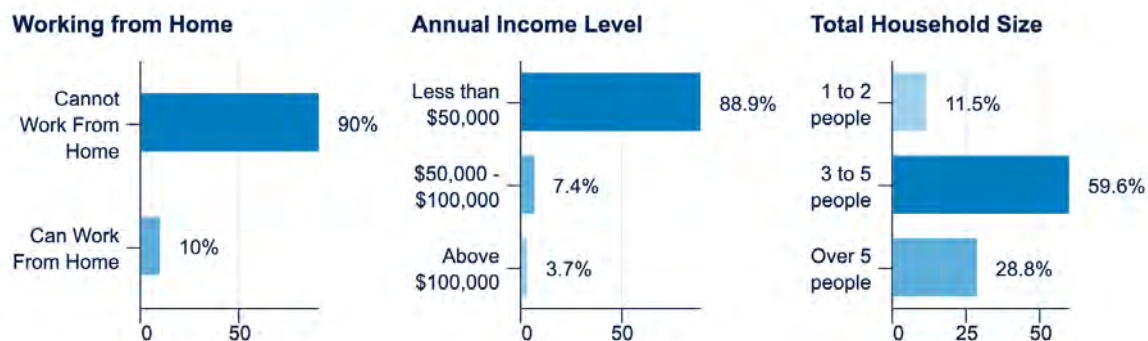
29. ***What kinds of interventions are currently available that could interrupt or reduce transmission of SARS-CoV-2?*** In the absence of a vaccine or pharmaceutical interventions that reduce the probability of transmission, there are a limited number of approaches to infection control, all of which involve restricting people's physical and social interactions. One can isolate people with symptomatic disease to try to prevent them from infecting others, but this will only be completely effective if people are diagnosed with the disease at or before the time that they become infectious. As noted above, in people who are infectious before they have symptoms or in infectious people who never develop symptoms at all, transmission can take place in the absence of symptoms. For diseases like this one, with significant asymptomatic spread, quarantine is used to separate and restrict the movements of people without signs of illness who may have been exposed to an infectious case so that they do not infect others during that period. Another approach is social distancing – this can range from asking people to stay at home or to avoid congregate settings such as schools, workplaces, or large gatherings. The purpose of social distancing is to reduce the number of person-to-person contacts one makes so that one is less likely to encounter an infectious person. Polls show that US adults practicing social distancing have 90% fewer contacts per day than those who are not social distancing. Those who completely or mostly isolate themselves generate about five contacts per day, compared with an average of 52 for those not attempting to isolate themselves [28].

30. It is challenging to directly measure the actual efficacy of the non-pharmacological interventions to reduce the spread of an infection because these interventions are not randomly assigned to individuals and then evaluated in a head-to-head comparison of what happens to people in intervention and non-intervention groups. One approach to estimating the impact of social distancing measures is to conduct studies that screen entire communities to determine who is actively infected at the time of screening. The researchers then correlate various characteristics of the people screened with the likelihood that they have been infected. Few such studies have been conducted to date but one that is informative was conducted in the Mission District of San Francisco. The research team offered free Covid-19 testing to all persons ages four years and older in an area that includes approximately 5,700 people (29). Of nearly 3,000 residents and workers in a Mission District census tract who were tested in late April for active infection with the novel coronavirus, 62 individuals (2.1 percent) have tested positive.

Table 3 Viral test positivity in Mission District of San Francisco [29]

Figure 3. Number of ascertained coronavirus disease (cases over time calculated by mathematical model with adults reducing their contact by 25% (A, B); 75% (C, D); and 95% (E, F). We used parameter values of $R_0 = 2.26$, $\gamma = 1/5.02$, $\sigma = 1/5.16$. Dotted lines represent the beginning and end of the 6-week social distancing interventions, after which contact rates return to normal. For panels A, C, and E, intervention starts at day 50 after identification of first case; for panels B, D, and F, intervention starts at day 80 after identification of first case.

Positive PCR Results by Socioeconomic Factors



31. The question of the efficacy of quarantine, isolation and social distancing depends on when in the course of the infection most transmission is taking place. If most transmission occurs during the asymptomatic period – as it does, say, for HIV – isolation of patients with disease will have little impact. If on the other hand, most transmission takes place when people have identified themselves as ill (as it did for SARS-CoV-1 in 2002), isolation can be a very effective way to reduce spread. The benefits of quarantine – restricting the movements of people who are known to be in contact with an infectious case – depend on how effectively one can identify all contacts and prevent them from mixing with the general public. For obvious reasons, this can be very challenging and can have unintended consequences if quarantined people are housed together and become infected in that setting. Social distancing cannot prevent all transmission but could have a substantial impact on delaying transmission since contact rates are often much higher in congregate settings such as schools, prisons and other residential facilities. None of these measures is likely to lead to complete control of an epidemic since transmission is expected to resume once these are discontinued. But they may delay spread and give health systems time to develop better responses to the disease, whether those are new drugs, vaccines or simply improved efficiency of supportive care.

32. *I was asked to address the likelihood that voting at polling stations could lead to SARS-CoV-2 transmission and Covid-19 disease.* Because voting takes place in public buildings where people congregate and given the risks of infection and disease in the Louisiana population, voting at a polling station in November entails a substantial risk of infection with Covid-19 that could result in symptomatic disease, hospitalization or death. The risk of an individual being infected during a community event in a public place depends on the number of infectious people in that community at any particular time point and the number of physical, fomite-mediated and

near contacts one makes during that process. To the extent that polling places are crowded, require people to wait in lines, involve interacting with polling staff or other voters at a close distance, move people through the process slowly, are poorly ventilated and/or involve people touching objects like pens, paper, or surfaces within the voting booth, they constitute a risk to voters. Similarly, if voters or poll workers use toilets that are also used by others, they can be put at risk. The data supporting some aerosol transmission of Covid-19 provides evidence that poorly ventilated areas where crowding may take place pose risk to those using these facilities. The probability that a person who is exposed to Covid-19 in this setting will go on to develop severe Covid-19 disease or to die depends on the age of that person and his/her underlying health status. Given the relatively high prevalence of relevant co-morbidities (obesity, hypertension, diabetes), the proportion of the population over 60, and the fact that older people are more likely to vote than younger people (on a nationwide basis, 66 percent of over 65 years compared to 35.6 percent of 18-29 years in the 2018 national mid-term elections as documented in <https://www.census.gov/library/stories/2019/04/behind-2018-united-states-midterm-election-turnout.html>), there is a substantial risk that an infection with Covid-19 in Louisiana could result in symptomatic disease, hospitalization or death.

33. *I was asked to address the likelihood of a persistent or increased risk of transmission of Covid-19 in the fall in the weeks/months leading up to November 3, 2020.* Epidemiologists have projected a number of future Covid-19 epidemic trajectories based on a range of different possible scenarios but all of these scenarios are similar in that they predict that it is highly likely that Covid-19 will continue to circulate at its current level or at an even higher level than currently in October and November of 2020. The likelihood of continued transmission of Covid-19 in the fall 2020 can be estimated by modeling the epidemic process. Mathematical

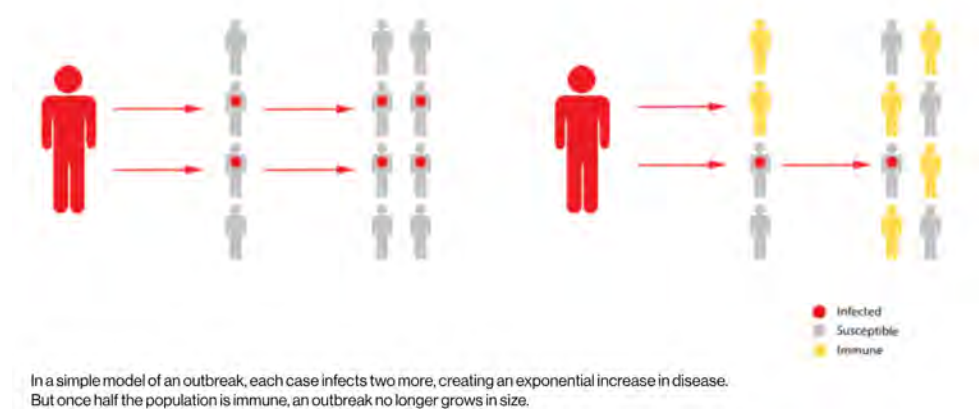
models simulate epidemics under a variety of scenarios using “parameters” obtained from empirical (data-driven) studies. Typically, a model uses estimates of the relative transmissibility of an infectious agent, the average number of contacts people in different age groups make and the duration of infectiousness of the virus to reproduce the epidemic trajectory that has been observed. Then modelers introduce assumptions about the impact of interventions, for example, the number of social contacts that occur when social distancing measures are in place and re-run the model with these hypothetical parameters to determine what effect these changes will have. Over the past several months, multiple modeling teams have developed these kinds of models, and while they often obtain different results depending on various differences in the assumptions made, all show that reducing the number of social contacts, especially in the presence of asymptomatic infection, will “flatten” or reduce the epidemic curve. For example, one such model, reported in *Emerging Infectious Diseases* this week, investigated the effectiveness of social distancing interventions in a mid-sized city. Modeled interventions included reducing the number of contacts made by adults greater than 60 years of age, adults 20–59 years of age, and children under 19 years of age for six weeks. The modelers found that these interventions delay or flatten the epidemic curve and that even modest reductions of contacts could reduce the number of new cases and deaths by 20 percent. Notably, however, when interventions ended, the epidemic rebounded [51].

34. The expected future trajectory of Covid-19 depends on a number of factors including the level of “herd immunity” that has already been achieved by the circulating of the infection, the extent of social mixing that occurs, and the possibility that SARS-CoV-2 will be more transmissible in cooler, drier weather.

35. First, herd immunity is achieved when enough people in a population have been infected and developed immunity so that the likelihood that an infectious person will come into

contact with a susceptible person is low. This concept is illustrated in the graphic below. When an infectious person encounters only susceptible people, he or she can infect all of them but when most of the people an infectious person encounters are immune, relatively few people will be infected by that infectious case.

Table 4 Herd Immunity (From <https://www.technologyreview.com/2020/03/17/905244/what-is-herd-immunity-and-can-it-stop-the-coronavirus/>)



36. A general rule of thumb is that herd immunity can only be achieved when the proportion of people in a population who are immune is equal to $1 - (1/R_0)$, where R_0 refers to the basic reproductive number of an infectious disease. This term is defined as the number of people who, on average, will be infected by a single infectious person in an entirely susceptible population. The basic reproductive number of SARS-CoV-2 is estimated between two and three, with an average of about 2.6. This means that about 60 percent of the population would need to be immune before we see Covid-19 cases level out (in the absence of interventions such as social distancing). At present, it is unclear what proportion of the US population is seropositive (in other words, has evidence of an immune response to the infection), but no study conducted in the US to date has suggested that more than 20-30 percent of any specific community is immune and most studies suggest that the number is closer to 2-3 percent. A recent study from Spain, one of the countries that has been most affected by the epidemic, found that only 2 percent of the population

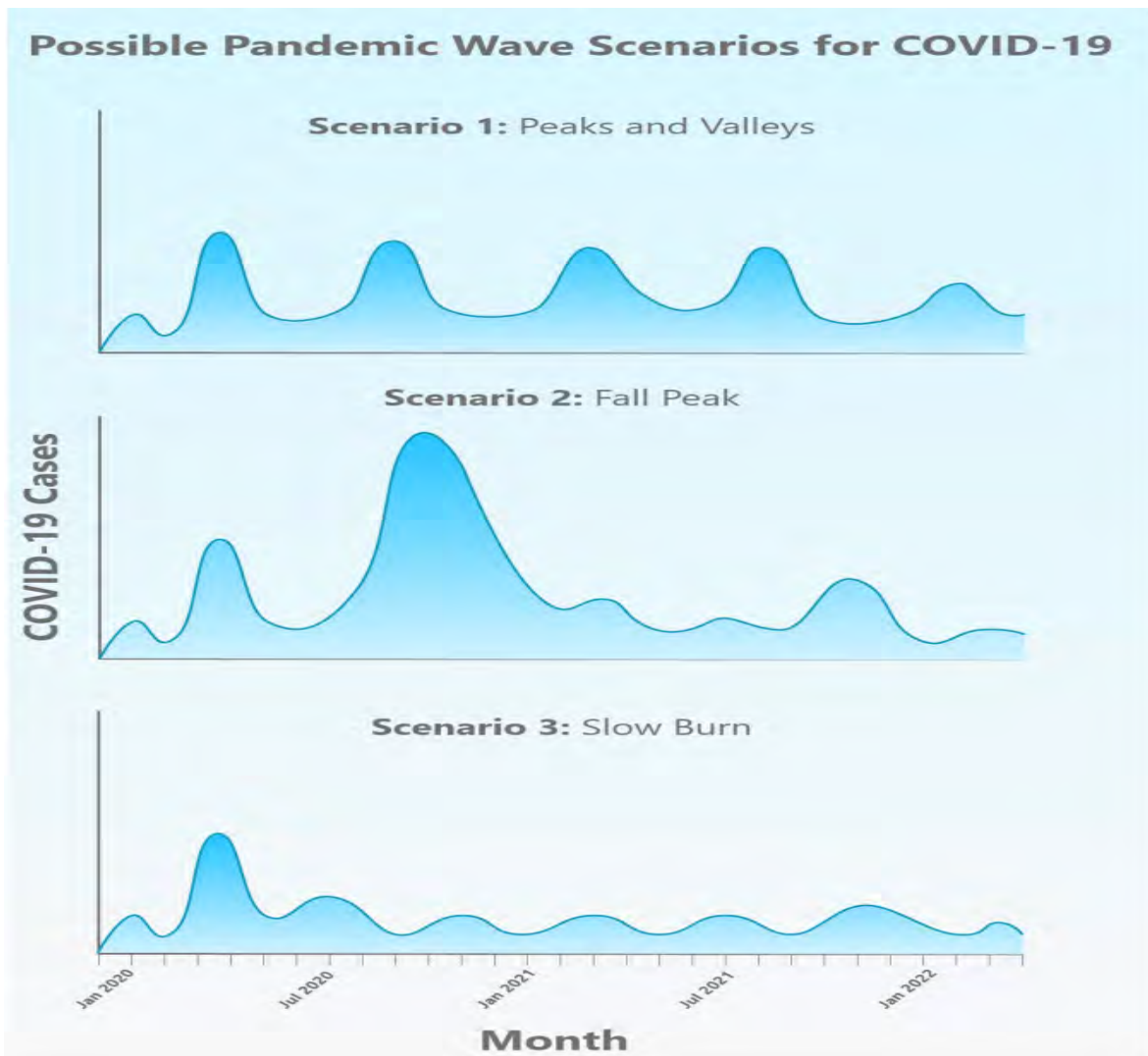
was immune [30]. Therefore, it is highly unlikely that, short of a catastrophic increase in circulating virus, herd immunity will be achieved by November 2020. Furthermore, the lack of herd immunity is in part due to social distancing that has taken place to date and this means that as a population, we remain highly vulnerable to epidemic spread.

37. Secondly, it is highly likely that with the relaxation of social distancing measures and the end of “lock-down” the number of social contacts that people make will increase and that, therefore, the incidence of infection will increase accordingly. There is a linear relationship between the average number of social contacts individuals make and the reproductive number of the infection; as social contacts increase, the incidence of infection will increase proportionately.

38. Third, epidemic spread in the fall and winter could be driven by potential worsening of the epidemic due to changes in temperature or humidity that may be associated with higher viral stability with cooler and drier conditions, seasonal changes in host immunity and/or changes in human behavior (e.g., spending more time indoors). In the fall and winter, the outdoor air is colder, and the air is drier both indoors and out. For influenza, laboratory experiments have shown that absolute humidity — the amount of water vapor in the air — strongly affects viral transmission, with drier conditions being more favorable [31]. Lab studies on SAR-CoV-1 have also confirmed that viruses are stable for longer periods in cooler, drier environments [32]. However, multiple recent studies have suggested that SARS-CoV-2 transmission is possible in many different climates [33, 34].

39. Seasonal differences in transmission are also affected by differences in the ways people congregate in different seasons. In the fall and winter, people tend to spend more time indoors with less ventilation and less personal space than they do in the summer. Schools have been identified as the sites of much transmission of respiratory viruses including those that cause

measles, chicken pox and influenza. [35, 36]. However, to date, the role of children in the transmission of SARS-CoV-2 is not clear and the relevance of the timing of school openings is not known. Finally, it is likely that host immunity is affected by seasonal changes. One hypothesis has focused on melatonin which has some immune effects and is modulated by the photoperiod [37], which varies seasonally. Vitamin D levels have also been associated with improved human immune responses - these levels depend in part on ultraviolet light exposure which is higher in summer. There is strong evidence for the possible role of vitamin D supplementation in reducing the incidence of acute respiratory infection, as documented in a meta-analysis of randomized trials [38]. To summarize the evidence for seasonal trends in SARS-CoV-2, it is reasonable to expect that, like other beta-coronaviruses, it may transmit somewhat more efficiently in fall and winter than summer.

Table 5 Possible Covid-19 scenarios [38]

40. These considerations have guided most of the modeling projections on the expected future trajectory of SARS-CoV-2 spread. The Center for Infectious Disease Research and Policy recently published a document where they drew lessons from previous influenza pandemics to predict the future trajectory of Covid-19 [39]. They summarize three different possible scenarios as illustrated in the relevant figure. In the first scenario, the first spring wave of Covid-19 that is currently underway will be followed by a series of repetitive smaller waves that occur through the summer and then consistently over a one- to two-year period, gradually diminishing sometime in

2021. These waves would be expected to vary geographically depending on what interventions are in place and how and when they are relaxed. Depending on the height of the peaks, this could lead to periodic re-implementation and interruption of social distancing measures over the next one to two years.

41. In the second and most likely scenario, the current first wave of Covid-19 will be followed by a larger wave in the fall or winter of 2020 and one or more smaller subsequent waves in 2021.

42. This pattern is what was seen with the 1918-19 influenza pandemic in which a small wave began in March 1918 but transmission leveled off during the summer months. This was followed by a much larger peak which occurred in the fall of 1918 and a third peak which occurred during the winter and spring of 1919. The 1957-58 and 2009-2010 influenza pandemics followed a similar pattern, with a smaller spring wave followed by a much larger fall wave [40]. Given the many similarities between how SARS-CoV-2 and influenza are spread, it is expected that Covid-19 will behave in a similar way, and most epidemiologists expect that incidence will increase in the fall and winter months of 2020-2021.

43. In the third scenario proposed by the CIDRAP team, the first wave of Covid-19 in spring 2020 would be followed by persistent ongoing transmission and disease incidence without a clear wave pattern. This third scenario might not lead to the reinstatement of mitigation measures, although cases and deaths will continue to occur especially in areas where risk factors for disease and death are common.

44. Whichever scenario the pandemic follows, it is highly likely that Covid-19 activity will continue for at least another 18 to 24 months, with hot spots arising periodically in diverse geographic areas. In the period prior to the widespread use of an effective vaccine, this spread will

continue to lead to serious disease and death in at-risk groups. As the pandemic wanes, it is likely that SARS-CoV-2 will continue to circulate at lower levels in the human population and will synchronize to a seasonal pattern with diminished severity over time, as other coronaviruses, such as the beta-coronaviruses OC43 and HKU1, [41] and past pandemic influenza viruses have done.

45. *I was asked to describe the Covid-19 situation in Louisiana.* To date (5/27/20), Louisiana has reported 38,497 confirmed Covid-19 cases and 2,617 deaths from the disease, placing it 6th in the nation in terms of deaths per million people (580/1,000,000). The data also demonstrate that the state is ahead of many others in the amount of testing being done, having received test results to date on 341,026 people for a testing rate of 73.45 per 1000, (ie. ranking of 6rd out of 50 states). As shown in the following figure, the distribution of cases is not uniform across the state, with more densely populated areas having higher rates [42].

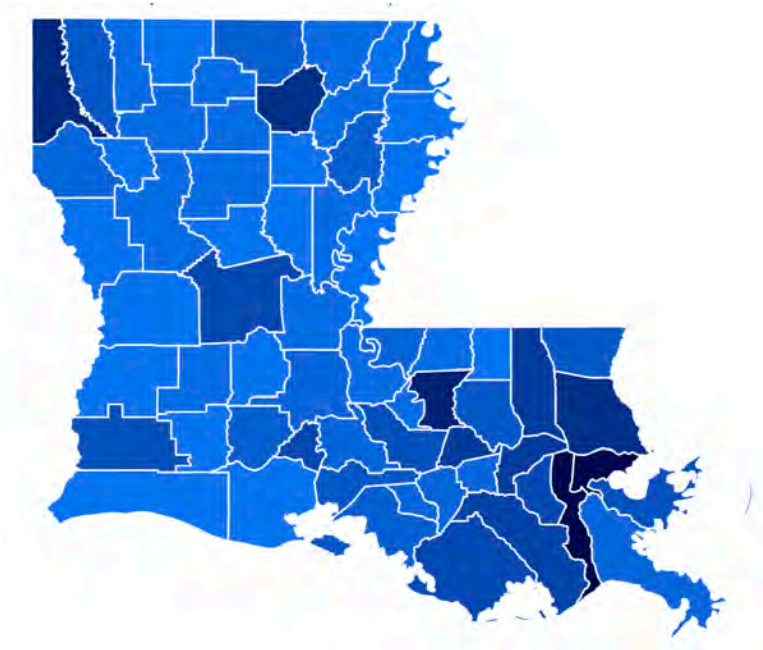
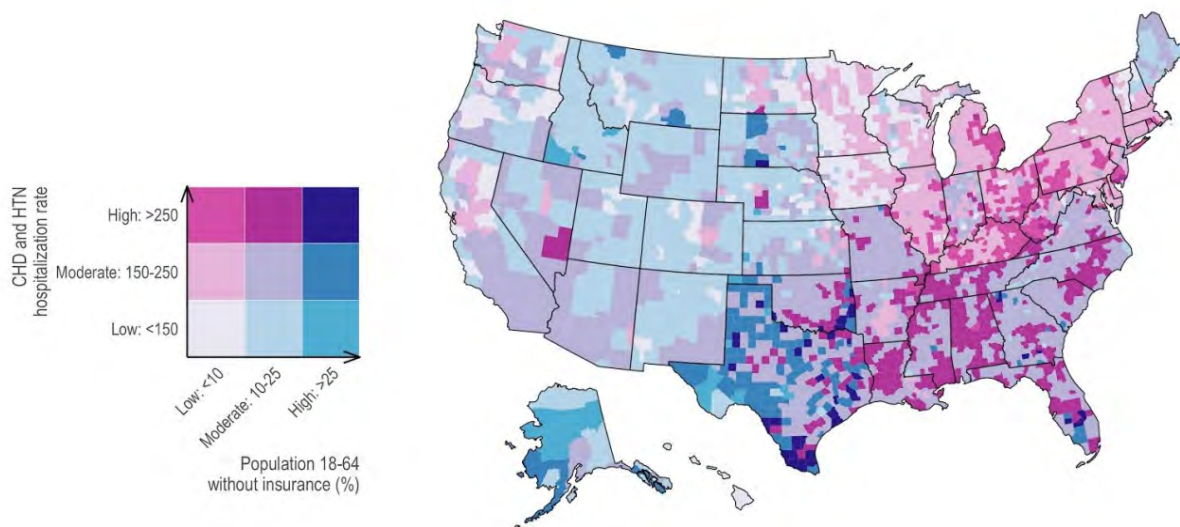


Table 6 Parish-specific Covid-19 prevalence for Louisiana by May 27, 2020. (from Louisiana State Health Department).

46. To assess the risk of serious disease given a Covid-19 infection, we can turn to the existing data on the prevalence of specific risk factors in the state. The CDC has documented that 36.8 percent of Louisiana residents are obese and an additional 32.7 percent are overweight; 39 percent have a diagnosis of high blood pressure; and 13.9 percent have diagnosed diabetes mellitus [43, 44, 45]. 15.4 percent of the population is 65 years old and over [46]. Louisiana has a life expectancy of 76.0 compared to 78.7 nationally, making it 43rd out of the 50 states (<https://www.kff.org/state-category/health-status/life-expectancy/>).

47. It is useful to compare the prevalence of different co-morbidities associated with poor outcomes in Louisiana to other states. The figures below give county-level rates of hospitalizations for coronary heart disease and hypertension demonstrating that Louisiana has comparatively high rates of these diseases and the age distribution of the population.

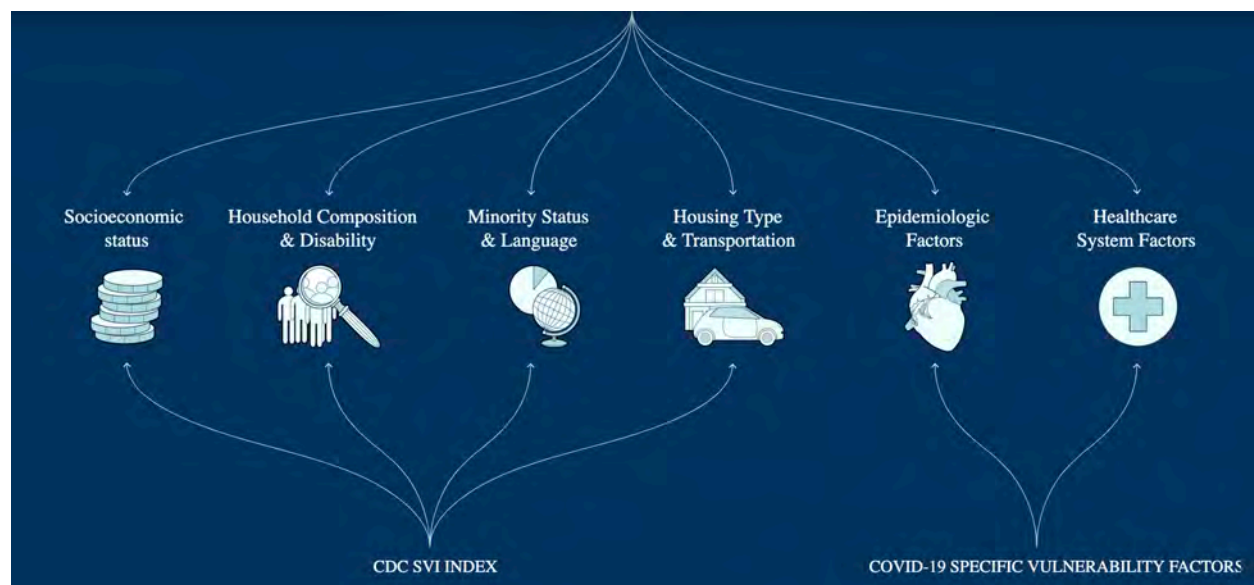
Table 7. Rates of hypertension and Coronary Heart Disease Nationally. From (<https://www.medrxiv.org/content/10.1101/2020.04.08.20058248v1>)



48. The Kaiser Family Foundation has developed a method to estimate the proportion of a state’s population at elevated risk for serious Covid-19 illness [47]. Using data from the CDC’s 2018 Behavioral Risk Factor Surveillance System (BRFSS), they estimated the total number of at-risk adults by state, based on the revised definition from the CDC of adults who are at higher risk of serious illness if they get infected with coronavirus. The relevant factors include ages 65 or older, heart disease, chronic obstructive pulmonary disease (COPD), uncontrolled asthma, diabetes, and a BMI greater than 40. Based on this analysis, 42.1% of adults over age 18 in Louisiana are at risk for serious disease with older adults making up 48.4% of those at high risk.

49. In another nation-wide assessment of risk, the Surgo Foundation has developed a Covid-19 community vulnerability index (the CCVI) to identify communities at especially high risk of being affected by Covid-19 [48]. The CCVI combines indicators specific to Covid-19 with the CDC’s social vulnerability index, which measures the expected negative impact of any type of disaster. The indicators are based on the themes listed below.

Table 8 CCVI Score components [48]



50. On this scale, Louisiana scored an 88 out of 100 when 100 is the most vulnerable. It ranked seventh among the states on this measure, mostly because its high (poor) score in the area of epidemiologic risk factors. These data suggest that in the event of further spread of Covid-19, Louisiana may experience higher levels of disease, disability and death than other states experiencing the same amount of transmission.

51. *I was asked if herd immunity, progress in vaccine development or the development of drugs to treat Covid-19 will alter the expected course of the Covid-19 pandemic in the United States and specifically Louisiana.* To date, the proportion of the population that is likely to be immune is far less than that that required to achieve herd immunity. This is unlikely to change significantly before November. Although recent studies of the temporal trajectories of the appearance of SARS-CoV-2 antibodies show that most people who are infected with the virus do develop an antibody-mediated immune response, it is not yet clear whether this response is adequate to protect people from future infection or for how long it might be protective. Other coronaviruses, such as those that cause colds, are known to provide protection for periods of approximately one year and this experience has led most Covid-19 experts to accept the “educated guess” that after being infected with SARS-CoV-2, most individuals will have an immune response which will offer some protection over the medium term — at least a year — and then its effectiveness might decline. Until there is empirical evidence of how well-protected previously infected people are in the future, there is no way to confirm or deny the existence of long-term immunity.

52. An effective vaccine is extremely unlikely to have been developed, tested and widely distributed before November. Vaccine development has proceeded at an unprecedented pace. More than 110 candidate vaccines are under development. A number of companies and

research teams already have candidate vaccines that are either in human trials (eight have started) or close to ready to trial in humans. The most advanced of these seems to be the ChAdOx1 nCoV-19 vaccine being developed by a group in Oxford, England. The speed with which these vaccines are being developed is partly due to the fact that a great deal of work was done on a SARS-CoV-1 vaccine after the 2002 epidemic and some of that work can be applied to this organism.

53. Despite this extraordinarily rapid progress, it is important to realize that the usual time frame from development to widespread use of a vaccine is over ten years. New vaccines require a complex set of trials to establish safety, immunogenicity, optimal dosing, etc. Phase 1 trials are usually conducted in small groups of healthy volunteers and are designed to establish whether serious adverse effects occur with escalating doses of the agent and whether the vaccine produces the expected immune response. Phase 2 trials are designed to replicate Phase 1 results in a more diverse population of volunteers, to assess whether the expected immune response is generated, and to test different vaccine schedules. Once safety, immunogenicity and optimal dosing are established, Phase 3 studies are conducted to determine vaccine efficacy. Phase 3 studies are usually much larger than phase 1 or 2 studies and are conducted in people at risk for the infection in question. So the time frame of these trials depends on the actual incidence of infection and is expected to be shorter in regions with very high rates of disease. The completion of all three steps is required for a vaccine to be approved by the FDA. Once a vaccine is approved, it must then be manufactured at a scale that will provide adequate coverage for a large population.

54. The White House has recently announced an initiative, “Operation Warp Speed,” to expedite the development of a vaccine that will be available to the US population. Although many scientists question the timeline proposed by the project, the goal is to speed up the development and production of a vaccine so that 100 million doses are available in November of

2020 and the remaining 200 million doses needed to vaccinate the US population are ready by early 2021. Thus, even in the most optimistic scenario, it is highly unlikely that a vaccine will have been distributed and had time to induce an immune response in a significant number of Americans by November 3, 2020.

55. Although new and repurposed drugs are being tested and some may be found to be helpful in treating severe Covid-19, this is unlikely to have a major impact on the transmission of the virus and the risk of severe disease or death by November 2020. A number of antiviral drugs are currently being developed and other existing drugs are being “repurposed” as potential therapies for Covid-19. The hope is that these drugs will reduce the rate of death and severe disease in people who are treated with them. As of mid-April, the FDA website had listed 72 active and 211 planned Covid-19 drug trials and almost 1000 drug-development proposals have been submitted to the agency. To date, only Remdesivir has been shown in a major, randomized control trial to reduce the duration of illness in Covid-19 patients. In that study, Remdesivir reduced the median time to recovery in hospitalized patients with advanced Covid-19 disease and lung involvement from 15 days for those who received placebo to 11 days for patients treated with Remdesivir [49]. The researchers also noted a survival benefit (which was not “statistically significant”) with the Remdesivir group experiencing an 8.0 percent mortality rate compared to 11.6 percent for the placebo group. This suggests that even with the approval of the drugs that have been found to be effective in clinical trials, people with severe Covid-19 are at risk for death as well as the long-term effects of lung damage and other sequelae of infection detailed above.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 7th day of June, 2020.

A handwritten signature in black ink, appearing to read "Megan Murray". The signature is cursive and somewhat stylized, with a long horizontal stroke at the end.

Megan Murray, MD, MPH, ScD

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45. <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/louisiana.pdf>
46. <https://www.census.gov/quickfacts/fact/table/LA/PST045219>
47. <https://www.kff.org/coronavirus-covid-19/issue-brief/state-data-and-policy-actions-to-address-coronavirus/>
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**Harvard Medical School/Harvard School of Dental Medicine
Curriculum Vitae**

Date Prepared: May 2020

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Place of Birth: Minnesota

Education

1980	AB Magna cum laude	Philosophy	Dartmouth College, Dartmouth, NH
1990	MD	Medicine	Harvard Medical School, Boston, MA
1997	MPH	Public Health	Harvard School of Public Health, Boston, MA
2001	ScD	Epidemiology (James Robins)	Harvard School of Public Health, Boston, MA

Postdoctoral Training

1990-1991	Internship	Internal Medicine	Massachusetts General Hospital, Harvard Medical School, Boston, MA
1991-1993	Residency	Internal Medicine	Massachusetts General Hospital, Harvard Medical School, Boston, MA

1993-1997	Fellowship	Infectious Disease	Massachusetts General Hospital, Harvard Medical School, Boston, MA
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Faculty Academic Appointments

1997-2006	Instructor in Medicine	Medicine	Harvard Medical School
1999-2000	Research Associate	Epidemiology	Harvard School of Public Health
2001-2007	Assistant Professor	Epidemiology	Harvard School of Public Health
2004-	Associate		Broad Institute, Cambridge, MA
2006-2009	Assistant Professor	Medicine	Harvard Medical School
2007-2013	Associate Professor	Epidemiology	Harvard School of Public Health
2009-2012	Associate Professor	Medicine	Harvard Medical School
2012-	Professor	Global Health and Social Medicine	Harvard Medical School
2013-	Professor	Epidemiology	Harvard T.H. Chan School of Public Health
2017-	Ronda Stryker and William Johnston Professor of Global Health	Global Health and Social Medicine	Harvard Medical School

Appointments at Hospitals/Affiliated Institutions

01/98-09/02	Clinical Assistant in Medicine	Dept. of Internal Medicine	Massachusetts General Hospital
09/02-09/06	Assistant in Medicine	Dept. of Internal Medicine	Massachusetts General Hospital
09/06-02/08	Assistant Physician	Dept. of Internal Medicine	Massachusetts General Hospital

02/08-09/10	Consultant (Medicine Services)	Dept. of Internal Medicine	Massachusetts General Hospital
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Other Professional Positions

Year	Position Title	Institution	Level of effort
1980-1984	Refugee Camp Coordinator	Intergovernmental Committee for Migration, Phanat Nikhom, Thailand	
1984	Public Health Educator	Matanyok Rural Training Project, Rift Valley, Kenya	
2004-	Research Director	Partners In Health, Boston	36 days per year

Major Administrative Leadership Positions**Local**

2007-	Director of Research	Division of Global Health Equity, Brigham and Women's Hospital and Partners In Health, Boston, MA
2010-	Director	Research Core, Department of Global Health and Social Medicine, Harvard Medical School, Boston, MA
2012-2013	Member	Executive Leadership Team, Global Health Delivery Partnership, Harvard Medical School, Brigham and Women's Hospital and Partners In Health, Boston, MA

Committee Service**Local**

1986-1990	Curriculum Committee	Harvard Medical School Member
2001-	Infectious Disease-Epidemiology Graduate Admissions Committee	Harvard School of Public Health Member
2003-2005	Faculty Council	Harvard School of Public Health Member
2004-	Steering Committee for the Residency in Global Health	Brigham and Women's Hospital Member
2005-	Human Subjects Committee	Harvard School of Public Health Member
2005	Task Force on Women in Sciences and Engineering	Harvard University, Cambridge, MA Member
2006	President's Task Force on Avian Influenza	Harvard University

		Member
2006	Search Committee for Dean of Educational Programs	Harvard School of Public Health Member
2007	Epidemiology Curriculum Committee	Harvard School of Public Health Member
2007	Search Committee for Compliance Officer	Harvard School of Public Health Member
2007	Search Committee for Assistant Professor in the Division of Social Medicine and Health Inequalities	Brigham and Women's Hospital Member
2008	Search Committee for Assistant Professor in Infectious Disease Epidemiology	Harvard School of Public Health Member
2009	Search Committee for Assistant Professor in Infectious Disease Epidemiology	Harvard School of Public Health Chair
2010	Global Health Epidemiology Committee	Harvard School of Public Health Member
2010-2011	Strategic Leadership Team	Brigham and Women's Hospital Member (Co-Chair Community Engagement Mission Area)
2012	Ad Hoc Committee to Evaluate Professorial Candidate	Harvard Medical School Member
2012-2016	Professor of Population Medicine Search Committee	Harvard Pilgrim Health Care Institute Member
2012	Ad Hoc Evaluation of Professorial Appointment Committee	Harvard Medical School Member
2012	Global Health Instructor Search Committee	Harvard Medical School Co-chair
2014-2016	Pershing Square Professorship in Global Health Search Committee	Harvard Medical School Chair
2015	Search Committee for Professor of Biomedical Informatics	Harvard Medical School Member

2016-	Department of Biomedical Informatics Executive Committee	Harvard Medical School Member
2016-	Committee on Promotions, Reappointments, and Appointments (P&R)	Harvard Medical School Member
2018-2019	Dean's Innovation Grants Review Committee	Harvard Medical School Member
2018-2019	Therapeutics Planning Foundry Committee	Harvard Medical School Member
2019-	Center for Computational Biomedicine (CCB) Advisory Committee	Harvard Medical School Member
2019-	Faculty Council	Harvard Medical School/Harvard School of Dental Medicine Member
2020-	Ariadne Spark Grant Review Committee	Harvard Medical School Member
2020-	Massachusetts Consortium on Pathogen Readiness (MassCPR) Working Group on Epidemiology	Harvard Medical School Co-Lead
National and International		
2005-2007	Committee on Infectious Diseases among Gulf War Veterans	Institute of Medicine, Washington, DC Member
2006-2010	IHR Roster of Experts in Modeling Analytical Epidemiology	World Health Organization, Geneva, Switzerland
2007-2009	Global Task on XDR Tuberculosis	World Health Organization
2007	External Review Committee for TB Program	Montreal Chest Institute, McGill University Montreal, Canada Member
2008-2011	STAG (Strategic and technical advisory group) TB	World Health Organization Member
2008	39 th Union World Conference 2008 Drug Resistance /MDR-TB management II	International Union TB and Lung Disease Paris, France, Coordinator

2009	Panel to Review the DST/NRF Centre of Excellence for Biomedical TB Research	National Research Foundation, Pretoria, South Africa, Convener
2009-2010	Expert Panel on Tuberculosis and Diabetes	Union of TB and Lung Disease and World Diabetes Federation Member
2010-2015	Advisory Group to Fogarty Grant	Member Public Health Research Institute New Jersey
2010-	Working Group on New Diagnostics	Member, Stop TB Partnership Geneva, Switzerland
2013-2014	Millennium Villages Project Independent Expert Group Meetings	Member Earth Institute, Columbia University Millennium Development Goals Centre West and Central Africa Dakar, Senegal
2013-2014	External Advisory Committee on Tuberculosis	Member Gates Foundation New York City, NY
2016-	Critical Path to TB Drug Regimens (CPTR) Initiative	Member

Professional Societies

1995-	Infectious Disease Society of America	Member
1997-	Society for Epidemiologic Research	Member
2007-	International Union of TB and Lung Disease	Member
2007-	Global Health Council	Member
2009-	American Society for Tropical Medicine	Member

Grant Review Activities

2004	Fogarty International Center/NIH Study Section ZRG1 ICP-3(03)	NIH, Bethesda, MD Member
2005	Improving Tuberculosis Control in Africa; Mathematical Modeling of Intervention Trials	Wellcome Trust Review London, England Member
2008	Postdoctoral Program Review for Indonesian PhDs	Royal Netherlands Academy of Arts and Sciences (KNAW), Amsterdam, Holland Referee
2008	Center for AIDS Research Scholar and Feasibility Scientific Reviewer Committee	Harvard School of Public Health Member
2009, 2010	Center for Scientific Review/NIH study section I ZRG1 IDM-P 50 R	NIH Ad hoc Member
2009-2016	Center for Scientific Review/NIH Study Section on Clinical Research and Field Studies of Infectious Diseases (CRFS)	NIH Permanent Member
2009	Wellcome Trust London, England	Ad hoc Reviewer
2010	National Science Foundation South Africa	Ad hoc Reviewer
2012	Center for Scientific Review/NIH Study Section ZRG1 AARR-K (52)	NIH Ad-hoc Member
2015	Center for Scientific Review/NIH Study Section ZRG1 IMST-K (50)S	NIH Ad-hoc Member
2017	Center for Scientific Review/NIH Study Section ZAI1 LG-M (M1) NIAID Clinical Trial Implementation Cooperative Agreement (U01/R01)	NIH Ad-hoc Member
2018	Center for Scientific Review/NIH Clinical Research and Field Studies of Infectious Diseases [CRFS] Study Section ZRG1 IDM-R (02)	NIH Ad-hoc Member
2019	Center for Scientific Review/NIH Study Section ZRG1 IDM-R (50)	NIH Ad-hoc Member

Editorial Activities

Ad hoc Reviewer

Science

Nature Medicine

New England Journal Medicine

Lancet

Lancet Infectious Diseases

Lancet Pulmonary Medicine

Epidemiology

American Journal of Epidemiology

International Journal of Tuberculosis and Lung Diseases

British Medical Journal

British Medical Journal, Global Health

Emerging Infectious Diseases

PLoS Medicine

PLoS Pathogens

PLoS One

Scandinavian Journal of Infectious Disease

Journal of the American Medical Association

American Journal Respiratory and Critical Care Medicine

Journal of Clinical Microbiology

Antimicrobial Agents and Chemotherapy

PNAS (Proceedings of the National Academy of Sciences)

Bulletin of the World Health Organization

Clinical Infectious Disease

Journal Infectious Disease

Annals of Internal Medicine

American Journal of Tropical Medicine and Hygiene

Royal Society Proceedings B

BMC Medicine

BMC Genomics

BMC Public Health

BMC Biology

BMC Health Services

Interface

Epidemics

Royal Society Open Science

mBio

Other Editorial Roles

2004-	Member of Editorial Board	European Journal of Epidemiology
2005-2012	Associate Editor	International Journal of TB and Lung Disease
2009-	Associate Editor	PLOS Medicine

Honors and Prizes

1980	Dartmouth General Fellowship	Dartmouth College
1990	Aesculapian Society	Harvard Medical School
1990	Paul Dudley White Fellowship	Harvard Medical School
1996	Howard Hughes Post-Doctoral Research Fellowship	Howard Hughes Medical Institute
1997	Tapplin Fellowship Award	Harvard School of Public Health
2001	Teaching Award	School of Public Health, Boston University
2002	Teaching Award	Harvard School of Public Health
2004	Ellison Senior Scholar	Ellison Medical Foundation
2008	Recognition Award	Harvard School of Public Health
2010	Nominated for Mentorship Award	Harvard Medical School
2010-11	Landolt Chair	Ecole Polytechnique Federale de Lausanne

Report of Funded and Unfunded Projects

Funding Information

Past

- 1997-2003 Molecular epidemiology of tuberculosis
NIH/NIAID 1K08AI001430-01
PI
This study explored the use of molecular epidemiologic data for epidemiologic inference and evolutionary studies of *M. tuberculosis*.
- 2000-2003 Population-based investigations of tuberculosis
NIH R01AI046669
Co-investigator
In this project, population-based genetic studies of human specimens were used to determine the clinical consequences of mutations in genes associated with bacterial antibiotic resistance and virulence.
- 2002-2005 Transmissibility and fitness of drug-resistant TB, Sverdlovsk
WHO T9-181-270
PI
This project assessed epidemiologic risk factors for TB drug resistance, identified locally prevalent drug-resistance profiles, used molecular epidemiological analyses to measure association between clustering and specific drug-resistance mutations, and assessed demographic distribution of drug resistance in prison and local community, evaluating extent of transmission between the two groups.
- 2003-2005 INH resistance in Beijing/W Isolates of *M. tuberculosis*
NIH R21 AI055800
Co-investigator
This project sought to identify risk factors associated with Isoniazid resistance which may be pathogen and/or host- specific and which may lead to acquisition of MDR-TB, after controlling for compliance.
- 2003-2005 Decision analysis for TB control
Bill Melinda Gates Foundation
Co-investigator
This project developed a decision-analytic model that could be used with data from different countries to assess the potential benefits, costs, and cost-effectiveness of the full range of policy options for dealing with MDR-TB, including preventive therapy, active case finding, diagnostic testing and treatment.
- 2004-2009 Curriculum in Emerging Infectious Diseases
NIH/NIGMS K073000-04
PI (\$363,933)

This project aimed to develop and implement a core course in transmission dynamics of emerging infectious diseases, taking an interdisciplinary approach that incorporates case-based seminars and short courses.

- 2005-2007 Evaluation of a community based HIV-TB adherence support program in a government ARV-rollout site in KwaZulu-Natal, South Africa
Harvard University Center for AIDS Research
Co-investigator
This study evaluated the feasibility of community-based adherence support program designed to improve HIV/AIDS and TB outcomes among a cohort of HIV patients in a government ARV treatment program.
- 2006-2007 Ferroportin Polymorphisms and Tuberculosis Susceptibility
William F. Milton Fund/Harvard Medical School
PI
This study assessed the association between Ferroportin (FPN1) mutations, iron intake and TB susceptibility in South Africa.
- 2006-2010 Macrophage Iron Metabolism and Tuberculosis Infection
NIH/NIAID R21 AI068077-01
PI (\$271,375)
We elucidated the role of host macrophage iron status on the growth of *M. tuberculosis* and explored the impact of iron and ferroportin status on cellular immune function.
- 2006-2011 Epidemiology of Multidrug-Resistant Tuberculosis in Peru
NIH/NIAID R01 A1057786-01A2
Co-investigator
The goal of this project is to provide new knowledge about the transmission dynamics of multidrug-resistant tuberculosis in a high TB-burden area in Peru and will measure within-household transmission of various strains of TB, assess the impact of socio-demographic and clinical confounders and risk modifiers, and measure associations between specific resistance mutations and phenotypes.
- 2007-2009 A Postmortem Study of the Burden of MDR and XDR Tuberculosis Among Adult Inpatient in KZN Deaths Occurring at Edendale Hospital Kwazulu-Natal South Africa
Massachusetts General Hospital
PI (\$60,050)
This study estimated the burden of tuberculosis among seriously ill individuals in KZN and measured the proportion of TB among these patients which is drug-resistant by conducting postmortem tests at Edendale Hospital KZN.
- 2007-2014 Epidemiology and Transmission Dynamics of MDR/XDR Tuberculosis
NIH/NIAID U19 A1076217
PI (\$13,422,751)
We conducted a series of linked interdisciplinary research projects focused on the emergence and transmission of multidrug and extensively drug resistant TB: a cohort

study of host and microbial factors associated with MDR and XDR TB in Lima, Peru; a study characterizing *M. tuberculosis* strain diversity and its contribution to the emergence and spread of MDR; and a study using epidemic and individual predictive models to support public health policy and clinical decision-making for MDR and XDR TB.

- 2009 Systematic Reviews of Diabetes and Tuberculosis Interactions
PI (\$25,000)
International Union of TB and Lung Disease
We evaluated the links between TB and diabetes by conducting a series of systematic reviews and meta-analyses.
- 2009-2012 Bioaerosols Production and Influenza Study
Pulmatrix Inc.
PI (\$348,393)
The project measured the particle production in persons diagnosed with active influenza, measured the quantity and size distribution of influenza virus particles generated and exhaled by persons infected with influenza during normal tidal breathing, and measured the secondary attack rate of influenza within their households.
- 2009-2013 Treat TB: Technology, Research, Education and Technical Assistance for TB
USAID (subcontract through International Union against TB and Lung Disease)
Co-investigator
The subproject aims were to develop a modeling tool to assist national policy-makers in selecting the appropriate tests and strategies for the diagnosis of tuberculosis in specific types of epidemiological settings, with an emphasis on low- and middle-income countries, taking into account a variety of modifying factors including drug resistance and HIV.
- 2009-2014 Strengthening and Studying Community Based Integrated Primary Health Care Systems in Rural Rwanda
Doris Duke Foundation
Co-investigator
The PHIT Partnership strengthened integrated primary health care delivery in Rwanda. The Partnership deployed a care-based intervention, conduct implementation research to generate data for ongoing monitoring, evaluation, and quality improvement of the intervention.
- 2009-2014 MIDAS Center for Communicable Disease Dynamics
NIH/NIGMS U54 GM088558-01
Co-investigator
This project advanced the quantitative study of communicable diseases through training/education, transdisciplinary research, and public health policy and will develop statistical and novel modeling methods, train mathematical modelers, perform outreach, and develop software for the analysis of communicable disease data.
- 2012-2013 Identification of GyrA/B Mutations that Predict Fluoroquinolone Resistant TB

Harvard University Center for AIDS Research

Co-investigator

This project evaluated the correlation between newly-developed molecular genetic probes that can detect mutations in the gryA and gryB genes of tuberculosis which may render them more resistant to first and later generation quinolones.

- 2013-2014 African Health Facility Capacity to Roll Out Technological Interventions
Gates Foundation
PI (\$17,232)
This project summarized the following outcomes across Rwanda health facilities: the percent and number of health facilities with electricity currently; estimate percent of health clinics with electricity within five years; percent and number of facilities with rapid HIV testing available; and the distribution of HIV testing staffing.

Current

- 2014-2020 Integrated discovery and development of innovative TB Diagnostics
NIH/NIAID CETR U19AI109755
PI (\$29,218,333)
This multi-disciplinary collaboration is designed to enable the discovery of new biomarkers of *Mycobacterium tuberculosis* drug resistance, identify optimal clinical sampling strategies directed toward detection of *Mtb* DNA and develop and test a sensitive micro-array based rapid diagnostic. Our long-term goal is to develop a diagnostic strategy that will improve the diagnosis of childhood and DR TB and stem the further spread of the disease. *This grant is in a no cost extension phase.*
- 2015-2022 Metabolic Factors that Control the Spectrum of Human Tuberculosis
NIH/NIAID TBRU U19AI111224
Co-PI (\$19,815,180)
This consortium project focuses on the link between host immune and metabolic factors and their impact on progression and persistence of tuberculosis. Teams focusing on human subjects, bio-informatics, and metabolomics work in parallel to identify targets including pathways linking human metabolism and immune response, T cells involved in *Mtb* response, pathogen determinants of drug resistance and pathogen-shed markers of clinical TB phenotypes. Each project includes validation of these targets in the guinea pig model.
- 2018- Metabolic Factors that Control the Spectrum of Human Tuberculosis
NIH/NIAID TBRU U19AI111224-04 Supplement
Co-PI (\$200,000)
This supplement to the TBRU consortium project is a new collaborative, multi-disciplinary effort that conducted a genome-to-genome approach aimed at the identification of

interacting molecular patterns in *Mtb* and the human host. The same approach and new methods will be adaptable and easily applicable to other populations being studied within the TBRU program.

- 2019-2024 Bacterial Determinants of Treatment Response in Mycobacteria Tuberculosis
NIH/NIAID U19AI142793-01
PI (\$14,633,712)
This study will focus on the discovery of the genetic determinants of drug tolerance and resistance in mycobacteria tuberculosis both through mechanistic bench studies and through a genome wide association study of treatment failure in TB patients.
- 2019-2021 Randomised trial of an intervention to increase tuberculosis notifications by private practitioners in Indonesia, plus sequencing and susceptibility sub studies
CRDF Global u/d USDA (59-0210-06-004) DAA3-19-64909-2
United States Research Leader (\$99,917)
This study will evaluate whether a tailored intervention package increases notifications of tuberculosis (TB) by private practitioners in Bandung, Indonesia.
- 2020-2023 Are TB neighbourhoods a high risk population for active intervention?
CRDF Global u/d NIAID
United States Research Leader (\$99,999)
This study will confirm whether neighborhoods around known, routinely diagnosed TB index cases are high risk sub-populations which may warrant active intervention to enhance TB control.

Unfunded Projects

- 2003 Transmission dynamics of SARS (Co-leader)
I co-led a team that developed a mathematical model of the transmission dynamics of SARS. (Lipsitch et al. Science 2003)
- 2005-2011 TB Genome Project (Collaborator)
Whole genome sequencing of sets of drug resistant *M. tuberculosis* isolates.
I led a collaboration with the Broad Institute to identify, sequence and analyze progressively resistant isolates of *M. tuberculosis* to identify drug resistance mutations and to characterize compensatory or enabling mutations. We currently have one manuscript under review and several in preparation.
- 2006 Cost-effectiveness of testing the blood supply for West Nile Virus (Supervisor)
I supervised a doctoral student in the development of a combined transmission/cost-effectiveness model on West Nile Virus. (Korves et al. PLoS Med 2006; Korves et al. Clin Infect Dis 2006)

- 2006-2010 Determinants of tuberculosis (Advisor)
I supervised two doctoral students to carry out epidemiologic studies and meta-analyses of the associations between determinants (smoking and diabetes mellitus) and tuberculosis and to use the parameters thus obtained to construct mathematical models assessing the impact interventions directed at these determinants. (Jeon et al. PLoS Med 2008; Jeon et al, Trop Med and Int Health 2010; Lin et al. Lancet 2008; Lin et al. Am J Respir Crit Care Med 2009, Murray M et al, IJTLD 2010, Baker M et al. BMC Medicine 2011, Lin et al. IJTLD 2011). I supervised Dr. Olivia Oxlade on work that is a further extension of this project.
- 2007-2009 Timing of ART in patients co-infected with HIV and TB in Rwanda: an observational approach (Initiator)
I initiated this project and supervised a doctoral student in the collection and analysis of the data. This work led to a paper published in PLoS Medicine (Franke M et al. PLoS Med 2011).
- 2007-2009 Metabolic modeling of *M. tuberculosis* (Collaborator)
I collaborated with a team of bio-informaticists on a project to fit a metabolic flux model to *M. tuberculosis* expression data to mycolic acid production. (Colijn et al. PLoS Computational Biology, 2009)
- 2008-2009 Structural analysis of *M. tuberculosis* “resistome” (Collaborator)
I collaborated with George Church on a project to define the structural basis of drug resistance in *M. tuberculosis* using sequence data. We published one paper together (Sandgren et al. PLoS Med 2009).
- 2008-2010 *M. tuberculosis* isoniazid and quinolone mono-resistance in South Africa (Mentor)
I supervised two trainees who are investigating the frequency and outcomes of mono-resistance in *M. tuberculosis* in South Africa. We published two papers in this area. (Jeon C et al, 2010, Jacobson K et al, 2011).
- 2008-2010 ART Outcomes in Rwanda for 1000 HIV patients (Co-investigator)
I provided technical support and supervised the data collection and analysis team. We have published a paper on this topic (Rich et al, 2011).
- 2009-2010 Within host dynamics of TB and the evolution of drug resistance. (Initiator)
I collaborated with my former trainees, Ted Cohen and Caroline Colijn, on a project to model the within-host evolution of drug resistance (Colijn C et al, PLoS One, 2011).
- 2009-2011 Sex trafficking and HIV transmission in India (Advisor)
I supervised a doctoral student in the analysis of data and construction of a mathematical model of HIV transmission among trafficked sex workers in India. We published several papers together.
- 2010-2012 Cholera transmission in the Democratic Republic of the Congo and Haiti. (Collaborator and Adviser). I worked with a team including hydraulogists and infectious disease

modelers on the transmission routes by which cholera spreads. We published three papers (Rinaldo et al, Proc Natl Acad Sci, 2012; Bompangue et al, PLoS Curr 2012; Bompangue et al, Lancet, 2012).

- 2012- Poverty traps in under-resourced settings (Collaborator)
I collaborate with Matthew Bonds on a range of studies to understand the role of infectious diseases in creating poverty traps in Rwanda and other under-resourced settings.
- 2014-2015 MDR TB in India
I worked with a Fulbright fellow to assess the burden of MDR TB in India.
- 2013-2016 Ebola Diagnostics, Asymptomatic Infection and Modeling (Initiator and Collaborator)
I worked with the Partners in Health clinical teams in Sierra Leone to evaluate two point of care diagnostic tests and supervised Gene Richardson in a study of asymptomatic Ebola infections and Ibrahim Diakite on a study of dynamic modeling of Ebola vaccination strategies.
- 2012- Impact of Health Research Capacity Building (Team Leader)
I lead a team focused on the implementation and assessment of Health Research Capacity Building in Africa.
- 2014- Yaws epidemiology and impact of mass drug administration (Collaborator)
I work with my former student, Eric Mooring, on the evaluation of data collected during a mass drug administration campaign in Papua, New Guinea.
- 2014- Health System Strengthening in Madagascar (Collaborator)
I work on developing methods to evaluate the impact of health system strengthening in Madagascar and other implementation sites.
- 2018-2019 Investigation of Services delivered for TB by External care system – especially the Private sector (INSTEP) (Collaborator)
I worked on quantitative measure of health seeking pathways and delays, diagnostic and treatment behaviors of private providers and qualitative (or mixed methods) analysis of provider behaviors and the reasons behind them as assessed via direct interviews.

Training Grants and Mentored Trainee Grants

- 1990-2011 Multidisciplinary AIDS Training Grant
NIH NIAID T32AI007387
Mentor (PI: Martin Hirsch)
The major goal was to provide in depth laboratory experience in a specific research area of virology, immunology, molecular biology, oncology, epidemiology molecular genetics, or molecular therapeutics to selected postdoctoral candidates.

- 1992-2022 Program for AIDS Clinical Research Training (PACRT)
NIH NIAID T32 AI007433
Mentor (PI: Kenneth Freedberg)
The major goal is to provide training in quantitative research methodologies with a focus on HIV clinical research to pre-doctoral PhD students and physicians at formative stages in their careers.
- 1998-2020 Epidemiology of Infectious Diseases
NIH NIAID T32 AI007535
Mentor (PI: George Seage)
The major goal is to increase the number of graduates who will be capable of drawing on diverse tools – including sophisticated approaches to causal inference, transmission-dynamic modeling, model fitting, population genomics and phylogenetics – in a knowledgeable way to meet the infectious disease threats of a new generation.
- 2004-2009 Molecular Approaches for Understanding TB Dynamics
NIH NIAID K08 5K08AI055985
Co-Mentor to Ted Cohen
The major goal of this five-year training program K award focused on the development of new analytic tools to evaluate molecular data from tuberculosis patients.
- 2009 AMSTH Postdoctoral Fellowship in Tropical Infectious Diseases
Mentor to Karen Jacobson
The major goal was to fund to conduct research focused on infectious diseases of low and low-middle income countries.
- 2010-2013 Predicting the impact and cost-effectiveness of technical and non-technical approaches to TB control in low and middle income countries
CIHR (Canadian Institute for Health Research) Fellowship MFE106987
Mentor to Olivia Oxlade
The goal was to predict, in 3 low and middle income countries, the epidemiologic impact and cost effectiveness of a technical approach to TB control (using improved diagnostic tests for earlier diagnosis of active TB disease) versus a non-technical population level intervention designed to reduce tobacco use and alcohol consumption.
- 2010-2014 The Economic Impacts of Community-Based Integrated Health Care Systems in Rural Rwanda
NIH Fogarty K01 TW008773
Mentor to Matthew Bonds
The major goal of this K award was to measure the specific economic consequences of expanded community-based integrated primary healthcare in Rwanda by measuring the partial effects of malnutrition, disease, schooling and socioeconomic status on each other.

- 2011 Modifiable risk factors for tuberculosis disease in children
Parker B. Francis Fellowship in Pulmonary Research
Mentor to Molly Franke
The major goal was to identify modifiable risk factors for TB in children.
- 2011-2016 Geospatial Clustering and Molecular and Social Epidemiology of Drug Resistant TB
NIH Fogarty K01 5K01TW009213
Co-Mentor to Karen Jacobson
The major goal of this K award was to estimate the burden of drug resistant TB and assess the heterogeneity of disease burden in different geographic locations, to examine the association of host risk factors and population determinants with regions of high drug resistant TB burden, and to describe the spatial and molecular clustering of strains of drug resistant TB in this province. My role was to mentor Karen Jacobson in research in molecular and social epidemiology of TB.
- 2012-2013 US-Italy Fulbright Scholarship
Mentor to Anna Odone
- 2012-2016 The Role of Development Assistance for Health in Reducing Child Mortality
NIH NICHD 4K01HD071929-05
Epidemiology mentor to Chunling Lu
The major goal of this K award was to obtain background knowledge of epidemiology so as to understand the disease profiles of under-five children of different age groups in developing countries.
- 2013-2014 Controlling Drug Resistant Tuberculosis (TB): A Review of Literature and an Attempt for Designing Innovative Approaches in Indian Setting
Core Fulbright Visiting Scholar Research Grant
Mentor to Sachin Atre
- 2013-2015 Gene Mutations and Tuberculosis Resistance
American Lung Association Research Award
Mentor to Maha Farhat
The major goal was to investigate the genetic sequences of known and candidate resistant genes for a large panel of TB drugs, to determine which mutations predict the extent of resistance, and if specific combinations of mutations interact to affect this resistance level. The information will be used to guide the development of a much needed rapid diagnostic test for drug resistant TB.
- 2014 Genetic determinants of drug resistance in mycobacterium tuberculosis
Parker B. Francis Fellowship in Pulmonary Research
Mentor to Maha Farhat
The major goal was to investigate the genetic sequences of known and candidate resistance genes for a large panel of TB drugs to determine which mutations predict the

extent of resistance and use this information to guide the development of improved diagnostic tests for resistance.

- 2014-2017 Integrating Pediatric Care Delivery in Rural Healthcare Systems
NIH NICHD 5DP5OD019894
Mentor (PI: Duncan Maru)
The major goal was to increase the timely engagement in acute care for children to receive evidence-based World Health Organization protocols aimed at reducing child mortality and to implement a Chronic Care Model for pediatric patients under the age of twenty suffering from a chronic disease.
- 2014-2019 Infectious Disease and Basic Microbiological Mechanisms
NIH NIAID T32 2T32AI007061
Mentor (PI: Marcia Goldberg)
The major goal is to train scientists who have a career goal of solving medically relevant problems and who elect rigorous laboratory or epidemiologic training in any of the Harvard adult infectious disease programs or other Harvard-based institutions participating in this program.
- 2015-2017 New Tools for the Interpretation of Pathogen Genomic Data with a Focus on Mycobacterium Tuberculosis
NIH Fogarty K01 5K01ES026835
Principal Mentor to Maha Farhat
The major goal of this K award was to develop a web-based public interface to several analysis tools, to develop and study an MTB gene-gene network, and to study the performance of methods in current use for the association of genotype and phenotype in pathogens, and develop a generalizable power calculator for the best performing method.
- 2016-2017 Genetic Determinants of Drug Resistance in Mycobacterium Tuberculosis
NIH URM Supplement U19AI109755-03S1
PI & Mentor to Ibrahim Diakite (Total direct costs \$82,633)
The major goal of this supplement was to develop and validate a prediction model that will define the optimal set of mutations to be assessed to improve the performance of rapid molecular diagnostics.

Report of Local Teaching and Training

Teaching of Students in Courses

Boston University

1998-2001	SPH EB755: Infectious Disease Epidemiology 34 students of public health	Boston University School of Public Health 2.5-hr sessions per week for 15 weeks
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Harvard School of Public Health

2001-2003	ID293: Inference in Infectious Disease Epidemiology 15 students of public health	Harvard School of Public Health 4-hr sessions per week for 8 weeks
2001-2004	EPI225: Infectious Disease Dynamics 5 medical students, 50 students of public health	Harvard School of Public Health 4-hr sessions per week for 8 weeks
2002	ID267: Infectious Disease Epidemiology Seminar 2 medical students, 8 students of public health	Harvard School of Public Health 2-hr sessions per week for 16 weeks
2002-2003	ID229: Epidemiology of Infectious Disease Developing Countries 50 students of public health	Harvard School of Public Health 2-hr session
2002	EPI269: Epidemiological Research in Obstetrics and Gynecology 30 advanced students of public health	Harvard School of Public Health 1-hr session
2003-2006	IMI202: Tuberculosis 10 medical students, 10 students of public health	Harvard School of Public Health 2-hr sessions
2003-2004	ID287: Bioterrorism: Public Health Preparedness and Response 30 students of public health	Harvard School of Public Health 1-hr session
2004-2007	EPI285: Infectious Disease Dynamics 50 graduate students of public health	Harvard School of Public Health 5-hr per week for 16 weeks
2008-2015	EPI501: Dynamics of Infectious Diseases 50 graduate students of public health	Harvard School of Public Health 4-hr sessions per week for 8 weeks
2008-2010	GHP539: The Social, Political and Economic Dimensions of Infectious Diseases in Developing Countries 20 medical and graduate students of public health	Harvard School of Public Health 2-hr session

2008	IMI 227: Genetics and Genomics of Infectious Diseases: Tuberculosis, Malaria 25 graduate students of public health	Harvard School of Public Health 2-hr session
2008-2015	ID269: Respiratory Epidemiology 18 medical and graduate students of public health	Harvard School of Public 2-hr sessions
2009-2011	IMI202: Tuberculosis the Host, the Organism and the Global 9 graduate students of public health	Harvard School of Public Health 2-hr session
2015, 2017, 2019	Epi225 Epidemiology of HIV 30 graduate students of public health	Harvard School of Public Health 2-hr session
2016 -	Epi502: Biology and Epidemiology of Antibiotic Resistance 20 graduate students of public health	Harvard School of Public Health 2-hr session

Harvard University/FAS

2004	FAS Freshman Seminar 24p: How Epidemics Happen 12 undergraduate students	Harvard College, Cambridge, MA 3-hr sessions per week for 16 weeks
2005-2006	FAS Freshman Seminar 25m: Epidemics as a Metaphor 12 undergraduate students	Harvard College 2-hr sessions per week for 16 weeks
2006-2007	FAS Freshman Seminar 25m: What Epidemics Mean: Infectious Disease in a Social Context 12 undergraduate students	Harvard College 2-hr sessions per week for 16 weeks

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

2003	The Transmission Dynamics of <i>M. tuberculosis</i> : Models and Molecular Epidemiology	Research Seminar Department of Epidemiology Harvard School of Public Health One-hour lecture
2004	Transmission of TB in the Community Invited Lecture	Infectious Disease Society of America Boston, MA One-hour lecture

2007	Genetic Heterogeneity in <i>M. tuberculosis</i>	Department of Genetics and Complex Diseases Harvard School of Public Health One-hour lecture
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Clinical Supervisory and Training Responsibilities

1996-2007	Attending and supervision of clinical infectious disease fellows/Massachusetts General Hospital	Daily supervision for 6 weeks per year
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Laboratory and Other Research Supervisory and Training Responsibilities

2002-2004	Supervision of Julia E. Aledort, doctoral research fellow/Harvard School of Public Health	Weekly mentorship for 18 months
2002-2006	Supervision of Stephen Resch, doctoral research fellow/Harvard School of Public Health	Weekly mentorship for 18 months
2004-2006	Supervision of Johanna Daily, Master's student /Harvard School of Public Health	Monthly mentorship for 24 months
2007-2008	Supervision of Preetika Muthukrishnan, Master's student/Harvard School of Public Health	Weekly mentorship for 24 months
2009	Supervision of Daniel Pletzer, Undergraduate intern/Upper Austria University of Applied Sciences, Hagenberg, Austria	Daily laboratory mentorship for 3 months
2010	Supervision of Matsie Mphahlele, doctoral candidate at Stellenbosch University, Visiting Fogarty scholar	Weekly mentorship for 3 months
2010	Supervision of Laurence Laser, visiting Master's student from Ecole Polytechnique Federale de Lausanne	Weekly mentorship for 9 months

2018 Supervision of Junkun Ren, Master's student in epidemiology, Harvard T.H. Chan School of Public Health Mentorship for 3 months

Formally Supervised Trainees and Faculty

- 1999-2004 Caroline Korves, ScD / Epidemiologist, Analysis Group, Inc.
I was Dr. Korves's doctoral supervisor at the Harvard School of Public Health. Published two research papers together, one in PLoS Medicine and Clinical Infectious Disease.
- 2001-2006 Theodore Cohen, MD, MPH, DPH / Professor, Department of Epidemiology, School of Public Health, Yale University
I was Dr. Cohen's DPH advisor at the Harvard School of Public Health and his primary mentor on his NIH K08 grant. Published 36 research papers together, including one in Science, one in Nature Medicine, and one in PNAS.
- 2003-2005 Anson Wright, MSc / WASH Advisor, Millennium Villages Project
I supervised Ms. Wright's master's thesis on preparedness for a *Yersinia pestis* bioterrorism attack.
- 2004-2006 Kristina Wallengren, PhD, MPH / Executive Director and Founder, THINK (Tuberculosis and HIV Investigative Network)
I was Dr. Wallengren's post-doctoral advisor at Harvard School of Public Health. We published three papers together.
- 2004-2010 Molly Franke, ScD / Assistant Professor, Department of Global Health and Social Medicine, Harvard Medical School
I was Dr. Franke's doctoral advisor at Harvard School of Public Health and continue to mentor her in her role at HMS. We have published 18 research papers together.
- 2005-2010 Erin Johnson, PhD / Associate Professor, Department of Biology, John Carroll University
I was Dr. Johnson's post-doctoral advisor at Harvard School of Public Health. Published two papers together in FEMS Immunology and Medical Microbiology and Infection and Immunity.
- 2005-2009 Hsien-Ho Lin, MD, MPH, ScD / Associate Professor in Epidemiology, Institute of Epidemiology and Preventive Medicine, National Taiwan University College of Public Health
I was Dr. Lin's advisor at Harvard School of Public Health. Published nine research papers together, including in PLoS Medicine, the Lancet, and American Journal Respiratory Critical Care Medicine.

- 2005-2011 Meghan Baker, MD / Instructor, Department of Population Medicine, Harvard Medical School and Harvard Pilgrim Health Care Institute
I was Dr. Baker's advisor at the Harvard School of Public Health, Boston, MA. We have published five papers together.
- 2006-2009 Andreas Sandgren, MSc, PhD / Deputy Head, ReAct Europe
I was Dr. Sandgren's post-doctoral research advisor at Harvard School of Public Health. We published three research papers together, including one in PLoS Medicine.
- 2006-2010 Christie Jeon, MSc, ScD / Assistant Professor, Cedars-Sinai Division of Hematology/Oncology and Department of Epidemiology, UCLA Fielding School of Public Health
I was Dr. Jeon's doctoral advisor at the Harvard School of Public Health. We published ten research papers together including one in PLoS Medicine.
- 2006-2011 Kathleen Wirth, ScD / Research Scientist, Department of Biostatistics, Harvard School of Public Health
I was Dr. Wirth's doctoral advisor at the Harvard School of Public Health. We published two papers together, including one in Epidemiology.
- 2006-2008 Caroline Colijn, PhD / Professor, Department of Mathematics, Simon Fraser University
I was Dr. Colijn's post-doctoral advisor at Harvard School of Public Health. Published twelve research papers together, including one in American Journal Respiratory Critical Care Medicine and one in PLoS Computational Biology.
- 2007-2009 Gape Machao, MSc / Monitoring and Evaluation Officer, UNICEF Botswana
I supervised Mr. Machao's master's thesis on rapid diagnostic testing for TB in Botswana.
- 2008-2010 Ellen Brooks-Pollock, MSc, PhD / Lecturer, Veterinary Public Health, Bristol Veterinary School
I was Dr. Pollock's post-doctoral research advisor at Harvard School of Public Health. We published two papers together.
- 2008-2013 Karen Jacobson, MD / Assistant Professor of Medicine, Section of Infectious Diseases, Boston University School of Medicine
I was Dr. Jacobson's research mentor for her infectious disease post-doctoral research fellowship. We published nine papers together.
- 2008-2010 Tsering Pema Lama, MSc. Postdoctoral Fellow / Consultant, The George Washington University Milken Institute School of Public Health
I supervised Ms. Lama's master's thesis.
- 2009-2015 Matthew Bonds, PhD / Assistant Professor, Department of Global Health and Social Medicine, Harvard Medical School

I was Dr. Bonds' mentor on his K award on poverty traps and currently mentor him in his role in my department. We have published five papers and two book chapters together.

- 2009-2012 Razvan Sultana, MD, PhD / Computational Biologist, University of Hawaii John A. Burns School of Medicine
I co-supervised Dr. Sultana's doctoral thesis in Bio-informatics at Boston University on genomic analysis of drug resistant TB. We have published three papers together.
- 2010-2016 Hanna Guimaraes, MA, PhD / Postdoctoral Researcher, RIVM National Institute for Public Health and the Environment
I was Ms. Guimaraes' doctoral adviser while she conducted research for her degree from Portugal. We published four papers together.
- 2010-2016 Maha Farhat, MD, MSc / Assistant Professor of Biomedical Informatics, Harvard Medical School
I was Dr. Farhat's postdoctoral mentor and supervised her analysis of whole genome sequence data on *M. tuberculosis* for the identification of novel mutations associated with drug resistance. We have published 12 papers together.
- 2010 Joanne Salmon, MD, MPH / Clinical Instructor, Division of Infectious Diseases, Department of Medicine, The University of British Columbia
I supervised Dr. Salmon's master's thesis on community health workers and impact on TB treatment outcomes: a multi-country proposal.
- 2010-2014 Chuan-Chin Huang, MS, ScD / Instructor in Medicine, Harvard Medical School
I was Dr. Huang's doctoral adviser. We have published eight papers together.
- 2010-2014 Olivia Oxlade, PhD / Epidemiologist and Modeler, McGill International TB Centre
I was Dr. Oxlade's postdoctoral research supervisor in her work on modeling the determinants of TB. We published three papers together.
- 2010-2016 MaryCatherine Arbour, MD / Assistant Professor of Medicine, Department of Global Health and Social Medicine, Harvard Medical School
I mentored this junior faculty member at the Division of Global Health Equity, Brigham and Women's Hospital in her work on education and health outcomes in a cluster randomized trial of school-based interventions in Santiago, Chile. We published two papers together.
- 2011 **Devra Barter, MS / Emerging Infections Epidemiologist, Colorado Department of Public Health & Environment**
I co-supervised Ms. Barter's master's thesis on out-of-pocket expenses during TB treatment which is published in BMC Public Health.
- 2011-2013 Silvan Vesenbeckh, MD / Senior Registrar, Infectious Diseases, Groote Schuur Hospital

I supervised Dr. Vesenbeckh's postdoctoral work on cholera transmission in the DRC and Haiti. We published three papers together.

- 2011-2015 Philips Loh, MS / Doctoral candidate, Department of Epidemiology, Harvard School of Public Health
I supervised Mr. Loh's master's thesis and served as his doctoral adviser.
- 2012-2013 Alexis Krumme, MS, ScD / Research Specialist, Division of Pharmacoepidemiology and Pharmacoeconomics, Brigham and Women's Hospital
I supervised Ms. Krumme's master's thesis. We published one paper together.
- 2012-2015 Xeno Acharya, MPH / Senior Consultant, Healthcare AI, PA Consulting
I was Mr. Acharya's doctoral adviser. We have published one paper.
- 2013-2014 **Anna Odone, MD, MPH, PhD / Associate Professor of Public Health, Università Vita-Salute San Raffaele**
I was Ms. Odone's postdoctoral research supervisor for her work on socioeconomic risk factors for acquired and primary MDR-TB in Lima, Peru. We published one paper together.
- 2013-2014 Sachin Atre, PhD / Study Coordinator, Johns Hopkins Center for Clinical Global Health Education
I supervised Dr. Atre's work on MDR-TB management and policy in India, and the effective use of information technology in TB control. We published one paper together.
- 2013-2015 Emilia Ling, MS / Medical Student, Stanford University
I supervised Ms. Ling's master's thesis at HSPH. We published one paper together.
- 2013-2016 Assumpta Mukabutera, PhD / Instructor, University of Rwanda School of Public Health
I supervised Dr. Mukabutera's doctoral thesis on rainfall and child health outcomes. We published three papers together.
- 2014-2016 Rebecca Butler, MS / Biostatistician, Kaiser Permanente
I supervised Ms. Butler's master's thesis.
- 2014-2016 Gustavo Velasquez, MD, MPH / Research Associate, Department of Global Health and Social Medicine, Harvard Medical School
I supervised Dr. Velasquez's postdoctoral work examining the relationship between phenotypic pyrazinamide resistance and multidrug-resistant tuberculosis (MDR-TB) treatment outcomes. We published four papers together.
- 2014-2017 Ibrahim Diakite, PhD / Associate Scientist in Modeling & Meta-Analysis, Pharmerit International

I supervised Dr. Diakite's postdoctoral project that aimed to advance the quantitative study of communicable diseases especially the Mycobacterium Tuberculosis by using a combination of different mathematical techniques such as differential equations, stochastic process, branching process, and mathematical game theory. We published two papers together.

- 2014-2018 Omowunmi Aibana, MD, MPH / Assistant Professor, General Internal Medicine, University of Texas McGovern Medical School
I supervised Dr. Aibana's work on Tuberculosis in Ukraine through a T32 mechanism based at Brown Medical School. We published five papers together.
- 2014-2019 Eric Mooring, MPhil, ScD / Epidemic Intelligence Service, Centers for Disease Control and Prevention
I was Dr. Mooring's doctoral adviser. We have published three papers together.
- 2014-2020 Ruoran Li, MPhil / Doctoral Student, Department of Epidemiology, Harvard T.H. Chan School of Public Health. I was Dr. Li's doctoral adviser. We have published one paper together.
- 2016-2018 Silvia Chiang, MD / Assistant Professor of Pediatrics, Brown Alpert Medical School
I supervised Dr. Chiang in her postdoctoral study of adolescent tuberculosis. We have published two papers together and have one under review.
- 2017-2018 Katrin Sadigh, MD / Fogarty Global Health Fellow, Harvard T.H. Chan School of Public Health
I supervised Dr. Sadigh in her clinical research as part of the Department of Infectious Disease, Brigham and Women's Hospital/Massachusetts General Hospital combined program.
- 2017-2019 Taylor Chin, BA / Master's student, Department of Epidemiology, Harvard T.H. Chan School of Public Health
I supervised Ms. Chin's master's thesis.
- 2017-2019 Tori Cowger, MPH / Doctoral Student, Department of Epidemiology, Harvard T.H. Chan School of Public Health
I was Ms. Cowger's doctoral adviser.
- 2017- Alexander Chu, MPH / Post-baccalaureate premedical candidate, Harvard Extension School.
- 2017- Annelies Mesman, PhD / Postdoctoral Research fellow, Department of Global Health and Social Medicine, Harvard Medical School. I supervised Annelies Mesman in her postdoctoral study of tuberculosis. We have published two papers together.

- 2019 Gerson Galdos Cardenas, PhD / Postdoctoral Research fellow, Department of Global Health and Social Medicine, Harvard Medical School.
- 2019- Kamela Ng, PhD / Postdoctoral Research fellow, Department of Global Health and Social Medicine, Harvard Medical School.
- 2019- Qi Tan, MD, PhD / Postdoctoral Research fellow, Department of Global Health and Social Medicine, Harvard Medical School.

Presentations

Invited Presentations and Courses

Local, Regional, National, and International Invited Presentations and Courses

Local Invited Presentations

No presentations below were sponsored by outside entities

- 2001 Styblo's Rule revisited
Freeman Symposium Research Seminar
Department of Epidemiology
Harvard School of Public Health
- 2002-2003 Molecular epidemiology of tuberculosis
Invited Lecture
Hot Topics Series
Harvard School of Public Health
- 2003 The transmission dynamics of *M. Tuberculosis*: Models and Molecular Epidemiology
Research Seminar
Department of Epidemiology
Harvard School of Public Health
- 2003 Inferring the evolution of *M. Tuberculosis* from comparative genomics
Research Seminar
Infectious Disease Unit
Harvard Medical School
- 2003 The epidemiology of Severe Acute Respiratory Syndrome (SARS)
Invited lecture
Kennedy School of Government
Harvard University
- 2003 Transmission dynamics, epidemiology and SARS
Research Seminar

- Department of Epidemiology
Harvard School of Public Health
- 2003 Modeling the molecular epidemiology of TB
Freeman Symposium Research Seminar
Department of Epidemiology
Harvard School of Public Health
- 2003 Molecular epidemiology and the transmission dynamics of tuberculosis
Research Seminar
The Broad Institute
- 2004 The epidemiology of SARS
Hot Topic Series
Harvard School of Public Health
- 2005 Epidemiology of multi-drug resistant tuberculosis
Grand Rounds
Massachusetts General Hospital
- 2006 Iron metabolism and *M. Tuberculosis*
Research Seminar
The Broad Institute
- 2006 Natural variation in *M. Tuberculosis*
Research Seminar
The Broad Institute
- 2006 Avian influenza
Department of Environmental Health
Harvard School of Public Health
- 2006 Three epidemics and how they happened
Department of Epidemiology Seminar
Harvard School of Public Health
- 2006 Transmission dynamics of drug sensitive and resistant tuberculosis infectious disease
Research Seminar
Partners Infectious Disease
Boston, MA
- 2007 Genetic heterogeneity in *M. Tuberculosis*
Department of Genetics and Complex Diseases
Harvard School of Public Health
- 2007 Epidemiology of HIV and tuberculosis

- Department of Epidemiology Seminar
Harvard School of Public Health
- 2008 A multi-disciplinary approach to MDR and XDR tuberculosis
Department of Epidemiology Seminar Series
Harvard School of Public Health
- 2008 Making multidisciplinary research work: the example of MDR tuberculosis
Seminar Series
Department of Social Medicine and Health Inequalities
Brigham and Women's Hospital
- 2008 Conducting research in international settings
Best Practices in International Scientific Collaboration (Panel discussion)
2nd annual New England Tuberculosis Retreat
Harvard Initiative for Global Health
Harvard Medical School
- 2009 Genomic epidemiology of MDR and XDR tuberculosis
The Broad Institute
- 2009 A multi-disciplinary approach to XDR tuberculosis
Grand Rounds
Department of Medicine
Brigham and Women's Hospital
- 2009 Social justice and the effort to address MDR TB
Symposium on an Idea of Justice
Harvard University and the China Research Council
- 2010 The evolution of drug resistant tuberculosis
Grand Rounds
Department of Medicine
Massachusetts General Hospital
- 2010 Overview of Murray research team
Freeman Symposium Research Seminar
Department of Epidemiology
Harvard School of Public Health
- 2011 Deans' Research Update
Harvard School of Public Health
- 2011 Innovation in global health
Massachusetts General Hospital Department of Medicine Bicentennial Reunion

Department of Medicine
Massachusetts General Hospital

- 2013 TB in the 21st century: the convergence of the infectious and metabolic diseases
Seventh Annual New England Tuberculosis Symposium
The Broad Institute
- 2014 Ebola and the research equity agenda
Global Health Advisory Council
Harvard Medical School
Boston, MA
- 2015 Ebola Update
Global Health Advisory Council
Harvard Medical School
Boston, MA
- 2015 HIV and TB co-infection
Harvard T.H. Chan School of Public Health
Boston, MA
- 2015 Burke Global Health Fellowship Symposium
Harvard Global Health Institute
Cambridge, MA
- 2017 Host and bacterial determinants of TB infection and disease: a longitudinal cohort study
Spring Seminar
Center for Communicable Disease Dynamics
Harvard T.H. Chan School of Public Health, Boston, MA
- 2017 Host and bacterial determinants of TB infection and disease: insights from a large cohort study
IDMP Seminar
Broad Institute of MIT and Harvard, Cambridge, MA
- 2017 Tuberculosis and the vitamin A connection
Talks at 12
Harvard Medical School
- 2018 How to write an NIH grant
Training to Teachers Mongolia
Harvard Medical School
- 2020 SARS-CoV-2: Assessing the risks
Environmental Health Risk: Analysis and Applications (RISK0320)
Harvard T.H. Chan School of Public Health

- 2020 The epidemiology of COVID-19: Evaluation of Treatment and Response
GHSM Seminar - Social Medicine: Response to COVID-19
Harvard Medical School
- 2020 The Epidemiology of COVID-19
MassCPR webinar
- 2020 BCG and innate immune responses
Pathogenesis Working group
MassCPR webinar
- 2020 The transmission dynamics of COVID-19
BCMP Seminar
Harvard Medical School

Regional

No presentations below were sponsored by outside entities

- 2001 Genetics and phenotypic variability within *M. Tuberculosis*
Invited lecture
Boston University
- 2001 Problems in the molecular epidemiology of tuberculosis
Research Seminar
Massachusetts State Laboratory Institute (MSLI), Boston, MA
- 2006 Three epidemics
Kay Stratton Lecture
Massachusetts Institute of Technology, Cambridge, MA
- 2015 Converging epidemics: tuberculosis and diabetes
Oxford Immunotec
Marlborough, MA

National

No presentations below were sponsored by outside entities

- 2004 Transmission of TB in the community
Infectious Disease Society of America, Boston, MA
- 2006 Modeling MDR tuberculosis
National Partners Meeting on MDR Tuberculosis, Atlanta, GA
- 2006 Transmission dynamics of Drug Resistant tuberculosis
Interscience Conference on Antimicrobial Agents and Chemotherapy, San Francisco, CA

- 2008 Host iron metabolism genes
Workshop on Biofilms, Iron and Drug Refractory TB
Colorado State University, Fort Collins, CO
- 2008 The impact of strains diversity and mechanisms of strains competition
on the Potential Performance of New TB Vaccines
Microbial Diseases Lecture Series
Yale School of Public Health, Hartford, CT
- 2008 The role of mathematical modeling in evaluating interventions to control epidemics: the
example of tuberculosis
Howard Hughes Medical Institute
California Institute of Technology, Pasadena, CA
- 2008 An interdisciplinary approach to extensively drug resistant tuberculosis
Howard Hughes Medical Institute
California Institute of Technology, Pasadena, CA
- 2008 Number of MDR-TB and XDR-TB patients receiving treatment today:
Successes/Failures/Consequences
Forum on Drug Discovery, Development and Translation
Institute of Medicine of the National Academies, Washington, DC
- 2009 The evolution of XDR-TB in *M. tuberculosis*
Seminar Series Biology Department
Williams College, Williamstown, MA
- 2009 The evolution of XDR-TB in *M. tuberculosis*: a multidisciplinary approach
Grand Rounds Presentation
Division of Infectious Diseases
Hennepin County Medical Center, Minneapolis, MN
- 2009 Mathematical modeling
Infectious Diseases Clinical Cases Conference
Division of Infectious Diseases
Hennepin County Medical Center, Minneapolis, MN
- 2009 The evolution of XDR-TB: a multidisciplinary approach
2009 National TB Conference-TB Elimination-“It Takes a Village”
Centers for Disease Control and Prevention, Atlanta, GA
- 2009 The Gates Project overview
Mycobacteriology Laboratory Branch (MLB)
Division of Tuberculosis Elimination Seminar
Centers for Disease Control and Prevention, Atlanta, GA

- 2010 Social, economic and biological determinants of tuberculosis
Taskforce for Disease Eradication
Carter Center
Atlanta, Georgia
- 2010 Estimating the impact of social and biological determinants on TB and modeling their
modification
Texas School of Public Health
Brownsville, Texas
- 2010 The evolution of XDR tuberculosis
Mary Hitchcock Hospital
Hanover, New Hampshire
- 2011 Molecular methods to detect drug resistance in *M. tuberculosis*
Workshop on TB and HIV Diagnostics in Adult and Pediatric Populations
National Institutes of Health
Washington, DC
- 2011 Understanding the transmission dynamics of drug resistant tuberculosis: a
multidisciplinary approach
Annual Biomedical Research Conference for Minority Students
St. Louis, Missouri
- 2012 Evolution of drug resistance
World TB Day Symposium
Boston University
Boston, Massachusetts
- 2012 High throughput sequencing of drug resistance targets for Mycobacterium tuberculosis
National Institute of Allergy and Infectious Diseases
Sponsored meeting
Washington, DC
- 2013 Genetic determinants of drug resistance in *Mtb*
World TB Day Symposium
Weill Cornell Medical College
New York City, New York
- 2015 Tuberculosis and diabetes
The Comstock Lecture
Johns Hopkins School of Public Health

Baltimore, Maryland

- 2016 Tuberculosis and diabetes
20th Annual Conference of Union-North America Region/National TB Controllers
Association Joint Meeting
Denver, Colorado
- 2017 Risk factors for TB disease progression: evidence from a cohort study in Peru
9th Annual CEND (Center for Emerging and Neglected Diseases) Symposium:
Deconstructing TB: Insights from Fundamental Research
University of California, Berkeley, California
- 2017 Public health and the environment: interdisciplinary research and emerging infectious
disease
Ecology & Evolution of Infectious Diseases
UC Santa Barbara, California
- 2018 Women in science
2018 Women in Science Symposium
Colorado State University
Fort Collins, Colorado
- 2019 Who gets TB infection and disease in Lima, Peru
Epidemiology Grand Rounds
Columbia University Mailman School of Public Health
New York, New York
- 2019 Who gets TB infection and disease in Lima, Peru
UPGG Tuesday Seminar Series
Duke University
Durham, North Carolina

International

No presentations below were sponsored by outside entities

- 2001 Determinants of cluster distribution in *M. tuberculosis*
Research Seminar
University of Warwick, Coventry, United Kingdom
- 2002 Pathogenesis of tuberculosis
Invited Lecture
Peruvian Thoracic Society, Lima, Peru

- 2002 Problems in the molecular epidemiology of tuberculosis
Research Seminar
Karolinski Institutet, Stockholm, Sweden
- 2003 The fitness of MDR-TB: what do we know
Invited Lecture
World Health Organization, Tallin, Estonia
- 2004 Molecular epidemiology of TB in Sverdlosk, Russia
Invited Lecture
International Union Against Tuberculosis and Lung Disease (IUTLD) Meeting
Moscow, Russia
- 2005 The fitness of MDR-TB strains
Invited Lecture
Desmond Tutu Center for Tuberculosis Research
University of Stellenbosch, Matieland, South Africa
- 2005 The current and future status of Multi-Drug Resistant TB
Invited Lecture
Novartis Symposium on TB Drug Development, Bagamoyo, Tanzania
- 2006 XDR-TB surveillance
Task Force on XDR-TB
World Health Organization, Geneva, Switzerland
- 2007 Mathematical models of population effects of potential TB vaccines
Keystone Symposium of Challenges of Global Vaccine Development
Cape Town, South Africa
- 2007 Modeling vaccine effects
Modeling Symposium at the 38th Union World Conference on Lung Health
Cape Town, South Africa
- 2007 Genomic epidemiology of infectious diseases: a new science
US-Japan Meeting
Hainan, China
- 2008 The molecular evolution of extensively drug resistant tuberculosis
Keystone Symposium of Pathogenesis and Control of Emerging
Infections and Drug-Resistant Organisms
Bangkok, Thailand
- 2008 TB Drug Resistance Mutation Database
39th Union World Conference 2008

- International Union of TB and Lung Disease
Paris, France
- 2009 The evolution of multi-drug resistance in *M. tuberculosis*
Engineering and Physical Sciences Research Council Workshop
on the Evolution of Antibiotic Resistance
Imperial College, London, England
- 2009 The evolution of multi-drug resistance in *M. tuberculosis*
School of Biosciences Seminar Series
University of Birmingham, Birmingham, England
- 2009 Diagnosis of drug resistant TB
Fondation Mérieux International Scientific Conference on Latest Approaches to HIV
Infection Management: A Focus on HIV, TB and HIV/Hepatitis Co-Infection
New Delhi, India
- 2009 Tuberculosis and diabetes: interactions between two epidemics
TB/DM Expert Meeting
International Union of TB and Lung Disease
Paris, France
- 2009 Differences between epidemiology of TB in rich and poor countries
Union World Conference of Lung Health
Cancun, Mexico
- 2009 Modeling the potential impact of changing risk factors and social determinants
Union World Conference of Lung Health
Cancun, Mexico
- 2010 The evolution of drug resistance in TB
Ecole Polytechnique Federale de Lausanne
Lausanne, Switzerland
- 2010 Identification of drug resistance mutations in *M. tuberculosis*
Fondation Mérieux
Annecy, France
- 2010 Guidelines for management of tuberculosis and diabetes
World Health Organization
Geneva, Switzerland
- 2010 Data for developing diagnostics for MDR TB
Christian Medical College
Vellore, India

- 2010 Beyond labs and pills for improved tuberculosis control: what role for TB programmes?
41st Union World Conference on Lung Health
Berlin, Germany
- 2011 Iron transport polymorphisms and TB susceptibility
Ecole Polytechnique Federale de Lausanne
Lausanne, Switzerland
- 2011 Evaluating health interventions using DHS oversamples
Doris Duke Charitable Foundation Population Health Implementation Training Partnership
Grantee Meeting
Ifakara, Tanzania
- 2012 Overview: Transmission dynamics and epidemiology of drug resistant TB
Lima, Peru
- 2012 The transmission dynamics of drug resistant TB
Harvard China Fund
Shanghai, China
- 2012 Understanding the epidemic dynamics of drug resistant TB
Keystone Symposia Conference – Drug Resistance and Persistence in Tuberculosis
Kampala, Uganda
- 2012 The social, environmental and biologic determinants of tuberculosis
TB Day in Braga: From the hospital to the bench and back.
Braga, Portugal
- 2012 Studying the link between nutrition and TB Risk: problems and strategies
International Conference of the Union for TB and Lung Disease
Kuala Lumpur, Malaysia
- 2012 TB and diabetes: what we know, what we don't know
International Conference of the Union for TB and Lung Disease
Kuala Lumpur, Malaysia
- 2013 Genetic diversity of DR TB: implication for future diagnostics
Institute of Medicine and Chinese Academy of Sciences Workshop
The Global Crisis of Drug-Resistant Tuberculosis and the Leadership of the BRICS
Countries: Challenges and Opportunities
Beijing, China
- 2013 Evolution of drug-resistance in TB genomes

International Conference of the Union for TB and Lung Disease
Paris, France

- 2014 The genetics and pathogenesis of MDR and XDR TB drug resistance
Conference on Retroviruses and Opportunistic Infections (CROI)
Boston, MA
- 2014 Genetic basis for transmission of MDR-TB
9th International Conference on the Pathogenesis of Mycobacterial Infections
Stockholm, Sweden
- 2015 Issues in the management and prevention of drug resistant and sensitive TB
Invited Lecture
Bogomolets National Medical University
Kiev, Ukraine
- 2015 TB and diabetes mellitus outcomes
19th Annual Conference of the Union-North America Region
Vancouver, BC, Canada
- 2015 The transmissibility of drug resistant TB
RePort Consortium Meeting
Boston University
Boston, Massachusetts
- 2015 The TB drug resistance database
46th Union World Conference on Lung Health
Cape Town, South Africa
- 2016 Diabetes and environmental co-morbidities with TB
Keystone Symposia Conference - Tuberculosis Co-Morbidities and Immunopathogenesis
Keystone, Colorado
- 2016 Enabling next generation whole genome sequencing readouts directly from sputum
samples and in the clinic: hype or hope?
47th Union World Conference on Lung Health
Liverpool, United Kingdom
- 2017 Infectiousness and transmission of tuberculosis
American Thoracic Society 2017 International Meeting
Washington, DC
- 2017 Recent insights in the meaning of latency in tuberculosis
30th Annual Doctor Dorothy Wiselberg Seminar

McGill University
Montreal, QC, Canada

- 2017 Next generation whole genome sequencing for tuberculosis: ready for clinical practice?
48th Union World Conference on Lung Health
Guadalajara, Mexico
- 2017 Estimating the adolescent tuberculosis burden in the 30 high-TB burden countries
48th Union World Conference on Lung Health
Guadalajara, Mexico
- 2017 Insights into TB from a longitudinal cohort study in Lima, Peru
National TB program
Lima, Peru
- 2018 Insights into TB from a longitudinal cohort study in Lima, Peru
Otago University
Dunedin, New Zealand
- 2018 Grant Writing
Mongolian National University of Medical Sciences
Ulaanbaatar, Mongolia
- 2019 Bacterial determinants of TB progression
50th Union World Conference on Lung Health
Hyderabad, India
- 2019 Genetic variations of mycobacterium tuberculosis that are associated with tuberculosis transmission
50th Union World Conference on Lung Health
Hyderabad, India
- 2020 The COVID-19 Research Agenda
Partners in Health
- 2020 SARS-CoV-2
Partners in Health

Report of Clinical Activities and Innovations

Current Licensure and Certification

1996 Licensed in Medicine in Massachusetts

1996 Board Certified in Internal Medicine

1997 Board Certified in Infectious Disease

Practice Activities

1998 – 2007	Attending Physician	Infectious Disease Consult Services, MGH, Boston, MA	3-5 new consults, 20- 30 follow-ups per day 3-6 weeks per year
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The unit provides consults on infectious disease issues to all medical, surgical and other specialty wards. I saw patients referred to the specialty unit in conjunction with a team that includes an infectious disease fellow and rotating medical students and residents. In addition to this bedside clinical teaching, I also participated in weekly clinical conferences and seminars that are designed to maximize teaching.

Report of Scholarship

Peer reviewed publications in print or other media

Research investigations

1. Murray MJ, Murray NJ, Murray AB, **Murray MB**. Refeeding-malaria and hyperferraemia. *Lancet* 1975;1:653-4.
2. Murray MJ, Murray AB, **Murray MB**, Murray CJ. Somali food shelters in the Ogaden famine and their impact on health. *Lancet* 1976 Jun 12;1:1283-5.
3. Murray MJ, Murray AB, **Murray MB**, Murray CJ. Parotid enlargement, forehead edema, and suppression of malaria as nutritional consequences of ascariasis. *Am J Clin Nutr.* 1977 Dec;30(12):2117-21.
4. Murray MJ, Murray AB, Murray NJ, **Murray MB**. Diet and cerebral malaria: the effect of famine and refeeding. *Am J Clin Nutr.* 1978 Jan;31(1):57-61.
5. Murray MJ, Murray AB, Murray NJ, **Murray MB**. Serum cholesterol, triglycerides and heart disease of nomadic and sedentary tribesmen consuming isoenergetic diets of high and low fat content. *Br J Nutr.* 1978 Jan;39(1):159-63.
6. Murray MJ, Murray AB, Murray NJ, **Murray MB**. The effect of iron status of Nigerien mothers on that of their infants at birth and 6 months, and on the concentration of Fe in breast milk. *Br J Nutr.* 1978 May;39(3):627-30.
7. Murray MJ, Murray AB, **Murray MB**, Murray CJ. The adverse effect of iron repletion on the course of certain infections. *Br Med J* 1978 Oct 21;2:1113-5.
8. Murray MJ, Murray AB, Murray NJ, **Murray MB**, Murray CJ. Molluscum contagiosum and herpes simplex in Maasai pastoralists; refeeding activation of virus infection following famine? *Trans R Soc Trop Med Hyg.* 1980;74(3):371-4.

9. Murray JM, Murray AB, **Murray MB**, Murray CJ. Rarity of planar warts in Cushite nomads: antiviral effect of milk? *Lancet*. 1980 Jul 19;2(8186):143-4.
10. Murray MJ, Murray AB, Murray NJ, **Murray MB**. Infections during severe primary undernutrition and subsequent refeeding: paradoxical findings. *Aust N Z J Med*. 1995 Oct;25(5):507-11.
11. **Murray M**, Rasmussen Z. Measles Outbreak in a Northern Pakistani village: epidemiology and vaccine effectiveness. *Am J Epidemiology* 2000;1:811-9.
12. Piatek A, Telenti A, **Murray M**, El-Hajj H, Jacobs WR Jr, Kramer FR, Alland D. Genotypic analysis of *M. tuberculosis* in two distinct populations using molecular beacons: implications for rapid susceptibility testing. *Antimicrob Agents Chemother* 2000;1:103-10.
13. **Murray MB**, Determinants of cluster distribution in the molecular epidemiology of tuberculosis. *Proc Natl Acad Sci U S A* 2002 Feb; 99:1538-43.
14. **Murray MB**, Alland D. Methodological problems in the molecular epidemiology of tuberculosis. *Am. J. Epidemiology* 2002;155: 565-71.
15. **Murray MB**. Sampling bias in the molecular epidemiology of tuberculosis. *Emerg Infect Dis* 2002 Apr; 4:363-9.
16. Hughes A, Friedman R, **Murray M**. Genomewide pattern of synonymous nucleotide substitution in two complete genomes of *Mycobacterium tuberculosis*. *Emerg Infect Dis* 2002 Nov;8:1342-6.
17. **Murray MB**. Molecular epidemiology and the dynamics of tuberculosis transmission among foreign-born people. *CMAJ* 2002;167:355-6.
18. Lipsitch M, **Murray MB**. Multiple equilibria: Tuberculosis transmission require unrealistic assumptions. *Theor Popul Biol* 2003 Mar; 63:169-7.
19. Alland D, Whittam T, **Murray M**, Cave DM, Hazbon M, Dix K, Kokoris M, Duesterhoeft A, Eisen JA, Fraser CM, Fleischmann RD. Modeling bacterial evolution with comparative-genome based marker systems. Application to *M. tuberculosis* evolution and pathogenesis. *J Bacteriol* 2003;185:3392-9.
20. Lipsitch M, Cohen T, Cooper B, Robins JM, Ma S, James L, Gopalakrishna G, Chew SK, Tan CC, Fisman D, Samore M, **Murray M**. Transmission dynamics and control of severe acute respiratory syndrome. *Science* 2003; 300:1966-70.
21. Kudva IT, Griffin RW, **Murray M**, John M, Perna NT, Barrett TJ, and Calderwood SB. Insertions, deletions and single nucleotide polymorphisms at rare restriction enzyme sites enhance discriminatory power of polymorphic amplified typing sequences, a novel strain typing system for escherichia coli O157:H7. *J Clin Microbiol* 2004 Jun;42:2388-97.
22. Cohen T**, Becerra MC, **Murray MB**. Isoniazid resistance and the future of drug-resistant tuberculosis. *Microb Drug Resist* 2004;10:280-5.
23. Cohen T**, **Murray M**. Modeling epidemics of multidrug-resistant *M. tuberculosis* of heterogeneous fitness. *Nat Med* 2004 Oct;10:1117-21.
24. Becerra MC, Pachao-Torreblanca IF, Bayona J, Celi R, Shin S, Kim JY, Farmer P, **Murray M**. Expanding tuberculosis case detection by screening household contacts. *Public Health Rep* 2005;120:271-7.
25. Cohen T**, **Murray M**. Incident tuberculosis among recent US immigrants and exogenous reinfection. *Emerg Infect Dis* 2005;11:725-8.

26. Korves C**, Goldie S, **Murray M**. Cost-effectiveness of alternative blood screening strategies for West Nile Virus in the United States. *PLoS Med* 2006; 3:0211-21.
27. Louw GE, Warren RM, Donald PR, **Murray MB**, Bosman M, Van Helden PD, Young D, Victor TC. Frequency and implications of pyrazinamide resistance in managing previously treated tuberculosis patients. *Int J Tuberc Lung Dis* 2006 Jul;10:802-7.
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31. Korves C**, Goldie S, **Murray M**. Blood screening for the West Nile virus: the cost-effectiveness of a real-time trigger-based strategy. *Clin Infect Dis* 2006 Aug 15;43:490-3.
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33. Johnson R, Warren R, Strauss OJ, Jordaan AM, Falmer AA, Beyers N, Schaaf HS, Cloete K, **Murray M**, van Helden PD, Victor TC. An outbreak of drug resistant tuberculosis caused by a Beijing strain in the Western Cape, South Africa. *Int J Tuberc Lung Dis* 2006;10:1412-4.
34. Lipsitch M, Cohen T, **Murray M**, Levin BR. Antiviral resistance and the control of pandemic influenza. *PLoS Med* 2007 Jan;4:0111-21.
35. Lin HH**, Ezzati M, **Murray M**. Tobacco smoke, indoor air pollution and tuberculosis – A systematic review and meta-analysis. *PLoS Med* 2007: 0173-89.
36. Gelmanova I, Keshavjee S, Golubchikova VT, Berezina VI, Sterlis AK, Yanova GV, Atwood S, **Murray M**. Barriers to successful tuberculosis treatment in Tomsk, Russia: Non-adherence, default and the acquisition of multi-drug resistance. *Bull WHO* 2007;85:703-11.
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38. Colijn C**, Cohen T, **Murray M**. Emergent heterogeneity in tuberculosis epidemics. *J Theor Biol* 2007 Aug 21;247:765-74.
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43. Jeon CY**, **Murray M**. Diabetes mellitus increases the risk of active tuberculosis: A systematic review of 13 observational studies. *PLoS Med* 2008; 5:e152.
44. Cohen T**, Colijn C, **Murray M**. Modeling the effects of strain diversity and mechanisms of strain competition on the potential performance of new tuberculosis vaccines. [Proc Natl Acad Sci U S A](#). 2008 Oct 21;105(42):16302-7.
45. Lin HH**, **Murray M**, Cohen T, Colijn C, Ezzati M. Integrated analysis of respiratory diseases and risk factors in China: The effects of smoking and solid fuel use on COPD, lung cancer, and tuberculosis. *Lancet* 2008; 372:1473-83.
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51. Brooks-Pollock E**, Cohen T, **Murray M**. The impact of realistic age structure in simple models of tuberculosis transmission. *PLoS One*. 2010 Jan 7;5(1):e8479.
52. Johnson EE**, Srikanth C, Sandgren A, Harrington L, Trebicka E, Wang L, Borregaard N, **Murray M**, Cherayil B. Siderocalin inhibits the intracellular replication of *Mycobacterium tuberculosis* in macrophages. *FEMS Immunol Med Microbiol*. 2010 Feb;58(1):138-45.
53. Harries AD, **Murray MB**, Jeon CY, Ottmani S, Lonroth K, Barreto, ML, Billo N, Brostron R, Bygbjerg IC, Fisher-Hock S, Mori T, Ramaiya K, Roglic G, Stransgaard H, Unwin N, Viswanathan V, Whiting D, Kapur A. Defining the research agenda to reduce the joint burden of disease from Diabetes Mellitus and Tuberculosis. *Trop Med Int Health*. 2010;15(6):659-63.
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55. Cohen T**, **Murray M**, Wallengren K, Samuel L, Wilson D. The prevalence of drug sensitive and drug resistant tuberculosis among patients dying in hospital in KwaZulu-Natal, South Africa: a postmortem study. *PLoS Med.* 2010;7(6):e1000296.
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Thesis

Murray, MB. *Problems in the Molecular Epidemiology of Tuberculosis* [Dissertation]. Boston (MA): Harvard School of Public Health; 2001.

Narrative

To date, my career has focused on two main areas: advancing progress in tuberculosis management and control and developing research capacity in low and middle-income countries.

My work on tuberculosis has shifted over the past twenty years from a focus on dynamical modeling of TB epidemics to field studies on the bacterial and host determinants of TB infection and disease. Between 2008-2013, I led a multi-disciplinary consortium that studied the impact of drug resistance on the transmission dynamics of tuberculosis in Lima, Peru. This project followed over 18000 people for TB-associated outcomes and has generated data that has allowed my team to also address a range of host and environmental factors that contribute to the transmission and disease burden of TB. More recently, our work in this area has centered on the links between host metabolic and immune function as determinants of the outcome of TB infection. This work, which is funded through an NIH consortium grant which I co-lead with

Dr. Branch Moody, is another multi-disciplinary collaboration, this time among immunologists, epidemiologists, geneticists and veterinary pathologists.

My work on drug resistant tuberculosis has also led me to use targeted and whole genome sequencing to study “genomic epidemiology” and to elucidate the genetic basis of drug resistance phenotypes. To date, we have sequenced over 1500 TB strains and have created an innovative data interface tool that allows us to use whole genome data in epidemiologic studies. Currently, we are funded by NIH to identify, collect, archive, sequence and analyze the drug resistance genes in *M. tuberculosis* strains from around the world. These data are then passed to our collaborators who attempt to validate our findings by generating and phenotyping *Mtb* variants and to our industry partners who are developing point of care diagnostic tests to detect drug resistance. I am the PI of this collaborative project which is funded through an NIH Center for Excellence in Translational Research.

In addition to my roles on my grant-funded projects, I am the research director for the Division of Global Health Equity in the Department of Medicine at the Brigham and Women’s Hospital and the non-governmental organization, Partners In Health (PIH). In that capacity, I support the research mission of the Global Health Delivery Partnership by building research infrastructure and mentoring junior faculty interested in research careers. At HMS, I lead the Department of Global Health and Social Medicine’s “research core,” a team of eight epidemiologists, biostatisticians and programmers in the task of identifying and developing research opportunities in affiliation with PIH and other NGO’s clinical field sites. Much of this work focuses on developing methods to evaluate the health interventions implemented in these sites and in designing and carrying out studies to conduct such evaluations. Increasingly, our mission has encompassed the training and development of independent researchers from the countries in which we work.

Almost all my academic work has been conducted in the context of training graduate students and post-doctoral fellows. I have directly supervised 39 graduate students or post-doctoral fellows, almost all of whom have published with me. Fourteen of my former trainees have gone on to tenure track faculty positions and six have joined international and non-governmental organizations focused on global health. Among many committee assignments, I am particularly proud of my contribution to the Task Force on Women in Science and Engineering which made recommendations that I believe have improved the working lives of many women in science at Harvard. I have served on the Human Subjects Committee at HSPH, co-chaired the Community Engagement Mission of the Strategic Leadership Team at the Brigham and Women’s Hospital and led a number of junior and senior faculty searches.

EXHIBIT 3

**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF LOUISIANA**

POWER COALITION FOR EQUITY AND JUSTICE;
LOUISIANA STATE CONFERENCE OF THE
NAACP; JANE CHANDLER, JENNIFER HARDING,
EDITH GEE JONES, and JASMINE POGUE

Plaintiffs,

v.

JOHN BEL EDWARDS, in his official capacity as
Governor of Louisiana; KYLE ARDOIN, in his official
capacity as Secretary of State of Louisiana; STEVE
RABORN, in his official capacity as East Baton Rouge
Parish Registrar of Voters and Member of the Parish
Board of Election Supervisors; and SANDRA L.
WILSON, in her official capacity as Orleans Parish
Registrar of Voters and Member of the Parish Board of
Election Supervisors.

Defendants.

Case. No. 3:20-cv-00283
BAJ-EWD

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

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I. INTRODUCTION

Plaintiffs Power Coalition for Equity and Justice (“PCEJ”), Louisiana State Conference of the NAACP (“Louisiana NAACP”), Jane Chandler, Jennifer Harding, Edith Gee Jones, and Jasmine Pogue (collectively “Plaintiffs”) respectfully submit this Memorandum of Law in support of their Motion, pursuant to [Federal Rule of Civil Procedure 65](#), for a preliminary injunction directing Defendants John Bel Edwards, in his official capacity as Governor of Louisiana, Kyle Ardoin, in his official capacity as Secretary of State of Louisiana, Steve Raborn, in his official capacity as East Baton Rouge Parish Registrar of Voters and Member of the Parish Board of Election Supervisors, and Sandra L. Wilson, in her official capacity as Orleans Parish Registrar of Voters and Member of the Parish Board of Election Supervisors (collectively “Defendants”), to take immediate action to remove the barriers that place undue burdens on Louisianans’ fundamental right to vote in connection with the July 11, 2020 Primary and August 15, 2020 Municipal Elections.

The COVID-19 pandemic has led to unprecedented crises throughout the country. To date, the virus has infected over a million people in the U.S. Louisiana has been particularly hard hit with 35,000 reported COVID-19 cases and over 2,400 reported deaths during the past three months.

In early March, in response to the spread of COVID-19, Governor Edwards declared a state of emergency in Louisiana and took a number of steps, including banning public gatherings, closing public schools, and closing “non-essential” businesses, that led up to a statewide Stay-at-Home order directing all Louisiana residents to stay home unless performing an essential activity and follow social distancing protocols.

In light of the need for social distancing to reduce the risk of COVID-19 transmission, multiple provisions of Louisiana law will impose severe and undue burdens on the right to vote

during the 2020 July Primary Election and August Municipal Election, including: (1) the requirement that a voter must qualify under a limited list of excuses in order to be eligible to vote through absentee ballot, La. R.S. 18:1303 (the “Excuse Requirement”); (2) the requirement that a voter sign an absentee by mail ballot certificate in the presence of a witness and also obtain the signature of the witness on the ballot, La. R.S. 18:1306E(2)(a) (the “Ballot Witness Requirement”); and (3) the requirement that absentee ballot applications certified with a mark also be signed by a witness, La. R.S. 18:1307 (the “Application Witness Requirement”; together with the “Ballot Witness Requirement” the “Witness Requirements”).

In the context of COVID-19, these restrictive voting requirements will severely and unduly burden Plaintiffs’ fundamental right to vote in violation of the First and Fourteenth Amendments. Unless the Excuse Requirement and Witness Requirements are soon enjoined, Plaintiffs will be forced to choose between either losing their right to vote to avoid virus exposure, on the one hand, or exercising their right to vote at risk to their personal safety and the public health, on the other. This scenario presents an unconstitutional threat to the protected rights of all Louisiana voters.

II. FACTUAL BACKGROUND

A. The Impact of the COVID-19 Pandemic

As this Court is aware, COVID-19 is now a global pandemic. The virus is highly infectious and leads to serious and sometimes deadly complications. As of May 21, 2020, the Centers for Disease Control and Prevention (the “CDC”) estimate that there are 1,528,235 total cases of COVID-19 in the United States, resulting in more than 91,644 confirmed deaths.¹ According to

¹ See Ctrs. for Disease Control & Prevention (“CDC”), Coronavirus Disease 2019 (COVID-19): *Cases in the U.S.*, CDC, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>, (last visited May 21, 2020).

experts, even this figure substantially undercounts the virus’s actual reach.² There is no vaccine, and no certainty of when one will be available. Decl. of Dr. Arthur L. Reingold ¶¶ 16-17 (hereinafter “Reingold Decl.” attached as Ex. 1). Further, there is no evidence that those who develop an immune response to the virus after an infection—known as antibodies—are safe from reinfection, nor is there sufficient data about how long any immunity to the virus would last. Reingold Decl. ¶ 12.

COVID-19 is extremely contagious; it spreads from person to person through respiratory droplets via coughing and sneezing, close personal contact, and contact with contaminated surfaces and objects.³ *Id.* ¶ 8. The coronavirus can lead to dangerous symptoms and complications. *Id.* ¶ 7. The virus can cause severe damage to the lungs, brain, heart, liver, kidneys, and other organs, sometimes leading to permanent loss of respiratory capacity, cardiovascular disease, strokes, seizures, and other ailments. *Id.* ¶ 7. Persons of any age are at risk of developing severe and life-threatening complications. *Id.* ¶ 11. And while the risks for severe or deadly symptoms increase with each decade of a person’s life, *Id.* ¶ 11, data from the CDC show that as of March, half of those people in the United States who were in intensive care because of the coronavirus were under the age of 65.⁴ *Id.* ¶ 11.

² Emma Brown et al., *U.S. deaths soared in early weeks of pandemic, far exceeding number attributed to COVID-19*, Washington Post (Apr. 27, 2020), <https://www.washingtonpost.com/investigations/2020/04/27/covid-19-death-toll-undercounted/?arc404=true>.

³ See CDC, Coronavirus Disease 2019 (COVID-19): *How COVID-19 Spreads*, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>, (last visited May 1, 2020).

The World Health Organization (“WHO”) suggests the COVID-19 virus can survive “for up to 72 hours on plastic and stainless steel,” up to “4 hours on copper,” and up to 24 hours on cardboard.” WHO, *Q&A On Coronaviruses (COVID-19)*, World Health Org. (Apr. 17, 2020), <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>.

⁴ See Lisa Lockerd Maragakis, M.D., M.P.H., *Coronavirus and COVID-19: Younger Adults Are at Risk, Too*, Johns Hopkins Med., <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-and-covid-19-younger-adults-are-at-risk-too>, (last visited Apr. 24, 2020).

As Dr. Reingold testifies, “[d]ue 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 widespread vaccination and/or herd immunity is achieved, individuals will need to continue to take steps to prevent infection.” *Id.* ¶ 23. It is unlikely that an FDA-approved vaccine will be available before the summer or fall of 2021; and further, because there is currently no vaccine, there has been no confirmation that those who have the virus develop immunity, and the vast majority of the population remains susceptible, it is unlikely that herd immunity will help to prevent the spread of the virus any time in the near future. *Id.* ¶¶ 17, 19.

Among the only currently available effective measures to mitigate the spread of COVID-19 are self-isolation, social distancing, wearing a face mask, frequent hand washing with soap and warm water, using hand sanitizer, and cleaning shared surfaces and objects. *Id.* ¶ 16. Self-isolation and social distancing measures—maintaining at least six feet between persons—are aimed at keeping infected individuals far enough from other individuals that they are unlikely to transmit the virus to others. *Id.* ¶ 16. Social distancing is so important to preventing the spread of COVID-19 that stay-at-home orders and similar guidelines have been implemented in over 42 states and the District of Columbia at some point during the surge of the virus.⁵ In total, over 95% of the United States population was at one time under instruction to stay home.⁶

Fatalities related to COVID-19 are expected to continue through the summer months even if appropriate preventive measures remain in place. *Id.* ¶ 18. There will likely be a resurgence in

⁵ See Sarah Mervosh, et al., *Which States and Cities have Told Residents to Stay at Home*, N.Y. Times (last updated Apr. 20, 2020), <https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html>.

⁶ Jack Brewster, *Americans Overwhelmingly Support Stay-At-Home Restrictions*, New Poll Finds, Forbes (Apr. 22, 2020), <https://www.forbes.com/sites/jackbrewster/2020/04/22/americans-overwhelmingly-support-stay-at-home-restrictions-new-poll-finds>.

number of COVID-19 cases and deaths as states, like Louisiana, begin to roll back protective measures and if social distancing guidelines are not followed. *Id.* ¶ 22.

1. The COVID-19 Pandemic in Louisiana

COVID-19 has had an outsized impact on the state of Louisiana. Louisiana's current death rate from the virus is, per capita, the sixth highest in the fifty states and U.S. territories⁷ As of May 21, 2020, over 35,000 cases have been reported in Louisiana and over 2,400 Louisianans had died from COVID-19.⁸

On March 11, 2020 Governor John Bel Edwards declared a State of Emergency.⁹ According to the Governor, this step was essential to “slow the spread [of the virus] so we don’t overwhelm our capacity for healthcare.”¹⁰ Among other things, the declaration imposed limits on the travel of state employees and empowered state agencies “to thoroughly prepare for any eventuality related to public health needs and deploy additional resources to assist local authorities.”¹¹

⁷ *Coronavirus in the U.S.: Latest Map and Case Count*, N.Y. Times (last updated May 21, 2020), <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html#states>

⁸ La. Dep’t of Health, *Coronavirus (COVID-19)*, <http://ldh.la.gov/Coronavirus/> (last visited May 21, 2020).

⁹ La. Exec. Dep’t Proclamation No. 25 JBE 2020 (Mar. 11, 2020), <https://gov.louisiana.gov/assets/ExecutiveOrders/25-JBE-2020-COVID-19.pdf>.

¹⁰ Greg Hilburn, *Louisiana’s Coronavirus Death Toll Rises to 46; Governor Implores Residents to Stay Home*, New Star (Mar. 24, 2020), <https://www.thenewsstar.com/story/news/2020/03/24/louisiana-coronavirus-death-toll-rises-46-stay-home-governor-says/2906648001/>.

¹¹ La. Exec. Dep’t Proclamation No. 25 JBE 2020 (Mar. 11, 2020), <https://gov.louisiana.gov/assets/ExecutiveOrders/25-JBE-2020-COVID-19.pdf>.

On March 12, Governor Edwards closed all public schools through April 13,¹² which he later extended to the remainder of the academic year.¹³ On March 16, Governor Edwards closed or limited the operations of certain, “non-essential” businesses,¹⁴ a list which he expanded on March 22.¹⁵

Recognizing that despite having taken “aggressive measures to mitigate the spread of COVID-19 and flatten the curve,” the actions already taken had not been enough, on March 22 Governor Edwards issued a statewide Stay-at-Home order banning public gatherings of more than 10 individuals and directing all Louisianans to remain at home unless engaging in an “essential activity.”¹⁶ On April 30, the Governor extended the Stay-at-Home order until May 15 in order to continue to slow the spread of the disease.¹⁷

On March 13, after Secretary of State Ardoin certified to the Governor that the State of Emergency would impact upcoming elections, the Governor issued an executive order postponing the April 4 Presidential Preference Primary Election and the May 9 Municipal General Election to

¹² La. Exec. Dep’t Proclamation No. JBE 2020-27 (Mar. 13, 2020), <https://gov.louisiana.gov/assets/ExecutiveOrders/27-JBE-2020-COVID-19.pdf>.

¹³ La. Exec. Dep’t Proclamation No. 47 JBE 2020 (Apr. 15, 2020), <https://gov.louisiana.gov/assets/Proclamations/2020/modified/47-JBE-2020-Public-Health-Emergency-COVID-19-Education.pdf>.

¹⁴ La. Exec. Dep’t Proclamation No. JBE 2020-30 (Mar. 16, 2020), <https://gov.louisiana.gov/assets/Proclamations/2020/modified/30-JBE-2020-Public-Health-Emergency-COVID-19.pdf>.

¹⁵ La. Exec. Dep’t Proclamation No. JBE 33 2020 (Mar. 22, 2020), <https://gov.louisiana.gov/assets/Proclamations/2020/JBE-33-2020.pdf>.

¹⁶ *Id.*; Press Release Office of the Governor, *Gov. Edwards Issues Statewide Stay at Home Order to Further Fight the Spread of COVID-19 in Louisiana* (Mar. 22, 2020), <https://gov.louisiana.gov/order/>.

¹⁷ La. Exec. Dep’t Proclamation 52 JBE 2020 (Apr. 30, 2020), <https://gov.louisiana.gov/assets/Proclamations/2020/52-JBE-20-Stay-at-Home-Order.pdf>; *see also* Press Release, Office of the Governor, *Gov. Edwards Will Extend Stay at Home Order Until May 15 to Continue Flattening the Curve and Slowing the Spread of COVID-19* (Apr. 27, 2020), <https://gov.louisiana.gov/home-order-extended-may15/>.

June 20 and July 25, respectively.¹⁸ Following this same process, the elections were postponed a second time on April 14. As of today, the Presidential Preference Primary Election will occur on July 11, 2020 (“the July election”), and the Municipal General Election will take place August 15, 2020 (“the August election”).

On May 15, the Governor issued an order stating that the State would remain in a state of emergency and a statewide public health emergency as it enters phase one of lifting the Stay-at-Home order.¹⁹ The order instructs Louisianans to “stay at home as much as possible to avoid unnecessary exposure to COVID-19,” and orders individuals who are at higher risk from severe illness from COVID-19 to stay at home, unless travelling outside the home for an essential activity, such as obtaining food or medicine.²⁰ Under the phase one order, certain businesses, including restaurants, salons and barbershops, and shopping malls will be allowed to open with strict social distancing and enhanced sanitation in place; however, businesses deemed nonessential, such as amusement parks and entertainment venues, will remain closed.²¹

2. COVID-19’s Disproportionate Impact on Black People in Louisiana

The COVID-19 pandemic has had a devastating and disproportionate impact on Black people throughout the country.²² Decl. of Dr. Camara P. Jones ¶ 24 (hereinafter “Jones Decl.” attached as Exhibit 2). As of May 21, demographic data reported by the CDC on the number of

¹⁸ La. Exec. Dep’t Proclamation No. 28 JBE 2020 (Mar. 13, 2020), <https://gov.louisiana.gov/assets/Proclamations/2020/modified/28-JBE-2020-Special-Elections-COVID19-Postponement.pdf>.

¹⁹ La. Exec. Dep’t Proclamation No. 58 JBE 2020 (May, 15, 2020), <https://gov.louisiana.gov/assets/Proclamations/2020/58-JBE-2020.pdf>

²⁰ *Id.*

²¹ *Id.*

²² Reis Thebault, et al., *The coronavirus is infecting and killing black Americans at an alarmingly high rate*, Washington Post (Apr. 7, 2020), https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows/?arc404=true&itid=lk_inline_manual_3

COVID-19 cases for which race was available nationwide (48.1% of the 1.2 million cases analyzed) showed that Black people make up 27% of the reported COVID-19 cases although they only make up 13% of the total U.S. population.²³

The stark racial disparities in rates of COVID-19 infections and deaths have been particularly acute in Louisiana. Jones Decl. ¶ 25. Data reported by the Louisiana Department of Health indicates that Black Louisianans are dying from COVID-19 at disproportionately higher rates, making up 32% of the total population of the state but over 55% of coronavirus deaths.²⁴ Reingold Decl. ¶ 11; *see also*, Decl. of William S. Cooper (hereinafter “Cooper Decl.” attached as Exhibit 3), Exhibit A-2 p. 1.

The disproportionate impact of the COVID-19 pandemic on the Black community, including the disparate death rates, reflects longstanding and systemic discrimination and socioeconomic inequities in Louisiana that have made Black people more susceptible to the virus’s risks. Jones Decl. ¶¶ 24-31. According to the most recent data from the American Community Survey, in Louisiana nearly one third (30.1%) of Black residents live in poverty compared to 12.2% of white residents; the unemployment rate is 9.9% for Black residents compared to 4.5% for white residents; per capita income for Black residents is \$17,491 compared to \$33,856 for white residents; nearly one-fifth (19%) of Black residents have not completed high school compared to 10.8% of white residents; and for Black residents ages 25 and over, only 15.2% have a bachelor’s degree or higher compared to 28.5% of white residents ages 25 and older. Cooper Decl. ¶¶ 15-16.

²³ CDC, Coronavirus Disease 2019 (COVID-19): *Cases in the U.S.: Cases by Race & Age*, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> (last visited May 21, 2020).

²⁴ La. Dep’t of Health, COVID-19 Updated, *Additional Data on COVID-19 Deaths in Louisiana*, <http://ldh.la.gov/Coronavirus/> (last visited May 20, 2020).

Plaintiff's expert, Dr. Camara Phyllis Jones, explains that the racial disparities in health outcomes—including higher risk of illness and death due to COVID-19—are inextricably linked to social and economic factors, such as quality of housing, availability of healthy foods, air quality, access to clean water, quality of schools, availability of work, transportation options, and proximity to polluting industries. Jones Decl. ¶ 12, 30. As a result of housing segregation, for example, Black people are less likely to live close to medical facilities and supermarkets stocked with nutritious food. Factors giving rise to chronic illness and comorbidities also include racial inequalities in access to healthcare and medical insurance, where 7.8% of Louisiana's Black residents lack medical insurance compared to 4.7% of white residents. Cooper Decl. ¶ 16(f); Jones Decl. ¶¶ 8-10, 11. Indeed, the Louisiana State Health Department reports that asthma and obesity are more prevalent among Black residents, and further, that they are more likely to die from conditions such as heart disease and diabetes,²⁵ all of which are medical conditions that the CDC has acknowledged make racial and ethnic minority groups especially vulnerable to COVID-19.²⁶ Jones Decl. ¶¶ 8-9, 30.

In addition, social and economic conditions related to occupational settings and access to transportation make it more difficult for Black people to take measures to mitigate the risks posed by COVID-19. *Id.* ¶ 27. For instance, 29.9% of employed Black people ages 16 and over work in service industry occupations compared to 14.8% of whites, and only 24.7% are in management and business positions compared to 39.3% of whites, limiting the option to work from home. Also, 15.8% of Black Louisiana residents lack a vehicle compared to 4.7% white residents, and 12.5%

²⁵ La. Dep't of Health, Community Partnerships & Health Equity, *Minority Health Indicators*, <http://ldh.la.gov/index.cfm/page/672>

²⁶ CDC Coronavirus Disease 2019 (COVID-19): *People Who Need Extra Precautions, Others at Risk, Racial and Ethnic Minority Groups*, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html> (last updated Apr. 22, 2020).

of Black residents carpool or take public transportation to work compared to 7.7% of white residents. Cooper Decl. ¶ 16(c); (g).

Notably, the CDC has identified racial and ethnic minority groups among “people who need to take extra precautions to protect themselves from COVID-19,” expressly acknowledging that “[h]ealth differences in between racial and ethnic groups are often due to economic and social conditions that are more common among some racial and ethnic minorities than whites.”²⁷

3. The COVID-19 Pandemic and Voting

The CDC has issued guidance specifically addressing election safety in the context of COVID-19. The CDC’s guidance recommends that election officials “[e]ncourage voters to use voting methods that minimize direct contact with other people and reduce crowd size at polling stations.”²⁸ The CDC lists “mail-in methods of voting” first among its recommendations to reduce person-to-person contacts and congestion at polling sites.²⁹ COVID-19 spreads rapidly in environments where a large number of individuals are in close proximity, like at congested polling sites. Reingold Decl. ¶ 23. There is no evidence that the virus spreads through the mail. *Id.* ¶ 26. In addition, the U.S. Postal Service has also implemented policies to reduce contacts between mail carriers and members of the businesses and households they serve.³⁰

Polling places have already been sources for exposure to the coronavirus. In Chicago, Revall Burke, a Marine and father of six, died of COVID-19 after volunteering as a poll worker

²⁷ *Id.*

²⁸ CDC, Coronavirus Disease 2019 (COVID-19): *Recommendations for Election Polling Locations: Interim Guidance to Prevent Spread of Coronavirus Disease 2019 (COVID-19)*, <https://www.cdc.gov/coronavirus/2019-ncov/community/election-polling-locations.html> (last updated Mar. 27, 2020) [hereinafter CDC, Interim Guidance].

²⁹ *Id.*

³⁰ Press Release, United States Postal Service, *Media Statement – COVID-19* (Apr. 30, 2020), <https://about.usps.com/newsroom/statements/usps-statement-on-coronavirus.htm> (citing guidance from World Health Organization, CDC, and Surgeon General).

on March 17.³¹ Other poll workers and in-person voters who were asymptomatic on Election Day later became ill and tested positive for COVID-19.³² Just weeks later, in-person voting proceeded in Wisconsin with large crowds and long lines.³³ Following that election, health officials identified at least 52 individuals who tested positive for COVID-19 after either voting in person or working at a polling site.³⁴ This does not include individuals who may have contracted the virus but were not tested, or those who may have unknowingly contracted the virus and become asymptomatic carriers. Reingold Decl. ¶ 24.

While voting by mail is the safest and most effective option for reducing the spread of the virus during an election, early voting and other options that mitigate risk during in-person voting are also critical. The CDC guidance on conducting safe elections also recommends the use of early voting, specifically because crowds may be smaller throughout the day and early voting minimizes the number of other people a voter may come into contact with while at a polling

³¹ See Mary Ann Ahern, *Poll Worker at Chicago Voting Site Dies of Coronavirus, Election Officials Say*, NBC Chicago (Apr. 13, 2020), <https://www.nbcchicago.com/news/local/chicago-politics/poll-worker-at-chicago-voting-site-dies-of-coronavirus-election-officials-say/2255072/>.

³² *Id.*; see also Cate Cauguiran, *Chicago election worker who staffed March primary dies after contracting COVID-19*, ABC (Apr. 13, 2020), <https://abc7chicago.com/coronavirus-deaths-fatalities-polling-worker-illinois-chicago/6100339/>.

³³ Devi Shastri, *In-person voting was likely a “disaster” for Wisconsin’s efforts to flatten coronavirus curve, national experts say*, Milwaukee J. Sentinel (Apr. 8, 2020), <https://www.jsonline.com/story/news/politics/elections/2020/04/08/coronavirus-wisconsin-election-likely-hurt-effort-flatten-curve/2961718001/> (quoting Wisconsin Department of Health Services Secretary Andrea Palm); *Primary Recap: Voters Forced to Choose Between Their Health and Their Civic Duty*, NY Times (Apr. 7, 2020), <https://www.nytimes.com/2020/04/07/us/politics/wisconsin-primary-election.html>.

³⁴ Nolan D. McCaskill, *Wisconsin health dept.: 36 people positive for coronavirus after primary vote*, Politico (Apr. 27, 2020), <https://www.politico.com/news/2020/04/27/wisconsin-tested-positive-coronavirus-election-211495>; see also *The Latest: 52 Positive Cases Tied to Wisconsin Election*, The Associated Press (Apr. 28, 2020), <https://apnews.com/b1503b5591c682530d1005e58ec8c267>; see also, Chad Cotti, et al., *The Relationship Between In-Person Voting, Consolidated Polling Locations, and Absentee Voting on COVID-19: Evidence from the Wisconsin Primary* (May 10, 2020), https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3597233

location.³⁵ Smaller crowds at voting sites enable poll workers to enact the CDC's best practices for in-person voting during the COVID-19 pandemic, which include sanitizing surfaces and maintaining six feet of distance between individuals.³⁶ Because some voters need or prefer to vote in person, including people who are homeless, visually impaired, have limited English proficiency, or are illiterate and need accessible voting machines and personal assistance, it remains necessary to provide safe and accessible in-person voting options.³⁷

The majority of states are providing absentee voting-by-mail for all voters during upcoming elections. Thirty-four states and the District of Columbia already offer all eligible voters a vote-by-mail ballot option; that is, no specific excuse or justification is required to be eligible to vote absentee.³⁸ Of the 16 states that require an excuse to vote absentee-by-mail, several have made clear that concerns regarding transmission of COVID-19 will serve as a legitimate excuse.

³⁵ McCaskill, *supra* note 34.

³⁶ See CDC, Interim Guidance, *supra* note 28.

³⁷ See, e.g., Ian Millhiser, *How to make sure everyone can vote during the coronavirus pandemic*, Vox (Mar. 20, 2020), <https://www.vox.com/2020/3/20/21185184/vote-by-mail-coronavirus-pandemic-elections>.

³⁸ The Brennan Center for Justice, Research & Reports, *Preparing Your State for an Election Under Pandemic Conditions*, <https://www.brennancenter.org/our-work/research-reports/preparing-your-state-election-under-pandemic-conditions> (last updated Apr. 27, 2020).

For example, Arkansas,³⁹ Alabama,⁴⁰ Delaware,⁴¹ Massachusetts,⁴² New Hampshire,⁴³ South Carolina,⁴⁴ Virginia,⁴⁵ and West Virginia⁴⁶ have expanded the scope of existing state election laws establishing absentee ballot eligibility for illness, injury, or disability to now include all qualified voters concerned about or taking preventative measures because of the COVID-19 pandemic.

³⁹ Governor of Arkansas, Exec. Order No. 20-08, (Mar. 20, 2020), https://governor.arkansas.gov/images/uploads/executiveOrders/EO_20-08_.pdf.

⁴⁰ Ala. Legis. Servs. Agency, *Absentee Voting During State of Emergency, 17-11-3(e)* (Mar. 18, 2020), <https://www.sos.alabama.gov/sites/default/files/SOS%20Emergency%20Rule%20820-2-3-06-01ER.pdf>; see also Press Release, Alabama Secretary of State, 100 Days Left to Apply for Absentee Ballot for the Primary Runoff Election (Mar. 31, 2020), <https://www.sos.alabama.gov/newsroom/100-days-left-apply-absentee-ballot-primary-runoff-election>; Ala. Code § 17-11-3(a)(2).

⁴¹ See Governor of Delaware, Exec. Dep't, Sixth Modification of the Declaration of a State of Emergency for the State of Delaware Due to a Public Health Threat (Mar. 24, 2020), <https://governor.delaware.gov/wp-content/uploads/sites/24/2020/03/Sixth-Modification-to-State-of-Emergency-03242020.pdf> (Delaware executive order providing that for upcoming primary and special elections “the qualification of ‘sick or physically disabled’ [in Delaware vote-by-mail provisions] shall apply to and include any such voter who is asymptomatic of COVID-19 . . . and who herself or himself freely chooses to use such qualification to vote by absentee ballot.”).

⁴² An Act Granting Authority to Postpone 2020 Municipal Elections in the Commonwealth and Increase Voting Option in Response to the Declaration of Emergency to Respond to COVID-19, 191st General Court of the Commonwealth of Mass., ch. 45 (2020), <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter45> (new Massachusetts law clarifying that “any person taking precaution related to COVID-19 in response to a declared state of emergency or from guidance from a medical professional, local or state health official, or any civil authority shall be deemed to be unable by reason of physical disability to cast their vote in person,” which is one of the reasons set forth in the state constitution that permits a Massachusetts voter to vote by mail).

⁴³ Memorandum from the Sec’y of State and Att’y General to New Hampshire Election Officials re: Elections Operations During the State of Emergency at 2 (Apr. 10, 2020), <https://www.governor.nh.gov/news-media/press-2020/documents/20200410-absentee-voting.pdf>.

⁴⁴ S635, (RAT#0138) Act to Amend Section 7-13-35, Code of Laws of South Carolina, <https://www.scstatehouse.gov/billsearch.php?billnumbers=635&session=123&summary=B>.

⁴⁵ Absentee Voting, Va. Dep’t of Elections, <https://www.elections.virginia.gov/casting-a-ballot/absentee-voting/> (last visited May 6, 2020) (Virginia Department of Elections statement clarifying that “[v]oters may choose reason ‘2A My disability or illness’” to vote absentee in upcoming elections due to COVID-19).

⁴⁶ W. Va. Sec’y of State Mac Warner, Admin. Law Div., Notice Of An Emergency Rule (Mar. 20, 2020), <http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=53039&Format=PDF>.

Courts have similarly removed the burdens of witness and notary requirements for absentee ballots within the context of the pandemic.⁴⁷

B. Louisiana’s Absentee-By-Mail Ballot Requirements

At least four major elections are scheduled to take place in Louisiana before the end of the calendar year, including statewide and federal elections. The first two elections—currently scheduled to take place on July 11, 2020 and August 15, 2020—will be subject to Louisiana election laws as modified by the Revised Emergency Plan. *See infra*, Part II.C. As of now, the November 3, 2020 (Presidential General and Open Congressional Primary Election) (“the November Election”), and December 5, 2020 (Congressional and Open General Election) (“the December Election”) will take place in accordance with state election laws, as described below, and are not affected by the Revised Emergency Plan.⁴⁸

1. The Excuse Requirement

Only voters who meet one of the specific excuses enumerated in Louisiana’s state election code and can provide the required documentation are eligible to apply for and vote by absentee-by-mail ballot (the “Excuse Requirement”). La. R.S. 18:1308. Individuals who can vote absentee by mail include the following five categories of voters:

⁴⁷ *See League of Women Voters of Va. v. Va. State Bd. of Elections*, F. Supp. 3d, No. 6:20-cv-00024, 2020 WL 2158249, at *8 (W.D. Va. May 5, 2020) (“*LWV*”) (approving order enjoining enforcement of absentee ballot witness requirement, noting “[n]otwithstanding the proffered steps which could be taken to mitigate the risks to health in having somebody witness one’s absentee ballot, many would be dissuaded from exercising their vote both on account of the remaining health risks and required steps to mitigate them”); *League of Women Voters of Okla. v. Ziriak*, No. 118765, 2020 WL 2111348, at *1 (Okla. May 4, 2020) (barring use of notary requirement for absentee ballots).

⁴⁸ *See* 2020 Elections Calendar, La. Sec. State, <https://www.sos.la.gov/ElectionsAndVoting/PublishedDocuments/ElectionsCalendar2020.pdf> (last visited May 20, 2020).

1. Voters who expect to be out of the parish in which they would be qualified to vote in person on Election Day, such as service members, students, clergy members, and overseas citizens. La. R.S. 18:1303(B).
2. Voters who remain incarcerated pre-trial or sequestered as a jury member during the election. La. R.S. 18:1303(C)–(G).
3. Eligible disabled voters who submit certain identification or documentation of a qualifying disability. La. R.S. 18:1303(I).
4. Voters who are 65 years of age and older. La. R.S. 18:1303(J).
5. Voters who were unable to participate in early voting and will be unable to vote on Election Day due to hospitalization. La. R.S. 18:1303(D).

Absentee ballot applications may be returned by mail, fax, or hand delivery, or through the state’s online voter portal, and must include the reason for the request and any necessary supporting documentation. La. R.S. 18:1307A(2)–(B). Unless the applicant is a member of the United States Service, living outside the United States, or is hospitalized, an application must be received by the registrar by 4:30 p.m. four days prior to the election for which the ballot is requested. La. R.S. 18:1307.

2. The Witness Requirements

Absentee ballot applicants who are unable to sign their name and instead use a mark to sign their application must obtain the signature of two third-party witnesses on their *application* (“Application Witness Requirement”). La. R.S. 18:1307. All voters using an absentee-by-mail *ballot* must insert the ballot in the accompanying envelope and sign the certificate printed on the flap of envelope in the presence of one witness, who must also sign the envelope (“Ballot Witness Requirement”). La. R.S. 18:1306(E)(2)(a) (collectively, the “Witness Requirements”). Members

of the United States Service or voters residing outside the U.S. are not required to sign the certificate in front of a witness. La. R.S. 18:1306(E)(2)(b).

Louisiana is only one of eleven states with a witness requirement for absentee ballots.⁴⁹

3. Penalties Related to Enforcement of the Absentee Ballot Excuse Requirement and Witness Requirements

Absentee-by-mail ballot applications list in bold font that false certifications may subject the applicant to a fine of up to \$2,000 and imprisonment for 2 years.⁵⁰ If the registrar of voters has reason to believe that an applicant's eligibility to vote by mail pursuant to La. R.S. 18:1303 is based upon false or fraudulent information, they must "immediately notify the parish board of election supervisors." La. R.S. 18:1307(I). If, after the applicant has been provided a hearing and opportunity to be heard, the parish board of election supervisors finds that the voter's eligibility to vote absentee-by-mail was based upon false or fraudulent information, "the board shall inform the appropriate district attorney and the registrar of voters who shall not allow the voter to vote absentee by mail." *Id.*

Every ballot is mailed in an envelope with the following on its face in red bold face type: "VIOLATION OF ABSENTEE BY MAIL OR EARLY VOTING LAWS VOIDS BALLOT AND MAY RESULT IN CRIMINAL PENALTIES" and "VOTING AT POLLS AFTER VOTING ABSENTEE BY MAIL OR DURING EARLY VOTING IS PROHIBITED AND MAY RESULT IN CRIMINAL PENALTIES." La. R.S. 18:1306(D).

⁴⁹ See Chart, "Verifying Authenticity of Absentee/Mailed Ballots," Voting Outside the Polling Place: Absentee, All-Mail and other Voting at Home Options, Nat'l Conf. of State Legislatures (Apr. 3, 2020), <https://www.ncsl.org/research/elections-and-campaigns/absentee-and-early-voting.aspx>;

⁵⁰ General Application for Absentee by Mail Ballot, La. Sec. of State, <https://www.sos.la.gov/ElectionsAndVoting/PublishedDocuments/GeneralApplicationForAbsenteeByMailBallot.pdf> (last visited May 20, 2020).

As described, the envelope also includes a “Certificate” with an affidavit to be signed by the voter, certifying that they “applied for the ballot, marked the enclosed ballot(s) [themselves] or that they were marked for [the voter] according to [the voter’s] instructions and in [the voters] presence”; that the voter is entitled to vote at the precinct they name; that the parish board of election supervisors is authorized to open the envelope and count their ballot; and that the statements made by the voter are true and correct and that the voter is aware of the penalties for knowingly making false statements therein. La. R.S. 18:1306(E). The voter’s certificate also “shall be made under penalty of perjury for providing false or fraudulent information.” La. R.S. 18:1306(E)(2)(a).

4. The Absentee Ballot Review and Counting Process

Absentee ballots must be returned to the registrar by the U.S. Postal Service, a commercial courier, or by hand delivery. La. R.S. 18:1308(B). Under most circumstances, absentee ballots must be received by 4:30 p.m. on the day before Election Day in order to be counted. La. R.S. 18:1308(C). If an absentee ballot is delivered by someone other than the voter, a commercial courier, or the U.S. Postal Service, the registrar must have the person delivering the absentee ballot sign a statement certifying that they have the authorization and consent of the voter to hand deliver the marked absentee ballot. La. R.S. 18:1308(B). No person except the immediate family of the voter may hand deliver more than one marked absentee ballot to the registrar. *Id.*

Parish boards of election supervisors conduct the counting and tabulation of all absentee-by-mail and early voting ballots in the parish. La. R.S. 18:1313(A). During the process of counting absentee-by-mail ballots, several steps are taken to validate each ballot. La. R.S. 18:1313(F). First, a member of the board announces the name of each absentee-by-mail voter and the ward and precinct where they are registered to vote. Then, the board must compare the name on the certificate or on the flap of the envelope containing the absentee-by-mail ballot with the names on

the absentee-by-mail voter report, which is a listing of all voters from whom the registrar has received an absentee by mail ballot before election day. La. R.S. 18:1313(F)(2). The absentee-by-mail report is printed from the state voter registration system, certified by the parish registrar for correctness, and delivered to the parish board of election supervisors on election day for use in the tabulation and counting of absentee by mail ballots.. La. R.S. 18:1311(C).

Next, the board will consider any properly filed challenges to the ballot. If the board determines that an absentee-by-mail ballot is valid, the ballot certificate must be signed by two board members. La. R.S. 18:1313(F)(6). But, if a majority of the members of the board determine that an absentee-by-mail ballot is invalid, the members must leave the envelope sealed, and a board member must write the word “rejected,” together with the reasons for rejecting the ballot, and their initials. La. R.S. 18:1313(F)(5). Rejected absentee-by-mail ballots and certificates must be placed in the special absentee-by-mail and early voting ballot envelope or container. *Id.* No rejected absentee-by-mail ballot is counted. *Id.*

C. The Emergency Election Plan

Under Louisiana law, after the Governor declares a state of emergency, the Secretary of State may certify that the state of emergency will impact upcoming elections. *See* La. R.S. 18:401.3. The Secretary of State must then present an “Emergency Plan” to the Governor, the Senate Committee on Senate and Governmental Affairs (“the Senate Committee”), and the House Committee on House and Governmental Affairs (“the House Committee”) for approval before the plan may be voted on and approved by the full legislature. *See id.*

On March 13, 2020, Louisiana Secretary of State Ardoin certified that the statewide COVID-19 emergency would impair the upcoming elections.⁵¹ See La. R.S. 18:401.3. On April 14, 2020, he presented an emergency plan (“the First Emergency Plan”) detailing procedures to safely hold the 2020 July and August elections to the Senate Committee and the House Committee for their approval.⁵²

The First Emergency Plan recognized the threat COVID-19 posed to the health and safety of voters, poll workers, volunteers, and others should Louisiana push forward with in-person voting for both the July and August elections.⁵³ Among its measures to allow Louisianans to vote safely, the First Emergency Plan would have made eligible to vote by absentee ballot any voters who are “[u]nable to appear in public due to concern of exposure to or transmission of COVID-19.”⁵⁴ In other words, the First Emergency Plan would have ensured that any voter could vote absentee-by-mail due to the COVID-19 pandemic.

The First Emergency Plan also would have reduced the number of witness signatures required on an absentee ballot application where the applicant is unable to sign their own name (and uses a mark) from two witnesses to one witness, provided polling locations and election

⁵¹ See La. Exec. Dep’t: Proclamation No. 46 JBE 2020 (Apr. 14, 2020), <https://gov.louisiana.gov/assets/Proclamations/2020/modified/46-JBE-2020-Elections.pdf>.

⁵² See Sam Karlin, *Louisiana Republicans block emergency coronavirus election plan; future of election unclear*, The Advocate (Apr. 15, 2020), https://www.theadvocate.com/baton_rouge/news/coronavirus/article_4dfccfd6-7f44-11ea-b67e-73d2172ba20b.html; see also Melinda Deslatte, *Louisiana Lawmakers Approve Emergency Summer Elections Plan*, U.S. News (Apr. 28, 2020), <https://www.usnews.com/news/best-states/louisiana/articles/2020-04-28/louisiana-lawmakers-approve-emergency-summer-elections-plan>.

⁵³ See Secretary of State Emergency Election Plan for the July 11, 2020 Presidential Preference Primary and August 15, 2020 Municipal General Elections in the State of Louisiana, at 2 (Apr. 14, 2020) [hereinafter “First Emergency Plan”], https://house.louisiana.gov/Agendas_2020/Apr_2020/Emergency%20Election%20Plan%20for%20PPP%20and%20Mun%20General%20Rev.%204-13.pdf.

⁵⁴ *Id.*

workers with supplies to prevent against the spread of the virus, and expanded early voting from seven to thirteen days prior to Election Day.⁵⁵

The First Emergency Plan failed after the Senate Committee refused to bring it to a vote.⁵⁶ Splitting on partisan lines, the majority of the Committee refused to certify that there was a state of emergency and deferred consideration of the First Emergency Plan—effectively rejecting it.⁵⁷ Although numerous studies show that mail-in ballot fraud is very rare and no Committee member presented evidence that such fraud had occurred or was likely to occur in Louisiana, members of the Committee asserted they were deferring consideration of the plan primarily based on concerns about voter fraud.⁵⁸ For example, Sen. Barry Milligan (R-Shreveport) stated the plan was “extremely broad and basically covers everyone in Louisiana,” and claimed: “There is not an election cycle that goes through that we wake up to the news that votes are found in somebody’s garage or somebody’s truck.”⁵⁹

In contrast, during the hearing at which the First Emergency Plan was considered, when asked whether voter fraud was something he had seen in Louisiana, the Secretary of State replied that voter fraud was rare, and also asserted that he would rank Louisiana among the top five in comparison to other states when it came to election integrity and election security.⁶⁰

⁵⁵ *See id.*

⁵⁶ *See* Karlin, Louisiana Republicans Block Election Plan, *supra* note 52; *see also* Deslatte, Lawmakers Approve Election Plan, *supra* note 52.

⁵⁷ *See id.*

⁵⁸ *See* Wendy R. Weiser & Harold Ekeh, *The False Narrative of Vote-By-Mail Fraud*, Brennan Center for Justice (Apr. 10, 2020), <https://www.brennancenter.org/our-work/analysis-opinion/false-narrative-vote-mail-fraud> (“Mail ballot fraud is incredibly rare, and legitimate security concerns can be easily addressed.”).

⁵⁹ Fritz Esker, *La. Legislature Approves Emergency Election Plan*, The Louisiana Weekly (May 4, 2020), <http://www.louisianaweekly.com/la-legislature-approves-emergency-election-plan/>.

⁶⁰ Video, Louisiana House Committee on Governmental Affairs, Hearing to Consider the Emergency Election Plan, Apr. 15, 2020; 18:25-21:00, https://house.louisiana.gov/H_Video/VideoArchivePlayer?v=house/2020/apr/0415_20_HG.

After again certifying that the pandemic posed risks for the upcoming election, Secretary Ardoin released a second, revised emergency election plan on April 20, 2020 (“the Revised Emergency Plan”).⁶¹ Following hearings on April 22, 2020, both the Senate Committee and the House Committee approved the plan.⁶² On April 27, 2020, it was approved by the full Legislature and the Governor.⁶³ With the approval process complete, the Revised Emergency Plan now has the force of law.

The Revised Emergency Plan omits or scales back many of the protections included in the First Emergency Plan, purportedly to appease the unsupported concerns of the Senate Committee Members who opposed its first iteration.⁶⁴ Critically, the plan no longer allows voters with a “concern of exposure” to COVID-19 to request an absentee by mail ballot. It also removes previously proposed absentee ballot eligibility for voters aged over 60 but under 65, as well as voters caring for a child or grandchild whose school or daycare is closed and/or where alternative childcare is not available due to COVID-19 concerns.

Under the Revised Emergency Plan, voters may only qualify for an emergency absentee ballot if they are:

⁶¹ Secretary of State Emergency Election Plan for the July 11, 2020 Presidential Preference Primary and August 15, 2020 Municipal General Elections in the State of Louisiana (Apr. 20, 2020) [hereinafter “Revised Emergency Plan”], <https://www.sos.la.gov/OurOffice/PublishedDocuments/Revised%20Emergency%20Election%20Plan%20for%20PP%20and%20Mun%20General%20Rev.%204-20.pdf>.

⁶² See Esker, *supra* note 59.

⁶³ See Louisiana Secretary of State: Get Election Information (last visited May 20, 2020), <https://www.sos.la.gov/ElectionsAndVoting/GetElectionInformation/Pages/default.aspx> (“[T]he Secretary of State's Emergency Election Plan . . . [was] approved by the Governor and the Louisiana Legislature on Monday, April 27, 2020 . . .”).

⁶⁴ David Jacobs, *Louisiana legislative committees approve COVID-19 voting plan; full bodies will vote by mail*, The Center Square (Apr. 22, 2020), https://www.thecentersquare.com/louisiana/louisiana-legislative-committees-approve-covid-19-voting-plan-full-bodies-will-vote-by-mail/article_7ce4de16-84c0-11ea-9a98-cbff2bdfdb2ea.html.

- “At a higher risk of severe illness from COVID-19 due to serious underlying medical conditions as identified by the Centers for Disease Control and Prevention (including chronic lung disease, moderate to severe asthma, hypertension and other serious heart conditions, diabetes, undergoing chemotherapy, severe obesity (BMI of 40 or higher), chronic kidney disease and undergoing dialysis, liver disease, pregnancy, or immunocompromised due to cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications)”;
- “Subject to a medically necessary quarantine or isolation order as a result of COVID-19”;
- “Advised by a health care provider to self-quarantine due to COVID-19 concerns”;
- “Experiencing symptoms of COVID-19 and seeking a medical diagnosis”; and/or
- “Caring for an identified individual who is subject to a medically necessary quarantine or isolation order as a result of COVID-19 or who has been advised by a health care provider to self-quarantine due to COVID-19 concerns.”⁶⁵

The Revised Emergency Plan does not explain how its most central elements will be enforced. For instance: the Revised Emergency Plan does not define or explain qualifying terms such as “medically necessary,” and “moderate to severe.”⁶⁶ Likewise, the Emergency Plan does not provide guidance on what qualifies as being “advised by a health care provider” or “seeking a medical diagnosis.”⁶⁷ The absentee ballot application created by the state does not provide voters with any additional guidance on how to interpret these terms or what evidence they must provide to show they meet one of the COVID-19 related excuse requirements.⁶⁸

⁶⁵ See Secretary of State Emergency, Revised Emergency Plan, *supra* note 61; State of Louisiana, Official COVID-19 Emergency Ballot Application [hereinafter “Emergency Ballot Application”], [https://www.sos.la.gov/OurOffice/PublishedDocuments/COVID-19%20VR2%20Absentee%20by%20Mail%20Application%20\(Rav.%204-20\)%20Ver.%201.pdf](https://www.sos.la.gov/OurOffice/PublishedDocuments/COVID-19%20VR2%20Absentee%20by%20Mail%20Application%20(Rav.%204-20)%20Ver.%201.pdf).

⁶⁶ *Id.*

⁶⁷ *Id.*

III. ARGUMENT

Plaintiffs seeking a preliminary injunction must establish: (1) a substantial likelihood of success on the merits; (2) a substantial threat that the movant will suffer irreparable injury if the injunction is denied; (3) that the threatened injury outweighs any damage that the injunction might cause the defendant; and (4) that the injunction will not disserve the public interest. *Jackson Women's Health Org. v. Currier*, 760 F.3d 448, 452 (5th Cir. 2014) (quoting *Hoover v. Morales*, 164 F.3d 221, 224 (5th Cir. 1998)). Plaintiffs here satisfy each of these requirements.

A. Plaintiffs are Likely to Succeed on the Merits of Their Constitutional Claims Against the Excuse Requirement and the Witness Requirements.

To demonstrate a likelihood of success on the merits, Plaintiffs “must present a prima facie case” that they are likely to succeed, “but need not prove that [they are] entitled to summary judgment.” *Daniels Health Scis., LLC v. Vascular Health Scis., LLC*, 710 F.3d 579, 582 (5th Cir. 2013); *see also Wash. St. Tammany Elec. Coop. v. La. Generating*, No. 08-430-JJB-DLD, 2008 U.S. Dist. LEXIS 135876, at *5–*6 (M.D. La. July 30, 2008) (“[C]ourts agree that the plaintiff ‘must present a prima facie case but need not show that he is certain to win.’”). Plaintiffs are likely to prevail on the merits of their claim that, in the context the COVID-19 pandemic, the Excuse Requirement and the Witness Requirements impose undue burdens on the fundamental right to vote in violation of the First and Fourteenth Amendments.

Under the test set forth by the Supreme Court in *Anderson v. Celebrezze* and *Burdick v. Takushi*, a court considering a challenge to a state election law must weigh the character and magnitude of the asserted injury to the rights protected by the First and Fourteenth Amendments that the plaintiff seeks to vindicate against the precise interests put forward by the State as justification for the burden imposed by its rule, taking into consideration the extent to which those

interests make it necessary to burden the plaintiff's rights. *Burdick v. Takushi*, [504 U.S. 428, 434](#) (1992); *Anderson v. Celebrezze*, [460 U.S. 780, 789](#) (1983); see also *Texas Indep. Party v. Kirk*, [84 F.3d 178, 182](#) (5th Cir. 1996) (citations omitted). When the restriction on the right to vote is a severe burden, then it is subject to strict scrutiny. *Crawford v. Marion Cty. Election Bd.*, [553 U.S. 181, 205](#) (2008). Strict scrutiny requires the restriction to be “narrowly drawn to advance a state interest of compelling importance.” *Burdick*, [504 U.S. at 434](#)CH (quoting *Norman v. Reed*, [502 U.S. 279, 289](#) (1992)).

During the course of the pandemic, courts engaging in the *Anderson-Burdick* analysis have applied strict scrutiny to similar absentee ballot witness requirements and ballot access laws given the unprecedented and extraordinary circumstances brought about by COVID-19. See, e.g., *Texas Democratic Party v. Abbott.*, No. SA-20-CA-438-FB, [2020 WL 2541971](#), at *32 (W.D. Tex. May 19, 2020) (applying the *Anderson-Burdick* framework and finding that under strict scrutiny, Defendants were “unable to supply any legitimate or reasonable interest” to justify denying absentee voting opportunities to voters under 65 years of age during the COVID-19 pandemic and would fail even if rational basis review was alternatively applied); *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) (“*LWV*”) (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 *43 (D. Utah Apr. 29, 2020) (finding that, as applied in the “unforeseen, extraordinary circumstances” of COVID-19, a state ballot access framework imposed a severe burden on the right to vote and was not narrowly tailored to serve a compelling government interest); *Libertarian Party of Ill. v. Pritzker*, No. 20-cv-2112, [2020 WL 1951687](#), at *3-4 (N.D. Ill. Apr. 23, 2020) (finding that, when assessing state-imposed burden within the

context of “the extraordinary circumstances arising from COVID-19, . . . the combined effect of . . . Illinois’ stay-at-home order and the usual in-person signature requirements [created] a nearly insurmountable hurdle”); *Esshaki v. Whitmer*, No. 2:20-cv-10831-TGB, 2020 [2020 WL 1910154](#), at *20 (E.D. Mich. Apr. 20, 2020) (finding strict scrutiny analysis appropriate where “unprecedented . . . restrictions imposed on daily life by the Stay-at-Home Order, when combined with the ballot access requirements . . . created a severe burden”). Courts have also applied strict scrutiny in non-pandemic emergencies burdening the right to vote. *See also Fla. Democratic Party v. Scott*, [215 F. Supp. 3d 1250, 1257](#) (N.D. Fla. 2016) (holding that where Hurricane Matthew “foreclosed the only methods of registering to vote” in the final week of voter registration, the State’s statutory deadline “amount[ed] to a severe burden on the right to vote”); *Ga. Coal. for the People’s Agenda, Inc. v. Deal*, [214 F. Supp. 3d 1344, 1345-46](#) (S.D. Ga. 2016) (acknowledging that “[a]n individual’s ability to participate in local and national elections is arguably the most cherished right enshrined in our constitution,” and granting an injunction that extended a voter registration deadline in the wake of a hurricane).

In the context of the ongoing and significant health risks posed by COVID-19, the Excuse Requirement and the Witness Requirements will severely burden the right to vote for many thousands of Louisiana voters, forcing them to choose between exposing themselves and others to the serious risk of contracting COVID-19 by voting in-person or obtaining a witness signature, or foregoing their right to vote altogether. As Plaintiffs demonstrate, this constitutes effective disenfranchisement, an unequivocally severe and undue burden on the right to vote that Defendants cannot justify by any compelling state interest. Thus, Plaintiffs are likely to prevail on the merits of their constitutional claims.

1. The Excuse Requirement Imposes a Severe and Undue Burden on the Right to Vote in Light of the COVID-19 Pandemic.

Amid the public health crisis brought about by the COVID-19 pandemic, Louisiana's requirement that voters must qualify under one of a limited list of allowable excuses in order to be eligible to even request an absentee-by-mail ballot deprives the State's voters of the opportunity to safely vote in the upcoming elections and constitutes a severe and undue burden on the right to vote. Because the Excuse Requirement forces voters to take on what has the potential to be a life-or-death risk in order to cast their ballot and have it count, Plaintiffs are likely to succeed in showing that enforcement of the requirement imposes an undue burden on the fundamental right to vote in violation of the Constitution.

As of May 21, 2020, over 35,000 cases of COVID-19 have been reported in Louisiana, and over 2,400 people have died.⁶⁹ Even where COVID-19 infection is not fatal, it threatens severe symptoms, hospitalization, lasting physical damage, and unknowing asymptomatic transmission. Reingold Decl. ¶¶ 7, 9, 11. Despite these circumstances and the dire risks posed by COVID-19, the Excuse Requirement would compel several thousands of qualified Louisiana voters to engage in conduct that has been identified by the CDC and public health officials as potentially unsafe during the COVID-19 pandemic.⁷⁰ Specifically, voters not eligible to vote using an absentee-by-mail ballot pursuant to the Excuse Requirement will only have the option of voting in-person and will have to leave the safety of their homes, congregate in public spaces with unknown individuals, and touch shared public surfaces. Reingold Decl. ¶ 8 (opining that such activities increase the risk of transmission).

⁶⁹ See La. Dep't of Health, Coronavirus (COVID-19), <http://ldh.la.gov/Coronavirus/> (last visited May 21, 2020).

⁷⁰ See CDC, Coronavirus Disease 2019 (COVID-19): *Prevent Getting Sick – Social Distancing*, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html> (last visited May 21, 2020).

While all of the State’s residents are susceptible to the risks posed by COVID-19, the undue burdens imposed by the Excuse Requirement in the face of the pandemic will fall with particular severity on vulnerable categories of voters. For instance, older voters are at increased risk of infection, where the age group with the highest number of all COVID-19 cases reported in Louisiana are individuals ages 50–59 (19%), yet only voters age 65 and older are eligible to vote by absentee ballot without an additional excuse.⁷¹ Moreover, qualified voters with known medical conditions that place them at increased risk of complications from COVID-19, but who do not qualify to request an absentee mail in ballot under any of the existing excuses or the Revised Emergency Plan’s COVID-19-related excuses, will be more severely burdened by the Excuse Requirement. The Excuse Requirement will also disproportionately burden Black voters, who face heightened risk of death and infection from COVID-19 due to the compounding effects of longstanding institutional racism and social and economic disparities, *see* Jones Decl. ¶¶ 24-32; *supra* Part II.A.2; *see also* Decl. of Michael W. McClanahan ¶¶ 5-6 (hereinafter “McClanahan Decl.” attached s Exhibit 4).

The Revised Emergency Plan does not adequately address nor remedy the severe and undue burdens posed by the Excuse Requirement. The five COVID-19-related excuses in the Revised Emergency Plan are restrictive and vague, as described *supra* Part II.C, and do not, for instance, apply to voters who have underlying medical conditions that put them at greater risk of COVID-19 infection but do not qualify as “moderate to severe”, or older voters who are not 65 and over. Most notably, the COVID-19-related excuses in the Revised Emergency Plan do not apply to the many thousands of voters who reasonably fear exposure to or transmission of COVID-19.

⁷¹ *See* La. Dep’t of Health, Coronavirus (COVID-19), <http://ldh.la.gov/Coronavirus/> (last visited May 21, 2020)

Although Plaintiff Jasmine Pogue has been diagnosed with asthma and has a history of upper respiratory infections, she would not qualify for vote absentee under the Revised Emergency Plan’s COVID-19-related excuses. Decl. of Jasmine Pogue ¶¶ 5, 8 (hereinafter “Pogue Decl.” attached as Exhibit 5). Ms. Pogue has severe difficulty breathing and requires an inhaler when experiencing an attack but does not require asthma medication on a habitual basis. *Id.* ¶¶ 6-7. She does not believe her diagnosis qualifies as “moderate to severe,” as listed among the “serious underlying medical conditions” on the COVID-19 emergency absentee application as a qualifying comorbidity to vote absentee. *Id.* ¶¶ 7, 11. She reasonably fears that voting in person would pose severe and potentially fatal risk to her and will be disenfranchised if provided no opportunity to vote by mail in July or August. *Id.* ¶¶ 9, 12, 15. These reasonable fears are shared by Black voters throughout Louisiana. McClanahan Decl. ¶¶ 6-7.

Plaintiff Jennifer Harding, who is healthy, has been engaging in strict social distancing from non-family members due to fear of unknowingly exposing her family to COVID-19. Harding Decl. of Jennifer Harding ¶¶ 4, 8 (hereinafter “Harding Decl.” attached as Exhibit 6). Ms. Harding is a fulltime caretaker for her 10-year-old son and provides assistance for her elderly parents and grandmother who live close by and require help with basic tasks, like taking out the trash. *Id.* ¶ 6. Her father has Parkinson’s disease, her mother has limited mobility due to post-polio syndrome, and her grandmother has been diagnosed with dementia. *Id.* Because Ms. Harding does not provide live-in or full-time caretaking for her parents and grandmother, she does not believe she qualifies to vote under the Revised Emergency Elections Plan’s COVID-19 excuse related to “caring for” an individual in a medically necessary quarantine. *Id.* ¶¶ 11-13. Ms. Harding will be disenfranchised in the July and August elections if the Excuse Requirement remains in place or, at a minimum, forced to make a devastating choice between her right to vote and risking her family’s

health. *Id.* ¶ 16.

The scope of the burden imposed by the Excuse Requirement is broad, threatening to prevent several thousands of eligible Louisiana voters who are concerned about the effects of COVID-19 and are ineligible to vote by absentee ballot from participating in the upcoming elections. To begin, Louisiana currently has 2.9 million registered voters.⁷² According to statistics reported by the Louisiana Secretary of State, for the 2018 primary election, total turnout was 240,941 (20.22%),⁷³ and for the 2018 municipal elections it was 121,329 (10.24%).⁷⁴ Yet, without the option of absentee mail in voting, it is likely that for the upcoming July primary election and August municipal election many voters who would have otherwise participated in the elections will be forced to forfeit their right to vote in order to protect their health and the health of their families and communities. Burdens on the right to vote “are severe if they go beyond the merely inconvenient.” *Crawford v. Marion Cty. Election Bd.*, 553 U.S. 181, 205 (2008) (Scalia, J., concurring). Enduring a credible risk of virus exposure exceeds mere inconvenience.

Even where an election law “imposes only reasonable, nondiscriminatory restrictions,” the State must still justify those restrictions with “important regulatory interests.” *Texas Indep. Party*, 84 F.3d at 182. As Plaintiffs demonstrate, while the severity of the burden imposed by the Excuse Requirement calls for the application of strict scrutiny, even under a more relaxed threshold Defendants cannot identify an important regulatory interest in blocking expanded access to

⁷² Registration Statistics, La. Secretary of State, https://electionstatistics.sos.la.gov/Data/Registration_Statistics/Statewide/2020_0501_sta_comb.pdf.

⁷³ Post Election Statistics, La. Secretary of State, https://electionstatistics.sos.la.gov/Data/Post_Election_Statistics/Statewide/2018_0324_sta.pdf

⁷⁴ *Id.*

absentee-by-mail voting in light of the COVID-19 pandemic and putting voters and their families at risk.

When the First Emergency Election Plan was rejected, opponents of the plan articulated the concern that increased absentee voting would enable voter fraud.⁷⁵ However, there is no evidence to support this alleged concern, and Louisiana officials, including Secretary of State Ardoin, have repeatedly stated that voter fraud in the State's elections is not a significant concern.⁷⁶ *See supra* at 20. Instances of election fraud via absentee voting are extremely rare in the United States, and are minimal to nonexistent in Louisiana.⁷⁷ Louisiana has robust mechanisms in place to ensure that election fraud does not occur for absentee voting, including: review of absentee voting eligibility by the registrar of voters, *supra* at 16, strict requirements for voter attestation and verification under penalty of perjury, *supra* at 17, specific criminal penalties for violation of absentee voting laws with notice of such penalties highlighted on every absentee ballot, *supra* at 16, and ballot-by-ballot review of each absentee ballot by parish boards of election supervisors to

⁷⁵ *See* Karlin, Louisiana Republicans Block Election Plan, *supra* note 52; *see also* Deslatte, Lawmakers Approve Election Plan, *supra* note 52.

⁷⁶ Video, Louisiana House Committee on Governmental Affairs, *supra* note 60; Dede Willis, *Elections chief says no evidence of voter fraud in Louisiana*, KNOE News (Jan. 26, 2017), <http://www.knoe.com/content/news/Elections-chief-says-no-evidence-of-voter-fraud-in-Louisiana-411805135.html> (Secretary of State announced that “Louisiana did not have any widespread irregularities or allegations of fraud” during the 2016 presidential election); Amber Phillips, *Trump’s Voting Commission was doomed from the start*, Wash. Post (Jan. 4, 2018), <https://www.washingtonpost.com/news/the-fix/wp/2018/01/04/trumps-voter-fraud-commission-was-doomed-from-the-start/> (Secretary of State denying that significant voter fraud exists in Louisiana); Amber Phillips, *Why Louisiana is refusing to hand over voter registration data to Trump’s election probe*, Wash. Post (Jul. 7, 2017), <https://www.washingtonpost.com/news/the-fix/wp/2017/07/06/why-louisiana-is-refusing-to-hand-over-voter-registration-data-to-trumps-election-probe/> (Secretary of State denying that significant voter fraud exists in Louisiana).

⁷⁷ Even the Heritage Foundation, an organization dedicated to “[p]reventing, deterring, and prosecuting election fraud,” <https://www.heritage.org/voterfraud>, has not identified a single case of election fraud via absentee voting in Louisiana. *See* Heritage Foundation, Election Fraud Cases, https://www.heritage.org/voterfraud/search?combine=&state=LA&year=&case_type=All&fraud_type=24489 (last visited May 20, 2020). *See also* Weiser and Ekeh, *supra* note 58.

identify ballots that must be rejected and not counted, *supra* at 17-18. The plain absence of absentee voting election fraud in Louisiana and the array of mechanisms already in place to ensure the integrity of each absentee ballot indicate no risk in expanded access to absentee voting, and demonstrates that the State has no distinct compelling interest in foreclosing such access during the COVID-19 pandemic. Plaintiffs are likely to succeed on the merits of their claim that the Excuse Requirement imposes an undue and severe burden on the right to vote that is not justified by any significant state interest.

2. The Witness Requirements Imposes a Severe and Undue Burden the Right to Vote in Light of the COVID-19 Pandemic.

Even for those voters who satisfy the Excuse Requirement and are eligible to vote through absentee-by-mail ballot, Louisiana's requirements that voters obtain a witness signature on an absentee ballot and on an absentee ballot application where the applicant is unable to sign their own name (and uses a mark) (the "Witness Requirements") will impose an undue burden on voters who live alone or without any other adult in their household who can act as a witness. In light of the COVID-19 public health emergency, these voters will be forced to choose between putting themselves at risk of infection and severe illness through contact with a third party or foregoing their right to vote.

The character and magnitude of the burden imposed by the Witness Requirements warrant the application of strict scrutiny. *See LWVV*, [2020 WL 2158249](#), at *8 (order recognizing that during the COVID-19 pandemic, the burden imposed by the enforcement of a similar witness requirement "is substantial"); *cf. Price v. N.Y. State Bd. of Elections*, [540 F.3d 101, 107](#) n.8 (2d Cir. 2008) (stating that "for voters who are . . . housebound" the burden of lack of access to absentee voting "could be quite significant"). Accordingly, Plaintiffs are also likely to succeed in

showing that enforcement of the Witness Requirements imposes an undue burden on the fundamental right to vote in violation of the Constitution.

Despite guidance from public health officials and the Governor instructing all Louisiana residents to minimize person-to-person contact, avoid gathering in public, and keep six feet of distance between themselves and another person in order to avoid the risk of contracting and transmitting COVID-19, the Witness Requirements require those voters who are able to obtain an absentee ballot to engage in person-to-person contact in order for their votes to be counted. This uniquely burdens voters who live alone or who do not have access to a witness by making them deviate from protective measures in order to have someone witness and sign their ballot envelope. According to Dr. Reingold, not only would this place individuals “at increased risk of infection” it would also “be particularly risky for those who are at a greater risk of complications and death from COVID-19.” Reingold Decl. ¶ 27.

The Ballot Witness Requirement has the potential to affect tens of thousands voters. According to data from the Election Assistance Commission for the 2018 election—an election not affected by the COVID-19 pandemic—approximately 43,000 (3%) of the 1,519,552 voters who turned out for the November 2018 election voted by absentee mail-in ballot.⁷⁸ Of those absentee ballots, 1,218 voters or approximately 3%, were rejected for a witness signature deficiency.⁷⁹ With the addition of voters who will be eligible to vote by absentee mail-in ballot under the COVID-19-related excuses in the Revised Emergency Plan, and factoring in the risks of voting in person, there will likely be a significant increase in the number of requests for absentee-by-mail ballots for the July primary and August municipal elections. Correspondingly, under the

⁷⁸ See Exhibit 7, Data from 2018 Election Administration and Voting Survey (EAVS), <https://www.eac.gov/research-and-data/datasets-codebooks-and-surveys>

⁷⁹ *Id.*

Revised Emergency Plan, there will also be a significant increase in the number of voters disenfranchised by the Witness Requirements, as compared to 2018.

Additionally, considering the number of Louisiana residents who live alone, the burden imposed by forcing voters who cannot readily obtain a witness signature on their absentee mail in ballot or application (if the voter uses a mark) to make a bleak calculation between their health, the health of their families and communities, and their right to vote, will be significant. According to data from the 2018 ACS 1-Year estimates, approximately 15% (or 532,678 individuals) of the 3,560,000 Louisiana residents of voting age live alone. Cooper Decl. ¶ 7.

While people of any age are susceptible to contracting COVID-19, and any voter required to leave their home to obtain a witness signature will necessarily take on risk to their health during the pandemic, voters who are older, who have underlying medical conditions and disabilities, and Black voters will be put at even more extreme risk. Reingold Decl. ¶ 11. Of Louisiana residents who live alone, 35.8% are over 65 years old. Cooper Decl. ¶ 7. Of Louisiana residents who live alone, 27.5% are disabled. *Id.* ¶ 8. Of Louisiana residents 65 and older living alone, 44% are disabled. *Id.* ¶ 8. Black voters as a group are also put at heightened risk by the Witness Requirements. Approximately 18.1% of Black people of voting age in Louisiana live alone, as compared to 14.9% of white people of voting age. *Id.* ¶ 9-10.

Plaintiffs' individual circumstances highlight how the Witness Requirements impose a significant burden on voters. Plaintiff Jane Chandler, who is 76 years old and lives alone, plans to request an absentee ballot for the upcoming elections because she suffers from a lung condition that is a comorbidity of COVID-19 and believes the risk of exposure to the virus at her polling site is too severe to vote in person. Decl. of Jane Chandler ¶¶ 8-9 (hereinafter "Chandler Decl." attached as Exhibit 8). To guard her health, she has engaged in extreme social distancing since

mid-March by not inviting people into her house and limiting all trips she makes outside of her home. *Id.* ¶ 10. Plaintiff Chandler is concerned that she would endanger her life by unnecessarily disrupting her self-isolation to have her absentee ballot witnessed by a signatory. *Id.* ¶ 14.

Even eligible voters who do not live alone may not live with someone capable of serving as a witness, which may disproportionately impact Black voters. Approximately 14.9% of Black households in Louisiana are headed by women who live alone with their children under 18, as compared to only 4.9% of white households. Cooper Decl. ¶ 16(d). For vulnerable and concerned voters who will rely on absentee voting to evade potential virus exposure and transmission via in-person voting, the Witness Requirement threatens to completely nullify such preventative action. See McClanahan Decl. ¶ 6. As Dr. Reingold states, “[r]equiring 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.” Reingold Decl. ¶ 27.

Given the circumstances brought about by COVID-19, including loss of life and the threat of serious illness, the character and magnitude of the Witness Requirements demonstrate a particularly severe burden on the right to vote, requiring the application of strict scrutiny. *LWVV*, [2020 WL 2158249](#), at *7. However, even if the Court were to apply a more relaxed level of scrutiny, the intensity of the burden imposed by the Witness Requirement within the context of the COVID-19 pandemic outweighs any “important regulatory interests” identified by the State. *Texas Indep. Party*, [84 F.3d at 182](#).

The State’s interest in maintaining the integrity of its elections will not be materially enhanced by enforcement of the Witness Requirements. Current State law already requires voters to certify their absentee ballot application, as well as their ballots, under penalty of perjury and

subjects them to criminal penalties for false certifications.⁸⁰ La. R.S. 18:1306(D)-(E). Notably, Louisiana exempts voters in the military or those residing outside of the United States who submit absentee ballots from the witness signature requirement, allowing their certificate to be made under penalty of perjury. La. R.S. 1306(E)(2)(b). Considering these attestation requirements and criminal penalties together with the number of processes the State has in place to verify and protect the integrity of absentee ballots, including existing methods for accepting, handling, tabulating, and counting absentee mail-in ballots, *supra* at Part II.B.3-4, the Witness Requirements do not add any sound protection against fraud. La. R.S. 1308(B)-(C); 1313; *see LWVV*, [2020 WL 2158249](#), at *9 (“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.”).

For the State’s upcoming elections administered amidst the COVID-19 pandemic, there is no discernible additional protection that the Witness Requirements will provide to the integrity of an absentee ballot, as supported by the fact that Louisiana is only one of eleven remaining states with a witness or notarization requirement.⁸¹ Notably, within the context of the COVID-19 pandemic, courts have removed the burdens of witness and notary requirements for absentee ballots, *see, e.g., Id.* at *8 (order approving consent decree enjoining enforcement of absentee ballot witness requirement, noting “[n]otwithstanding the proffered steps which could be taken to

⁸⁰ General Application for Absentee by Mail Ballot, Louisiana Secretary of State, <https://www.sos.la.gov/ElectionsAndVoting/PublishedDocuments/GeneralApplicationForAbsenteeByMailBallot.pdf>.

⁸¹ *See* Chart, “Verifying Authenticity of Absentee/Mailed Ballots,” Voting Outside the Polling Place: Absentee, All-Mail and other Voting at Home Options, Nat’l Conf. of State Legislatures (Apr. 3, 2020), <https://www.ncsl.org/research/elections-and-campaigns/absentee-and-early-voting.aspx>; cf. Ala. Code §§ 17-9-30(b), 17-11-7, 17-11-10; Alaska Stat. § 15.20.030; La. Stat. Ann. § 18:1306(2)(a); Miss. Code Ann. §§ 23-15-627, 23-15-635, 23-15-633; Mo. Rev. Stat. §§ 115.279, 115.283, 115.295; N.C. Gen. Stat. § 163-231; Okla. Stat. tit. 26, § 14-108; 17 R.I. Gen. Laws § 17-20-23; S.C. Code Ann. §§ 7-15-220, 7-15-230; Va. Stat. §§ 24.2-706, 24.2-707, 24.2-711.1; Wis. Stat. § 6.87(4)(b)(1).

mitigate the risks to health in having somebody witness one's absentee ballot, many would be dissuaded from exercising their vote both on account of the remaining health risks and required steps to mitigate them"); *League of Women Voters of Okla. v. Ziriaux*, No. 118765, 2020 WL 2111348, at *1 (Okla. May 4, 2020) (barring use of notary requirement for absentee ballots); and in comparable non-pandemic circumstances, *see, e.g., Northeast Ohio Coalition for the Homeless v. Husted*, 837 F.3d 612, 632 (6th Cir. 2016) (invalidating law rejecting absentee ballot envelopes with technical errors given that burden on even a few voters with rejected ballots outweighed State's purported interest in combating voter fraud given the State's failure to present compelling evidence or argument that the measure was necessary to prevent alleged fraud.).

The Witness Requirements impose a severe and undue burden on Plaintiffs' right to vote that is not outweighed by the State's interest; thus, Plaintiffs are likely to succeed on the merits of their claim that the Witness Requirements violate the Constitution.

B. Plaintiffs Will Suffer Irreparable Harm if an Injunction is Not Granted

To demonstrate the irreparable harms they will endure if the Excuse Requirement and Witness Requirements are not enjoined, Plaintiffs "need show only a significant threat of injury from the impending action, that the injury is imminent, and that money damages would not fully repair the harm." *Humana, Inc. v. Avram A. Jacobson, M.D., P.A.*, 804 F.2d 1390, 1394 (5th Cir.1986) (citations omitted). Where "an alleged deprivation of a constitutional right is involved, most courts hold that no further showing of irreparable injury is necessary." *Opulent Life Church v. City of Holly Springs, Miss.*, 697 F.3d 279, 295 (5th Cir. 2012) (quoting 11A Charles Alan Wright, Arthur R. Miller & Mary Kay Kane, *Federal Practice and Procedure* § 2948.1 (2d ed. 1995)).

Individual plaintiffs will face an irreversible loss if forced to forego voting to maintain strict social distancing practices during the July and August elections. Chandler Decl. ¶ 14; Harding Decl. ¶ 16; Pogue Decl. ¶ 15. *See also* McClanahan Decl. ¶¶ 7-8. The right to vote is a “fundamental political right, because [it is] preservative of all rights.” *Yick Wo v. Hopkins*, 118 U.S. 356, 370 (1886). Indeed, “[t]he right of suffrage is a fundamental matter in a free and democratic society.” *Reynolds v. Sims*, 377 U.S. 533, 561–62 (1964). Encroachment on this most fundamental of constitutional rights “unquestionably constitutes irreparable injury.” *Elrod v. Burns*, 427 U.S. 347, 373 (1976). Therefore, invariably, a “restriction on the fundamental right to vote . . . constitutes irreparable injury.” *Obama for Am. v. Husted*, 697 F.3d 423, 436 (6th Cir. 2012) (citing *Williams v. Salerno*, 792 F.2d 323, 326 (2d Cir.1986) (finding that the denial of the right to vote is “irreparable harm”)).

Injunctive relief is urgent and appropriate because “money damages are not adequate” to remedy a constitutional violation. *See Christian Legal Soc’y v. Walker*, 453 F.3d 853, 859 (7th Cir. 2006) (reversing denial of preliminary injunction on complaint alleging First Amendment claims). Put simply, “it is not possible to pay someone for having been denied the right to vote.” *OCA Greater Houston v. Texas*, No. 1:15-CV-679-RP, 2016 WL 4597636, at *4 (W.D. Tex. Sept. 2, 2016). Absent injunction, Plaintiffs will lose all means to have their voices heard equally in Louisiana’s July and August elections because once an election occurs, “there can be no do-over and no redress.” *League of Women Voters of N. Carolina v. N. Carolina*, 769 F.3d 224, 247 (4th Cir. 2014).

Plaintiffs, and indeed all Louisianans, face a substantial and enduring health threat if COVID-19 is spread through avoidable in-person contacts made upon voting. 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). “[T]he denial of injunctive relief after a district court has found a risk of imminent and substantial danger to public health or to the environment should be rare.” *LAJIM, LLC v. Gen. Elec. Co.*, 917 F.3d 933, 942 (7th Cir. 2019). Courts have already established that “COVID-19 constitutes an irreparable harm” that supports the grant of preliminary relief. *Thakker*, 2020 WL 1671563, at *7. An injunction thus provides the only effective means to protect both the rights *and* safety of Louisiana voters.

Plaintiffs Power Coalition for Equity and Justice (“PCEJ”) and the Louisiana State Conference of the NAACP (“LA NAACP”) also face irreparable harm. A voting rights organization is “irreparably harmed when the right to vote is wrongfully denied or abridged—whether belonging to its membership or the electorate at large.” *N.C. State Conf. of NAACP v. Cooper*, No. 1:18-cv-1034, F. Supp. 3d, 2019 WL 7372980, at *24-25 (M.D.N.C. Dec. 31, 2019) (noting that organizational plaintiffs demonstrated diversion of resources from other voter-education efforts to respond to challenged law, that they would continue this diversion if the law was not enjoined, that this diversion compromised their overall mission, and that the voters they represent were at risk of being deprived of their right to vote); *see also Common Cause Ga. v. Kemp*, 347 F. Supp. 3d 1270, 1295 (N.D. Ga. 2018) (finding plaintiff organization’s harm “to its organizational interests is coterminous with the harms suffered by its citizen members” where voting was made more difficult); *Common Cause Ind. v. Lawson*, 327 F. Supp. 3d 1139, 1154 (S.D. Ind. 2018), *aff’d* 937 F.3d 944 (7th Cir. 2019) (similar). Moreover, the Excuse Requirement and Witness Requirements irreparably harm the organizational missions of ensuring that all qualified voters can successfully register and securely cast a ballot. McClanahan Decl. ¶¶ 4-5, 8; Decl. of Ashley Shelton ¶¶ 4-5, 16 (hereinafter “Shelton Decl.” attached as Exhibit 9). Absent injunction, both PCEJ and the LA NAACP will be forced to use their limited resources to help

their target constituencies overcome the burdens and confusion caused by the Excuse Requirement and Witness Requirements, thus diverting time from other critical registration and voter mobilization efforts. Shelton Decl. ¶¶ 15, 17; McClanahan Decl. ¶¶ 3-5, 8. For some members, such burdens will be insurmountable.

C. The Balance of Hardships and the Public Interest Favor a Preliminary Injunction.

A party seeking a preliminary injunction must “establish . . . that the balance of equities tips in his favor, and that an injunction is in the public interest.” *Winter v. Nat’l Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008). No interest of the broader public will be compromised by enjoining the Excuse Requirement and Witness Requirements. Louisiana’s absentee ballots and ballot applications make explicit the strict criminal penalties associated with falsifying voting information, and there is no evidence that limiting absentee voting or requiring a witness signature offer any additional deterrent to those who would act to undermine the process. By contrast, the epidemiological and testimonial evidence presented herein show that the Excuse Requirement and Witness Requirements threaten public health and burden the franchise. These avoidable outcomes strike at the core of a robust democracy.

Among the most essential of public interests, the protection of fundamental constitutional rights is tantamount. *See, e.g., Texans for Free Enter. v. Tex. Ethics Comm’n*, 732 F.3d 535, 539 (5th Cir. 2013) (citing *Christian Legal Soc’y v. Walker*, 453 F.3d 853, 859 (7th Cir.2006)) (“injunctions protecting First Amendment freedoms are always in the public interest.”); *see also Elrod v. Burns*, 427 U.S. 347, 373 (1976) (“The loss of First Amendment freedoms, for even minimal periods of time, unquestionably constitutes irreparable injury.”); *Homans v. Albuquerque*, 264 F.3d 1240, 1244 (10th Cir.2001) (“[W]e believe that the public interest is better served by . . . protecting [] core First Amendment right [s]”); *Newsom v. Albemarle Cty. Sch. Bd.*, 354 F.3d

249, 261 (4th Cir.2003) (“Surely, upholding constitutional rights serves the public interest.”); *G & V Lounge, Inc. v. Mich. Liquor Control Comm’n*, [23 F.3d 1071, 1079](#) (6th Cir. 1994) (“[I]t is always in the public interest to prevent the violation of a party's constitutional rights.”); *League of Women Voters of Fla. v. Browning*, [863 F. Supp. 2d 1155, 1167](#) (N.D. Fla. 2012) (“The vindication of constitutional rights . . . serve[s] the public interest almost by definition,” including specifically when the right at issue is the right to vote). An injunction would protect Plaintiffs’ constitutional right to vote and the health of the public at large by enabling voting opportunities that do not require unnecessary and unsafe in-person interactions.

An injunction would favor the public interest by “permitting as many qualified voters to vote as possible.” *Obama for Am.*, [697 F.3d at 437](#); *see also League of Women Voters of Fla., Inc., v. Detzner*, [314 F. Supp. 3d 1205, 1224](#) (N.D. Fla. 2018) (“Quite simply, allowing for easier and more accessible voting for all segments of society serves the public interest.”). Enjoining the Excuse Requirement and Witness Requirements also promotes “the public interest in . . . safeguarding public health.” *Pashby v. Delia*, [709 F.3d 307, 331](#) (4th Cir. 2013); *see also Diretto v. Country Inn & Suites by Carlson* No. 16-cv-1037, [2016 WL 4400498](#), at *4 (E.D. Va. Aug. 18, 2016) (“The public interest is clearly in remedying dangerous or unhealthy situations and preventing the further spread of disease.”). Yet in the converse, if these restrictive voting requirements remain intact, the sacred interests of both the franchise and the public health will be put in unavoidable conflict. A preliminary injunction would ensure they are both equally protected.

Defendants risk no irreparable harm nor substantial burden if the Excuse Requirement and Witness Requirements are enjoined. A “state is in no way harmed by the issuance of a preliminary injunction which prevents the state from enforcing restrictions likely to be found unconstitutional.

If anything, the system is improved by such an injunction.” *Giovani Carandola, Ltd. v. Bason*, 303 F.3d 507, 521 (4th Cir. 2002). While Defendants and their agents will be tasked with facilitating expanded absentee voting opportunities and educating voters on their rights, these duties already fall within the purview of their offices and, more so, “administrative convenience” cannot justify limiting voters’ access to their fundamental rights. *Taylor v. Louisiana*, 419 U.S. 522, 535 (1975). The increased administrative burden of “disseminating information” and “training [election workers] . . . is minimal compared to the potential loss of a right to vote.” *Ga. Coal. for People’s Agenda*, 347 F. Supp. 3d at 1268. In sum, any potential hardships to Defendants and their agents are “minor when balanced against the right to vote, a right that is essential to an effective democracy.” *United States v. Georgia*, 892 F. Supp. 2d 1367, 1377 (N.D. Ga. 2012).

IV. CONCLUSION

For the reasons stated, Plaintiffs respectfully request that the Court issue a preliminary injunction that: (1) enjoins Defendants from enforcing the Excuse Requirement, La. R.S. 18:1303, for absentee-by-mail voting for the 2020 July primary election and the August municipal election; and (2) enjoins Defendants from enforcing the Witness Requirements, La. R.S. 18:1306E(2)(a) and 1307, for an absentee-by-mail application and in order to vote by absentee-by-mail ballot for all Louisiana voters for the 2020 July primary election and the August municipal election.

DATED this 21st day of May 2020.

Respectfully submitted,

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* *Pro Hac Vice*

** *Pro Hac Vice* Motion forthcoming
Attorneys for Plaintiffs

EXHIBIT 4

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA**

TELISA CLARK, et al.,

Plaintiffs,

v.

JOHN BEL EDWARDS, et al.,

Defendants.

Case No.: 3:20-cv-00308-SDD-RLB

DECLARATION OF DR. SEKOU FRANKLIN

Pursuant to [28 U.S.C. § 1746](#), I, Dr. Sekou Franklin, declare as follows:

1. I am an Associate Professor of Political Science at Middle Tennessee State University (MTSU) in Murfreesboro, Tennessee. I have also taught courses at Williams College (Williamstown, Massachusetts), University of Illinois at Champaign-Urbana, and Howard University. I received a B.S. in Political Science at Santa Clara University, an M.A. in Political Science at San Francisco State University, and a Ph.D. in Political Science from Howard University. I have conducted election analyses since 2002, which includes published works of elections in Tennessee, California, Georgia, and the District of Columbia. I received expert preparation from the Southern Coalition for Social Justice's Community Census and Redistricting Institute and received training from the Center for Computational Analysis of Social and Organizational Systems (CASOS) Summer Institute at Carnegie Mellon University.
2. I previously provided expert witness reports for two voting rights cases, one in Tennessee and the other in North Carolina, as well as testified before the National Commission on Voting Rights Regional Hearing in 2014. I have also investigated numerous disputes for civil rights

organizations on issues such as legislative redistricting, voter purges, and the racial impact of photo identification laws. In 2016, I co-coordinated the Tennessee Election Protection Network in collaboration with the Lawyers' Committee for Civil Rights Under Law. In 2019, I testified before and submitted written testimony to the Advisory Task Force on the Composition of Judicial Districts. I have also taught voting rights and civil rights policy courses at MTSU for a decade.

PURPOSE OF THE ANALYSIS

3. I was asked to examine the risks that Louisianans face in the COVID-19 (also called the coronavirus) era, with particular considerations to race and African Americans/Blacks.¹ It addresses racial disparities and related vulnerabilities among Louisiana residents given the nationwide discussions about the significant risks to in-person voters in the 2020 elections.

4. The coronavirus disproportionately impacts the most vulnerable communities. African Americans, Latinos, and Native Americans make up the larger share of hospitalizations and deaths from the coronavirus. By mid-March 2020, a month after the outbreak of the pandemic, reports around the country revealed that people of color were contracting COVID-19 at significantly higher rates than Whites. This occurred in the South in places such as the Mississippi Delta, Georgia, Virginia, Alabama, and North Carolina, as well as the non-South.² In Louisiana, Blacks fluctuated between 57-70% of COVID-19 deaths in the month of April despite comprising only one-third of the state population.³

5. There are many reasons why African Americans are more vulnerable to COVID-19 infections. Less access to health services, the prevalence of pre-existing conditions, disproportionate location in essential work economies, differential living conditions, and disparate economic distress are some of the reasons. Notwithstanding race, COVID-19 impacts the most

vulnerable populations, who are unable to work from home, required to work in the service and industrial food economies, and are responsible for taking care of sick family members.

6. The attorneys for the plaintiffs asked me to review the socioeconomic and demographic factors—or social determinants of health—that relate to the COVID-19 pandemic. The state of Louisiana allows seniors (65 years and older), disabled persons, and other classes of voters (e.g. clergy, offshore workers, juror, hospitalized, nursing home residents, etc.) to cast absentee ballots. In total, 15 categories of voters are potentially eligible for an “excuse requirement” that allows them access to mail-in voting.⁴ Yet, most voters do not qualify for this requirement.

7. As described in detail below, my analysis reveals these key statistical findings:

- Living Alone: As the Black population increases in counties, residents 18 years and above are more likely to live alone.
- Living w/Relatives: Counties with higher percentages of African Americans are more likely to consist of households of extended family members.
- Crowded Environments: In the most “vulnerable” communities (census tracts), people of color and particularly African Americans are more likely to live in crowded environments.
- Economic Distress: Areas with higher percentages of African Americans are more likely to have higher poverty rates. Economic distress (poverty, unemployment, lower education) is higher in census tracts largely comprised of people of color.
- Mobility: As the percentage of African Americans (and people of color) increase in counties and census tracts, there is a greater likelihood that people will not have automobiles.

- Health Status: Health insurance coverage of African Americans improved in recent years. But, when measured at the micro-level (census tracts), neighborhoods comprised of people of color and particularly African Americans have higher uninsured populations. Furthermore, the overall health status and social determinants of health are much worse in areas with larger Black populations.

8. In the remainder of this declaration, I highlight the statistically significant findings drawing from several datasets. The findings indicate that race influences a wide range of social determinants related to the COVID-19 pandemic.

DATA AND METHODS

9. My analysis uses t-tests and ordinary least squares (OLS) regression to assess public health and socio-demographic factors at the intersection of race in Louisiana. Data for the analyses are drawn from the 2018 American Community Survey (ACS) One-Year Estimates administered by the United States Census. Louisiana's 64 counties have an average White population of 64% and Black population of 32%. Fourteen (14) counties have at least a 45% Black population.

10. The racial composition of the counties is used as a proxy to determine if racial background and counties with larger percentages of African Americans intersect with social determinants that may put people at risk of contracting COVID-19. Using this proxy or similar proxies is fairly common when relying upon census data in scholarly activities.⁵ Additional data for counties comes from the *County Health Rankings* report developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.⁶ The study reports on social determinants and health status (see description later in this declaration) and ranks each county using ACS data compiled between 2010 and 2018.

11. In addition, my analysis includes analyses at the census tract level using 2018 datasets from the Socially Vulnerability Index (SVI) compiled by the Center for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR). SVI was established by the Pandemic and All-Hazards Preparedness Act of 2006 that Congress passed after Hurricane Katrina. The CDC/ATSDR defines social vulnerability as: “A number of factors, including poverty, lack of access to transportation, and crowded housing [that] may weaken a community’s ability to prevent human suffering and financial loss in a disaster.”⁷ The index relies on 15 variables drawn from the ACS to evaluate the vulnerability of communities at the county and census tract levels.

12. The sociodemographic distribution is outlined in Table 1. African Americans made up 32% and Whites comprised 64% across the 64 Louisiana counties. In the 14 counties with the highest percentage of Blacks, their average population was 53% compared to 45% of Whites. Forty-five (45%) percent of people of color resided in the SVI census tracts. (SVI refers to this group as “Minorities”.) The larger Black counties had higher percentages of people living alone, living in crowded environments, living with extended family members, living in poverty, and those with no automobiles. Furthermore, the uninsured population and diabetics, percentage of children in households per county, those living with nonfamily members, income inequality, and unemployment status were relatively the same in the 64 and 14-county datasets. The SVI census tracts had a lower uninsured population than the other two datasets, yet the poverty rate was larger than the 64-county dataset.

Table 1. Select Population Characteristics of Louisiana

Geographic Jurisdictions	Mean % in All Counties		Mean % in Counties with Large Black Populations		Mean % in Socially Vulnerable Census Tracts	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
Sociodemographic Variables/Factors						
Blacks	32	14.4	53	7.7	_____	_____
Whites	64	13.8	45	7.9		
Minorities/Nonwhites (SVI Data)	_____	_____	_____	_____	45.1	29.4
Disabled Population	16.3	3.2	15.3	2.9	15.5	5.8
Disabled Population (18-64)	14.3	3.5	12.8	2.8	_____	_____
Living Alone	30	5	32	6		
No Automobile	8.2	3.2	11.1	4.1	10.3	10.2
Poverty (18 Years+)	19.1	5.9	22.1	8.3	_____	_____
Poverty (Total)	_____	_____	_____	_____	21.4	13.4
Children Household	31.3	2.7	31.6	3.1	_____	_____
Living w/Extended Family	8.3	1.8	9.9	2	_____	_____
Living w/Nonfamily Members	4.8	1.7	4.4	1.6	_____	_____
Single-Parent Households	_____	_____	_____	_____	11	6.9
Total Uninsured	14.3	1.9	14.1	2.1	11.2	5.6
Crowded Environment	.78	.68	1.1	.55	2.3	2.3
Uninsured Adults	18.5	2.4	18.2	2.7	_____	_____
Diabetics	13	1.5	13	1.4	_____	_____
Income Inequality	5.6	.86	5.9	.95	_____	_____
Unemployed	7	1.6	7.4	2	7.5	5
No HS Diploma	_____	_____	_____	_____	16.1	9.2
	N=64		N=14		N=1140	
	Source: 2018 ACS, US Census		Source: 2018 ACS, US Census		Source: CDC/ATSDR SVI, 2018	

13. It is important to note that Louisiana has a significantly high number of people living by themselves, including senior citizens. As indicated in Table 2, 30.6% of the households (a total of 1,737,220 households that comprise of 4,659,978 persons) are headed by a person identified as “living alone”. Among African Americans, a person lives alone in 37% of the households compared to 28.2% of the White households. Nearly 15% of the Black households are headed by women with children under 18 years of age compared to 5.1% of White households.

Table 2. Living Alone Status and Households	
Total Population	4,659,978
Total Households	1,737,220
Percentage of Households with Person Living Alone	30.6% Live Alone
Percentage of Households with Person Living Alone 65 Years and Older	11.6% of Households
Percentage of Black Households with Someone Living Alone*	37% of Households
Percentage of White Households with the Person Living Alone*	28.2%
What percentage of Black households in Louisiana Headed by Women Living Alone with Children Under 18 years of Age?	14.9 %
What percentage of White households in Louisiana Headed by Women Living Alone with Children Under 18 years of Age?	5.1%
Source: 2018 American Community Survey, One-Year Estimates, U.S. Census.	

14. For this analysis, I developed three methods to assess how sociodemographic backgrounds and public health come together. First, I analyze trends at the county level using independent sample t-tests. T-test is a statistical measure used to compare means between two groups of cases.⁸ The tests are evaluated at a $p < .05$ level, in which scores below this measure are statistically significant and scores above the p-value are statistically insignificant. The racial composition of counties (Blacks and Whites) is the independent variable. The dependent variables are the percentage of the residents that have health insurance; adults without health insurance; people with

diabetes; those experiencing unemployment; an income inequality scale developed by the *County Health Rankings* report; a variable measuring racial segregation developed by the *County Health Rankings* report; disabled populations (total population and 18 to 64 year-olds); female-headed houses with children; those living alone and in crowded spaces (1.5+ people per housing unit); those with no automobiles; those living with relatives other than immediate family members; those living in households with nonrelatives; and impoverished individuals 18 years and above. Other variables from the *County Health Rankings* report rank the counties based on health outcomes, health factors, quality of life, life expectancy, and health behaviors. Higher scores indicate more vulnerability (or worse outcomes) in the ranking measures.⁹ Regression analysis is used to determine if race impacts “living alone” status.

15. The second model provides a closer look at the vulnerabilities facing counties with larger Black communities. Fourteen counties had populations with a 45% or greater population of Blacks. The methodology for evaluating these counties replicates what is used in the first model. This model allows for intra-group comparisons between counties with sizeable and majority/supermajority Black populations.

16. The third model gives exclusive attention to 1,140 census tracts in Louisiana experiencing severe stress in the SVI dataset—what are referred to as socially vulnerable communities. Data collection by census tract and race is difficult. Thus, the indices combine people of color (officially called “Minorities” in SVI) instead of disaggregating them by individual racial/ethnic background. Additional variables look at crowded areas, poverty, education, people with no automobiles, senior citizens, disabled persons, and uninsured populations.

17. In all the models, I am concerned with how race converges with social determinants that are associated with high COVID-19 infection rates. Inaccessibility to social distancing

environments, dependence on family members and close friends, health risks and medical pre-conditions, quality of life, disability, no health care, and economic distress exacerbate infections. Race is measured by the percentage of Blacks and Whites in each county and census tract. As mentioned earlier, Blacks make up 32% of the population in the 64 counties, whereas Whites comprise of 64%. They make up 53% in model 2 (14 counties with the largest Black populations).

18. T-tests require the independent variables (also called grouping variables) to be set at dichotomous, nominal, or cut values. I chose two cut values for Blacks and Whites: cut points at the mean for each group (e.g. 32% for Blacks and 64% for Whites in the county-based analyses; 53% for Blacks in the analyses of 14 counties with sizeable Black populations; and 45% for minorities in SVI of census tracts); and additional t-tests that set the cut point of 50% for Blacks and Whites in the county-level datasets. The t-tests provide compare findings above and below the mean/average population for each racial group across the counties and allow for comparative analyses above and below a mid-point of 50% population for each group. Collectively, the methodological approaches provide different entry points for assessing the same dynamic – how race intervenes with public health dilemmas, and how other social determinants of COVID-19 infections are present in Louisiana.

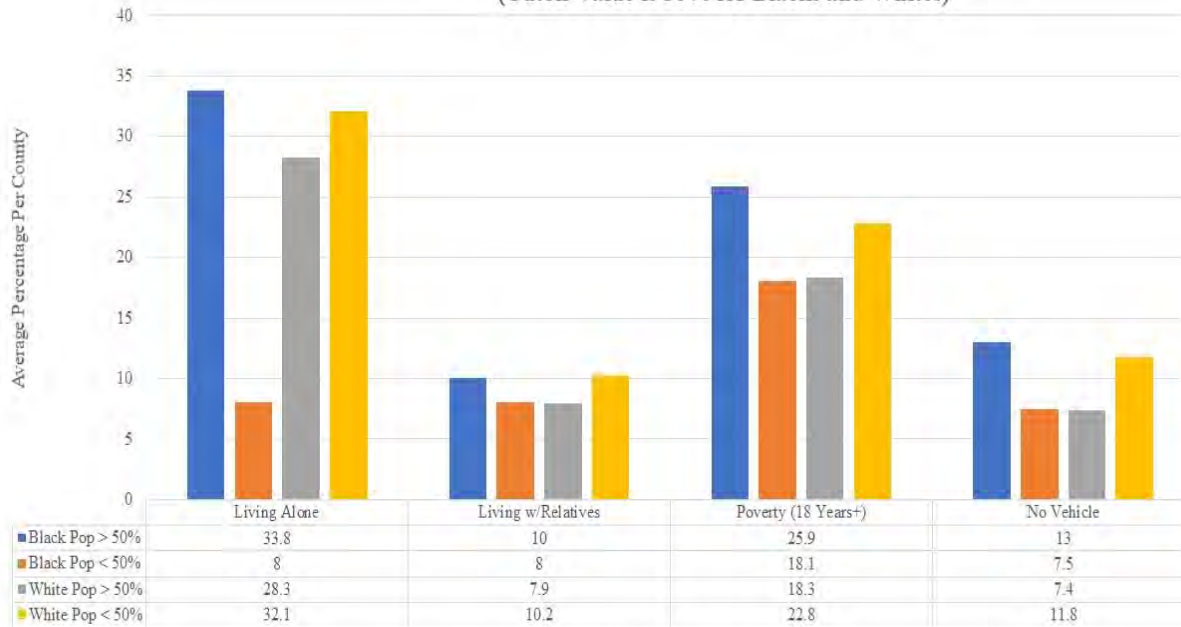
RACE, VULNERABILITY, AND PUBLIC HEALTH

19. Next, I examine race and public health in the following areas: a) Living Status, Mobility, and Economic Distress; b) Health Status, Health Care, and Quality of Life; and c) Micro-Level Analysis of Race and Public Health. As a reminder, data are measured across 64 counties, 14 counties with the highest percentage of Blacks, and 1,140 “vulnerable” census tracts. A partial set of statistically significant ($p < .05$) findings are reported for each area as bar charts under each topic. The complete list of findings is in the Appendix section. (See Tables A1-A5.)

Living Status, Mobility, and Economic Distress

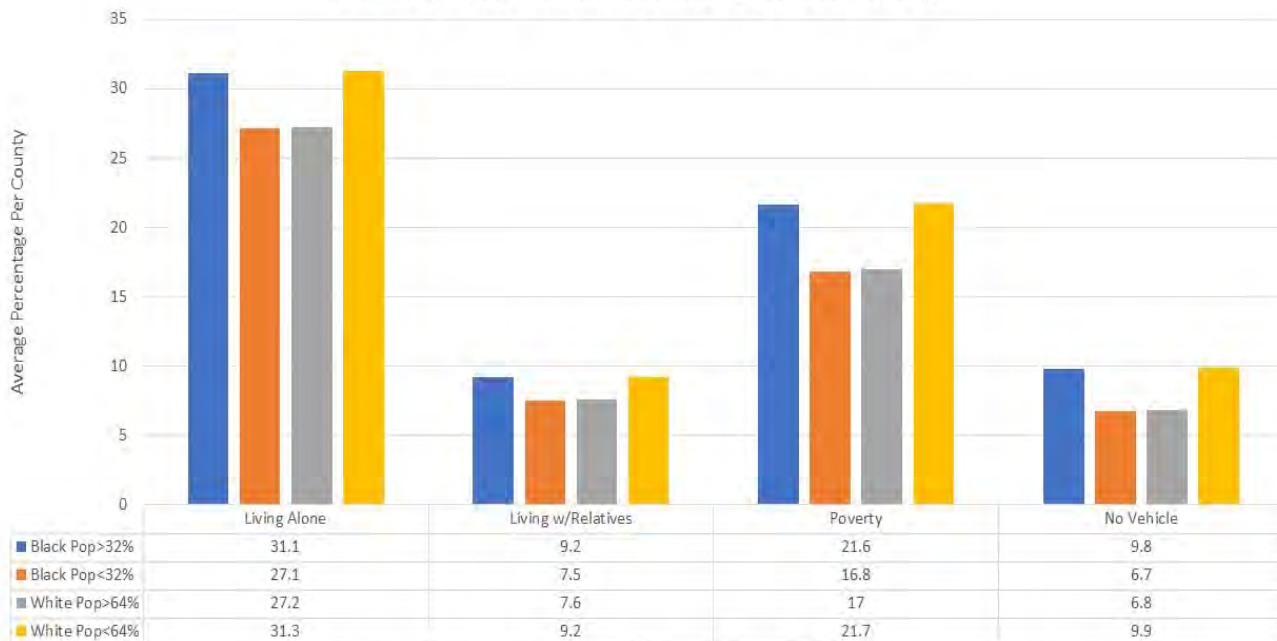
20. The findings reveal interesting results. Counties with larger Black populations were more likely to have residents living alone. As exhibited in Figures 1 and 2, 33.8% of the people in majority Black counties (greater than 50% Black population) lived alone compared to 7.4% in non-majority Black counties. Statistical significance was found in counties that compared residents above and below the mean average of Blacks (comparisons between counties with Black populations below and greater than 32%). The percentage of people living alone, 31.1%, was greater in counties with more Black residents compared to 27.1% in counties with fewer than 32% of Blacks. Statistically significant differences are also found when examining living status in White majority (50% and above) and supermajority (64% and above) counties. As exhibited in Figures 1 and 2, fewer residents “lived alone” in the counties with the largest percentages of Whites. (See Table A1-A5 in the Appendix for a full listing of results.)

Figure 1. Living Status and Economic Distress Using 50% of (Cutoff Value is 50% for Blacks and Whites)



Source: 2018 American Community Survey
 Note: T-Tests set at 50% population for Blacks and Whites across 64 Counties. The results are statistically significant at p<.05.

Figure 2. Living Status and Economic Distress Using (Cutoff Values is the Mean Percentage for Each Group)



Source: 2018 American Community Survey
 Note: T-Tests set at the mean percentage of Blacks and Whites Across 64 Counties. The results are statistically significant at p<.05.

21. Race is correlated with living status when comparing residents in Black and White counties. Yet interestingly, within 14 counties that have large Black populations, there is no statistical significance between counties above and below the average Black population (53%). In other words, the racial composition of the county does not impact living status between counties on the lower end (45-52%) and those on the upper end (53% and above). (See Table A3.)

22. These results tell us that residents are more likely to live alone in counties that have larger Black populations compared to those living in counties with larger White populations. I conducted a secondary analysis of OLS regression to confirm the connection with race. Table 3 reports the findings. It shows that as the Black population increased across all counties, so does the likelihood that a larger percentage of residents live by themselves. Similarly, as poverty increased in counties, residents were more likely to live alone.

Table 3. Ordinary Least Square Regression (OLS) Analysis Living Status

Sociodemographic Factors	Living Alone
Black Population	.11 (.04)*
Living in Poverty (18 years+)	.37 (.11)*
Uninsured Adults	.36 (.27)
Rural	.001 (.02)
Unemployed	-.48 (.39)
Segregation in Counties	-.002 (.04)
Income Inequality	.34 (.60)
Constant	13.2 (5.6)*
R-Square	.43

Source: 2018 American Community Survey, One-Year Estimates, U.S. Census; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute 2018 *County Health Rankings and Roadmap* Report for Louisiana, <https://www.countyhealthrankings.org/>.

Note: The T-tests measures significance (*) at $p < .05$.

N=64 Counties/Parishes

23. Regarding mobility, there is statistical significance in all t-test models. Counties with greater shares of Black and Minority residents had higher numbers of people with no automobiles (see Figures 1 and 2 and Tables A1-A6) compared to majority White counties. In all the models in Tables A1-A6, poverty was a statistically significant factor that is shaped race. Counties with

more African Americans had higher poverty rates. Counties with more Whites had lower poverty rates.

24. Race and living status are bidirectional in Louisiana. Familial contact/distance was evaluated by “living alone” and whether people resided in households with someone else: children, other relatives outside of their spouses and children, and nonrelatives. Noticeable racial differences were found in one of the three categories. It is an important finding. Counties with higher percentages of African Americans were significantly more likely to have relatives living with them outside of their immediate families compared to counties with larger shares of Whites.

25. The finding is revealing because it shows that extended family life is an important component of family culture in areas where African Americans reside. Between 9-10% of the families have relatives living with them. Once counties exceed 45% of Blacks, statistical differences disappear between counties on the lower end of the threshold (45-52% of Blacks) and those at the higher end (more than 53% of Blacks).

26. Overall, there is considerable evidence race shapes living status. A person living alone is more likely to live in a county with more Blacks. Furthermore, as the Black population increases—or inversely as the White population decreases—there is a greater chance that voters live with relatives.

Health Status, Health Care, and Quality of Life

27. Next, I examine the relationship between race and health status. The ACS provides data on disability status and the uninsured populations. As referenced earlier, additional data are drawn from the 2018 *County Health Rankings*. These measures and the uninsured population—total population (adults and children) and adults 18 years and above—identify groups that are the most vulnerable to infection by COVID-19. They further identify people living in communities beset

by pre-existing medical conditions, food insecurity, inadequate prenatal care, emotional and physical distress, less access to doctors and dentists, housing insecurity, and other factors.

28. The racial composition of counties (a proxy for race) is statistically significant across several categories. Counties exceeding 50% Black majorities have a fewer uninsured adult population (16.8) and fewer uninsured people (children and adults) than those below 50%. No statistical differences are found in the other t-test models (comparisons between counties with Black populations below and greater than 32%, comparisons between counties with White populations below and above 50% population, comparisons between counties with White populations below and above 64% of the population). (See Tables A1-A5.) The findings reveal a recent phenomenon in Louisiana since 2016—the close of the racial gap in terms of health insurance coverage. A study by the Commonwealth Fund confirmed this finding. The authors found that the expansion of Medicaid in the state reduced the overall uninsured population and closed the racial gap in terms of access to health insurance.¹⁰

29. Yet, uninsured status does not convey the complete picture of race and health in Louisiana. Table 4 outlines five additional measures of social determinants of health in Louisiana based upon layered data in the *County Health Rankings* report. The first is “life expectancy” or premature deaths. Second, “quality of life” ranks the counties based on low birthweight and physical and mental health. Diet and exercise, drug and alcohol abuse, and sexual activity is a third evaluation measure of “health behaviors”. Fourth, “health outcomes” look at the combined impact of mortality (adult, child, infant), mental and physical health, and the prevalence of chronic diseases. Fifth, “health factors” assess food insecurity, drug overdoses, health care costs, the uninsured population, poverty, segregation, and disconnected youth.

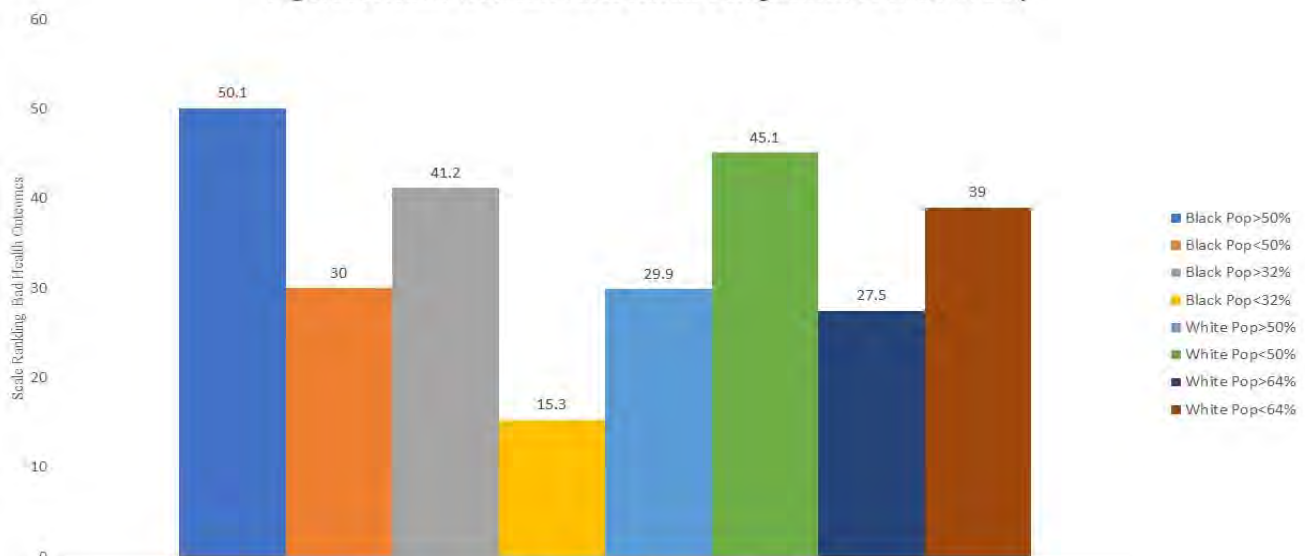
Table 4. Measures of Public Health County Health Rankings

Life Expectancy	Premature Death
Quality of Life	Poor or Fair Health, Poor Physical Health Days, Poor Mental Health Days, Low Birthweight
Health Behaviors	Diet and Exercise, Alcohol and Drug Use, Sexual Activity
Health Outcomes	Age-adjusted Mortality, Infant Mortality, Child Mortality, Physical and Mental Distress, Prevalence of Diabetes and HIV
Health Factors	Food Insecurity, Insufficient Sleep, Drug Overdoses, Lack of Insurance, High Health Care Costs, Firearm Deaths, Segregation, Poverty, and Disconnected Youth

Source: 2018 County Health Rankings report, A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, 2018, https://www.countyhealthrankings.org/sites/default/files/media/document/key_measures_report/2018C_HR_KFR_0.pdf, pp. 14-16.

30. The differences between majority Black counties and majority White counties are staggering. In counties exceeding 50% Blacks, the mean ranking score is 50.1 for health outcomes compared to 30.0 for non-majority Black counties as displayed in Figure 3 (higher scores indicate worsening health outcomes). Majority White counties, on the other hand, have a mean score of 29.9 compared to counties comprised of people of color (45.1 mean rank score).

Figure 3. Health Outcomes and Racial Composition of Each County



Source: 2018 American Community Survey and County Health Rankings.
 Note: T-Tests set at the mean percentage of Blacks and Whites Across 64 Counties. The results are statistically significant at $p < .05$

31. Statistically significant differences exist in these counties for health factors at 17.3, quality of life at 20.2, and health behaviors at 17.1, with public health measures worsening as the Black population increases in counties. Similar differences emerge when comparing counties below and above the overall average (32%) Black population per county. In the five ranking scales (health outcomes, health factors, life expectancy, quality of life, health behaviors), counties with more Blacks fare worse. The gap between counties ranges from 12 to 21 points. (See Table A2 in the Appendix.)

32. In addition, majority White counties fair better than counties in which Blacks and/or people of color are the majority. The statistically significant results are only found in the health outcomes (see Figure 3) and quality of life rankings. The other rankings (life expectancy, health behaviors, health factors) produced no measurable differences. Yet, racial gaps emerged between homogeneous White counties and counties that have a shrinking White population—above and below the average percentage of Whites per county set at 64%—ranging from 10-20 points on the rank scales. (See Tables A4, A5.)

33. An interesting finding is revealed in the intra-group comparisons in counties with larger shares of Blacks. In counties exceeding the 45% Black population mark, the health status of residents is troublesome, but significant differences disappear. In other words, the health status in these counties (counties with a Black population between 45-52% compared to counties where Blacks make up 53% and more of the population) are nearly the same (see Table A3). This suggests that health outcomes are more divergent along racial lines—that is when relying on the racial composition of a county as a proxy—than it is within homogenous Black counties.

34. The results reveal, that in most cases, those living in counties with significant Black populations have worse health conditions despite the recent gains in expanded health insurance.

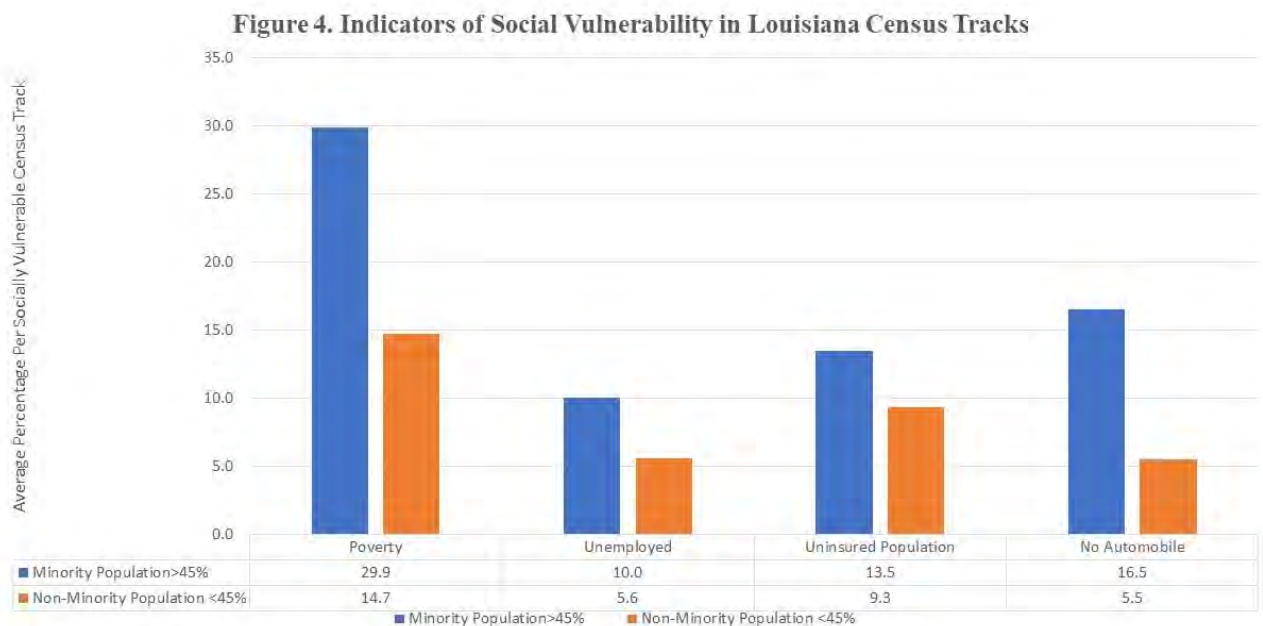
These residents experience health vulnerabilities—based on an exhaustive list of measures in the *County Health* rankings—that make them particularly vulnerable to infections in high-risk environments. Counties with more Blacks had worse health outcomes such as low birthweight, chronic illnesses such as diabetes and HIV, and physical and mental distress. Health factors including limited options to healthy food, poverty, drug overdoses, food insecurity, insufficient sleep, and higher health costs were more prevalent in Black communities. Quality of life was also worse in majority Black counties as measured by low birthweight as well as physical and mental health. And, health behaviors such as drug and alcohol use, sexual activity, poor diet, and infrequent exercise were more prevalent in these communities.

Micro-Level Analysis of Race and Public Health

35. The last category analyzes overlapping concerns about race and public health at the census tract levels. ACS census-tract data are more limited than county-level data, regarding year-to-year collections on racial/ethnic data. The SVI developed by the CDC/ATSDR offers useful information at the census tract level. However, the data aggregates Minority populations (e.g. Blacks, Latinos, Asians, etc.). Even still, most of the people of color/Minorities in this group are African Americans. Thus, comparisons between Minorities and Whites provide a window into how race, particularly regarding Blacks, intersect with social determinants underlying COVID-19 infections.¹¹

36. The SVI identified 1,140 “vulnerable” or high-risk census tracts in Louisiana. The t-test compared vulnerability between census tracts above and below the average Minority population in the census tracts across different variables/factors: poverty rate, unemployment, education (less than a high school education), disability, seniors (above 65 years of age), single-parent households, crowded neighborhoods, no automobiles, and uninsured populations.

37. The findings point to statistical evidence of differential outcomes. Minority census tracts had higher economic distress, less health insurance, and lived in more crowded households than Whites who lived in vulnerable communities. That is, when isolating all “vulnerable” census tracts, Minorities are more at risk than Whites as demonstrated in Figure 4 and Table A6 (see Appendix).



Source: CDC/ATSDR Social Vulnerability Index, 2018, N= 1140 Census Tracts

38. The findings reveal that race, vulnerability, and public health are interrelated at the micro-level. Minority census tracts above 45% compared to majority White census tracts have a higher poverty rate (29.9% to 14.7%), more unemployed residents (10% to 5.6%), and live in households with no automobiles (16.5% to 5.5%). Although the Blacks-Whites uninsured gap seemed to close when measured at the county-level, at the micro-level, Minority census tracts have a higher uninsured population (13.5% to 9.3%). The only divergence in the SVI dataset is among seniors, in which more reside in majority White census tracts.

CONCLUSION

39. For this analysis, I examined race and social determinants that make communities vulnerable to COVID-19 infections. Race shapes several outcomes regarding living status and mobility. First, as the Black population increases in counties and in Minority census tracts, individuals are more likely to live alone. Other persons not living alone are more likely to have extended family members in their households and more likely to live in crowded units. Moreover, counties and census tracts with more African Americans and Minorities, respectively, are comprised of more people without automobiles.

40. Second, economic distress is influenced by the racial composition of counties and census tracts. Counties with higher percentages of African Americans are more likely to have higher poverty rates. Minority census tracts have higher poverty rates, unemployment, and lower education.

41. Third, notwithstanding the recent improvements in health coverage for African Americans, their overall health status appears to be much worse than Whites. There are significant gaps in the health status between majority Black and majority White counties on a wide spectrum of measures such as chronic illnesses, access to healthy food options, physical and mental stress, quality of life, and higher costs of higher health care.

42. My findings are statistically significant. They offer a window into how race and particularly the Black-White divide are shaped by the social determinants of health related to the COVID-19 pandemic.

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



Dated: June 1, 2020

Dr. Sekou Franklin

Appendix

**Table A1. High-Risk and Racial Composition of Counties/Parishes
(Cutoff Value for Mean Comparisons is 50% Black Population)**

Factors/Variables	Black Pop > 50%		Blacks <50%		95% C.I.	t	DF
	Mean	S.D.	Mean	S.D.			
Disabled Population	15.5	3.3	16.4	3.2	-3.3, 1.5	-.74	62
Disabled Population (18-64)	12.4	2.9	14.5	3.5	-4.7, .414	-1.7	62
Living Alone*	33.8	7.4	8	4.3	1.4, 8.6	2.8	62
No Automobile*	13.0	4.3	7.5	2.4	1.9, 9.1	3.5	7.6
Poverty (18 Years+)*	25.9	8.4	18.1	4.8	.75, 14.9	2.6	7.7
Children Household	1.6	.52	1.6	.48	-.39, .35	-.10	62
Living w/Extended Family*	10.0	2.1	8.0	1.7	.51, 3.1	2.8	62
Living w/Nonfamily Members	4.8	1.7	4.8	3.2	-1.3, 1.2	-.06	62
Crowded Housing (1.5+ People Per Room)	1.4	1.7	.69	.37	-.74, 2.1	1.1	7.1
Uninsured Adults*	16.8	2.6	18.8	2.3	-3.8, -.22	-2.2	62
Diabetics	13.1	1.5	13.1	1.5	-2.1, .18	-1.7	62
Income Inequality	5.9	1.1	5.9	.83	-.37, .94	.88	62
Unemployed	6.4	1.9	7.1	1.6	-2.0, .52	-1.2	62
Total Uninsured*	12.9	1.9	14.5	1.8	-2.93, -.23	-2.4	62
Health Outcomes Rank*	50.1	14.2	30.0	17.9	6.9, 33.4	3.0	62
Health Factors Rank*	47.4	18.8	30.1	17.8	3.5, 30.1	2.5	62
Life Expectancy Rank	43.1	17.7	30.1	18.4	-1.7, 26.0	1.8	62
Quality of Life Rank*	50.1	15.3	29.9	17.7	7.4, 33.8	3.1	62
Health Behaviors Rank*	47.5	18.5	30.4	17.8	3.7, 30.6	2.5	62

Note: The results are measured at $p < .05$. All the results are in percentages (%) except the ranking scores (health outcomes, health factors, life expectancy, quality of life, health behavior). The rank values are scored on a 1-64 scale. Higher scores indicate worse outcomes.

Source: 2018 American Community Survey, One-Year Estimates, U.S. Census; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute *2018 County Health Rankings Report* for Louisiana, <https://www.countyhealthrankings.org/>.

N=64 Counties/Parishes

**Table A2. High-Risk and Racial Composition of Counties/Parishes
(Cutoff Value for Mean Comparisons is 32% Black Population)**

Factors/Variables	Black Pop >32%		Black Pop <32%		C.I.	T	DF
	Mean	S.D.	Mean	S.D.			
Disabled Population	15.9	2.9	16.6	3.4	-2.3, .88	-.86	62
Disabled Population (18-64)	13.7	3.3	14.7	3.6	-2.7, .72	-1.2	62
Living Alone*	31.1	5.5	27.1	3.7	1.7, 6.4	3.5	62
No Automobile*	9.8	3.4	6.7	2.3	1.7, 4.5	4.3	62
Poverty (18 Years+)*	21.6	6.6	16.8	4.1	2.0, 7.6	3.5	47.5
Children Household	1.6	.50	1.7	.46	-.38, .10	-1.2	59.3
Living w/Extended Family*	9.2	1.7	7.5	1.5	.92, 2.5	4.3	62
Living w/Nonrelatives	4.7	2.1	4.8	1.2	-.96, .74	-.21	44.3
Crowded Housing (1.5+ People Per Room)	.91	.94	.61	.35	-.12, .62	1.4	36
Uninsured Adults	18.5	2.1	18.5	2.8	-1.2, 1.3	.10	62
Diabetics	13.0	1.4	12.9	1.6	-.67, .85	.23	62
Income Inequality	5.6	.93	5.6	.82	-.42, .45	.07	62
Unemployed	7.4	1.9	6.7	1.4	-.12, 1.5	1.7	62
Total Uninsured	14.3	1.6	14.3	2.1	-.93, .93	.004	62
Health Outcomes Rank*	41.2	15.3	24.5	17.8	8.7, 25.4	4.1	62
Health Factors Rank*	38.8	18.1	26.9	17.5	3.02, 20.8	2.7	62
Life Expectancy Rank*	38.9	16.6	26.8	18.7	3.2, 21.0	2.7	62
Quality of Life Rank*	43.6	15.0	22.7	15.9	13.1, 28.7	5.4	62
Health Behaviors Rank*	39.1	18.1	26.7	17.3	3.5, 21.2	2.8	62

Note: The results are measured at $p < .05$. All the results are in percentages (%) except the ranking scores (health outcomes, health factors, life expectancy, quality of life, health behavior). The rank values are scored on a 1-64 scale. Higher scores indicate worse outcomes.

Source: 2018 American Community Survey, One-Year Estimates, U.S. Census; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute 2018 *County Health Rankings* report for Louisiana, <https://www.countyhealthrankings.org/>.

N=64 Counties/Parishes

**Table A3. High-Risk in 14 Counties w/High Black Populations
(Cutoff Value of Mean Comparisons is 53% Black Population)**

Factors/Variables	Black Pop>53%		Black Pop, 45-53%		95% C.I.	T	DF
	Mean	S.D.	Mean	S.D.			
Disabled Population	13.8	1.8	16.1	3.2	-5.7, 1.1	-1.4	12
Disabled Population (18-64)	11.2	2.3	13.7	2.8	-5.7, .76	-1.7	12
Living Alone	34.8	9.1	30.4	3.1	-2.7, 11.4	1.3	12
No Automobile*	14.6	4.9	9.2	2.0	1.4, 9.4	2.9	12
Poverty (18 Years+)*	28.4	9.6	18.6	5.3	1.3, 18.4	2.5	12
Children Household Living w/Extended Family	31.2	1.6	31.9	3.8	-4.6, 3.2	-.39	12
Living w/Nonrelatives	9.8	2.8	10.0	1.7	-2.8, 2.3	-.17	12
Crowded Housing (1.5+ People Per Room)	5.2	1.9	4.0	1.3	-.68, 3.1	1.4	12
Uninsured Adults	2	1.9	.64	.45	-.99, 3.7	1.6	4.3
Diabetics	16.8	2.6	19.0	2.5	-5.3, .87	-1.6	12
Income Inequality	12.2	1.3	13.4	1.3	-2.9, .36	-1.7	12
Unemployed	6.0	1.2	5.8	.83	-.97, 1.4	.41	12
Total Uninsured	6.4	1.3	7.9	2.2	-3.9, .89	-1.4	12
Health Outcomes Rank	12.8	1.6	14.8	2.0	-4.3, .31	-1.9	12
Health Factors Rank	49.4	18.4	41.7	18.1	-14.4, 29.9	.76	12
Life Expectancy Rank	46.7	22.9	36.9	22.7	-18.0, 37.4	.77	12
Quality of Life Rank	43.8	17.0	38.2	20.0	-17.6, 28.7	.53	12
Health Behaviors Rank	49.6	19.3	42.8	16.3	-14.3, 28.0	.70	12
	46.2	23.1	37.9	22.1	-18.9, 35.5	.67	12

Note: The results are measured at $p < .05$. All the results are in percentages (%) except the ranking scores (health outcomes, health factors, life expectancy, quality of life, health behavior). The rank values are scored on a 1-64 scale. Higher scores indicate worse outcomes.

Source: 2018 American Community Survey, One-Year Estimates, U.S. Census; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute *2018 County Health Rankings* Report for Louisiana, <https://www.countyhealthrankings.org/>.

N=14 Counties/Parishes

**Table A4. High-Risk in Majority-White Counties
(Cutoff Value for Mean Comparisons is 50% White Population)**

Factors/Variables	White Pop >50%		White Pop <50%		95% C.I.	t	DF
	Mean	S.D.	Mean	S.D.			
Disabled Population	16.4	3.2	15.7	3.1	-1.5, 2.8	.63	62
Disabled Population (18-64)	14.6	3.4	12.9	3.2	-.63, 3.9	1.4	62
Living Alone*	28.3	4.3	32.1	6.8	-6.9, -.60	-2.4	62
No Automobile*	7.4	2.4	11.8	4.2	-7.3, -1.5	-3.7	11.4
Poverty (18 Years+)*	18.3	4.8	22.8	8.8	-10.6, 1.4	-1.7	11.3
Children Household	1.6	.49	1.7	.47	-.42, .22	-.65	62
Living w/Extended Family*	7.9	1.5	10.2	2.2	-3.4, -1.2	-4.3	62
Living w/nonrelatives	4.8	1.7	16.4	3.2	-1.0, 1.2	.12	62
Crowded Housing (1.5+ People Per Room)	.70	.38	1.1	1.4	-1.4, .55	-.98	10.3
Uninsured Adults	18.7	2.4	17.6	2.6	-.45, 1.2	1.4	62
Diabetics	13	1.5	12.7	1.4	-.73, 2.8	.54	62
Income Inequality	5.6	.82	5.9	1.0	-.91, .23	-1.2	62
Unemployed	7.0	1.7	6.8	1.6	-.88, 1.3	.40	62
Total Uninsured	14.4	1.8	13.6	2.0	-.34, 2.1	1.4	62
Health Outcomes Rank*	29.9	18.3	45.1	15.2	-27, -3.4	-2.6	62
Health Factors Rank	31	17.8	39.9	21.6	-21.2, 3.3	-1.5	62
Life Expectance Rank	30.1	18.7	40.1	16.5	-22.0, 2.4	-1.6	62
Quality of Life Rank*	29.9	18.1	45.2	16.0	-27.1, -3.5	-2.6	62
Health Behaviors Rank	30.9	17.8	40.1	21.7	-21.4, 3.0	-1.5	62

Note: The results are measured at $p < .05$. All the results are in percentages (%) except the ranking scores (health outcomes, health factors, life expectancy, quality of life, health behavior). The rank values are scored on a 1-64 scale. Higher scores indicate worse outcomes.

Source: 2018 American Community Survey, One-Year Estimates, U.S. Census; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute 2018 *County Health Rankings* Report for Louisiana, <https://www.countyhealthrankings.org/>.

N=64 Counties/Parishes

**Table A5. High-Risk in Supermajority White Counties
(Cutoff Value for Mean Comparisons is 64% White Population)**

	White Pop >64%		White Pop <64%		95% C.I.	t	DF
	Mean	S.D.	Mean	S.D.			
Disabled Population	16.6	3.3	15.8	3.0	.79, 2.4	1.02	62
Disabled Population (18-64)	14.7	3.5	13.7	3.4	-.69, 2.8	1.2	62
Living w/Family*	27.2	3.6	31.3	5.6	-6.5, -1.6	-3.5	62
No Automobile*	6.8	2.3	9.9	3.5	-4.6, -1.6	-4.1	44.1
Poverty (18 Years+)*	17.0	4.1	21.7	6.7	-7.6, -1.8	-3.2	42.2
Children Household	1.7	.47	1.6	.50	-.12, .37	1.0	62
Living w/Extended Family*	7.6	1.5	9.2	1.8	-2.5, -.84	-4.0	62
Living w/nonrelatives	4.8	2.1	16.6	3.3	-.91, .90	-.02	39.5
Crowded Housing (1.5+ People Per Room)	.65	.34	.93	.97	-.67, .11	-1.5	10.3
Uninsured Adults	18.5	2.7	18.5	2.1	-1.2, 1.2	.00	62
Diabetics	12.9	1.6	13.0	1.5	-.91, .62	-.38	62
Income Inequality	5.7	.95	6.7	1.4	-.53, .34	-.44	62
Unemployed	6.7	1.3	7.4	1.9	-1.6, .12	-1.7	62
Total Uninsured	14.3	2.1	14.2	1.6	-.85, 1.03	.20	62
Health Outcomes Rank*	25.7	18.2	41.3	15.5	-24.2, -7.0	-3.6	62
Health Factors Rank*	27.5	18.0	39.0	17.7	-20.1, -2.5	-2.6	62
Life Expectance Rank*	28.2	19.1	38.1	16.7	-19.0, -.79	-2.2	62
Quality of Life Rank*	23.83	16.5	43.6	15.1	-27.8, -11.8	-4.9	62
Health Behaviors Rank*	27.3	17.8	39.2	17.8	-20.9, -3.0	-2.7	62

Note: The results are measured at $p < .05$. All the results are in percentages (%) except the ranking scores (health outcomes, health factors, life expectancy, quality of life, health behavior). The rank values are scored on a 1-64 scale. Higher scores indicate worse outcomes.

Source: 2018 American Community Survey, One-Year Estimates, U.S. Census; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute 2018 *County Health Rankings* Report for Louisiana, <https://www.countyhealthrankings.org/>.

Note: The T-tests measures significance (*) at $p < .05$.

N=64 Counties/Parishes

**Table A6. Comparisons Between Socially Vulnerable Communities
(Cutoff Value is 45% Minority/Nonwhite Population)**

Indicators of Social Vulnerability	Minority >45%		Minority <45%		95% C.I.	T	DF
	Mean	S.D.	Mean	S.D.			
Poverty*	30	13.4	14.7	8.5	13.9, 16.6	21.9	795
Unemployed*	10.0	5.5	5.6	3.6	3.9, 5.0	15.7	808
No HS Diploma*	20.2	8.5	12.8	8.4	6.4, 8.4	14.8	1067
Over 65 Years Old*	13.7	5.0	16.0	6.1	-2.9, -1.6	-6.9	1134
Disabled* Population	16.7	5.9	14.5	5.5	1.6, 2.9	6.5	1034
Single Parent* Households	14.7	7.6	8.1	5.0	5.9, 7.3	17.2	769
Crowded*	2.9	2.6	1.9	2.0	.74, 1.3	7.4	917
No Automobile*	16.5	11.9	5.5	4.8	9.8, 12.1	19.4	627
Uninsured* Population	13.5	5.7	9.3	4.7	3.6, 4.8	13.4	956

p<.05, p<.10

Source: CDC/ATSDR Social Vulnerability Index, 2018, N= 1140 Census Tracts

Notes

¹ Both terms, Blacks and African Americans, are used interchangeably in this declaration.

² VPM News, "African Americans Make Up All of Richmond Coronavirus Deaths," *VPM News*, <https://vpm.org/news/articles/12538/african-americans-make-up-all-of-richmond-coronavirus-deaths>, April 15, 2020; "In Poverty Stricken Mississippi Delta, Coronavirus Fight Has Added Challenges," *Washington Post*, April 18, 2020, https://www.washingtonpost.com/video/national/in-poverty-stricken-mississippi-delta-coronavirus-fight-has-added-challenges/2020/04/18/991053b8-59ac-4a16-9f62-97e79c8e7849_video.html, April 18, 2020; Associated Press, "Milwaukee's Black Community Hit Hard by Coronavirus," March 27, 2020, https://www.usnews.com/news/best-states/new-york/articles/2020-03-27/milwaukees-black-community-hit-hard-by-coronavirus?context=amp&src=usn_tw&__twitter_impression=true; Lonnae O'Neal, "Public Health Expert Says African Americans Are at Greater Risk of Death from Coronavirus," March 13, 2020, <https://theundefeated.com/features/public-health-expert-says-african-americans-are-at-greater-risk-of-death-from-coronavirus/>; Joseph P. Williams, "Black Americans Face an Uphill Battle Against the Coronavirus," March 26, 2020,

https://www.miamitimesonline.com/covid-19_hub/black-americans-face-an-uphill-battle-against-the-coronavirus/article_be29b2b4-6f69-11ea-b1a2-4b5b09550f0f.html; Deborah Barfield Berry, “Health Issues for Blacks, Latinos and Native Americans May Cause Coronavirus to Ravage Communities,” March 30, 2020,

<https://www.usatoday.com/story/news/nation/2020/03/30/coronavirus-cases-could-soar-blacks-latinos-and-native-americans/2917493001/>; Akilah Johnson and Talia Buford, “Early Data Shows African Americans Have Contracted and Died of Coronavirus at an Alarming Rate,” April 3, 2020, https://www.propublica.org/article/early-data-shows-african-americans-have-contracted-and-died-of-coronavirus-at-an-alarming-rate/amp?__twitter_impression=true.

³ Melinda Deslatte, “Louisiana Data: Virus Hits Blacks, People With Hypertension, April 7, 2020, <https://www.usnews.com/news/best-states/louisiana/articles/2020-04-07/louisiana-data-virus-hits-blacks-people-with-hypertension>; Jeff Adelson, Youssef Rdadd, and Robert Faimon, “It’s disturbing’: Coronavirus kills black residents at dramatic rates across Louisiana, April 21, 2020, https://www.nola.com/news/coronavirus/article_107fec9c-8408-11ea-9d9b-df1bbbef7d77.html.

⁴ Louisiana Vote By Mail,

<https://www.sos.la.gov/ElectionsAndVoting/Vote/VoteByMail/Pages/default.aspx>.

⁵ It is common for researchers to develop different proxies for race using the American Community Survey data. See John D. Landis, “Black-White and Hispanic Segregation Magnitudes and Trends from the 2016 American Community Survey,” *Cityscape* vol. 21, no. 1 (2019): 63-86; Themis Chronopoulos, “Race, Class, and Gentrification in Harlem Since 1980,” in eds. Andrew M. Fearnley and Daniel Matlin. *Race Capital? Harlem as Setting and Symbol* (New York: Columbia University Press, 2018), 243-266; Sean F. Reardon, Lindsay Fox, and Joseph Townsend, “Neighborhood Income Composition by Household Race and Income, 1990-2009,” *The Annals of the American Academy of Political and Social Science* vol. 660 (July 2015): 78-97; Carrie E. Henning-Smith, “Rural Counties With Majority Black Or Indigenous Populations Suffer The Highest Rates Of Premature Death In The US,” *Rural Health* vol. 38, no. 12 (December 2019): 2019-2026.

⁶ *2018 County Health Rankings* report, A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, 2018, https://www.countyhealthrankings.org/sites/default/files/media/document/key_measures_report/2018CHR_KFR_0.pdf, pp. 14-16.

⁷ Center for Disease Control and Prevention (also called the CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR), Social Vulnerability Index (SVI), Geospatial Research Analysis, and Services Program (GRASP) Division of Toxicology and Human Health Sciences, <https://svi.cdc.gov/Documents/FactSheet/SVIFactSheet.pdf>, Accessed on May 18, 2020. Also, see Barry E. Flanagan, et al., “Measuring Community Vulnerability to Natural and Anthropogenic Hazards: The Centers for Disease Control and Prevention’s Social Vulnerability Index,” *Journal of Environmental Health* vol. 80, no. 10, (Jun 2018): 34-36.

⁸ Kim, Tae Kyun. “T Test as a Parametric Statistic,” *Korean Journal of Anesthesiology* vol. 68,6 (2015): 540-546.

⁹ Louisiana *2018 County Health Rankings* Report, 13-16.

¹⁰ Jesse C. Baumgartner, et al., *How the Affordable Care Act Has Narrowed Racial and Ethnic Disparities in Access to Health Care*, Data Brief, January 2020, p. 9.

¹¹ Flanagan, et al., “Measuring Community Vulnerability to Natural and Anthropogenic Hazards. Also, see <https://www.youtube.com/watch?v=u5m0Lb3B4UY&feature=youtu.be>; <https://www.youtube.com/watch?v=REKFHOryflA&feature=youtu.be>.

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The Community Census and Redistricting Institute's Expert Preparation and Community Education Program (Training for Expert Witnessing in Racial Redistricting Court Cases, Southern Coalition for Social Justice), Duke University, Summer 2010.

University of Dayton Chautauqua Short Course, "Energy Sustainability: What Every Faculty Member Should Know," University of Dayton, May 17-19, 2010.

Computational Analysis of Social and Organizational Systems Summer Institute, Carnegie Mellon University, Summer 2009.

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Global Exchange Reality Tour, "Afro-Venezuela: The San Juan Cultural Festival," Summer 2007.

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Howard University, August 1999-May 2000

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"Democratic Participation and Civic Advocacy," Middle Tennessee State University

*"Sustainable Development in the Cities," Middle Tennessee State University

- *“Race, Democracy, and Elections,” Middle Tennessee State University
- *“Comparative Social Movements,” Middle Tennessee State University
- *“Civil Rights Policy and Politics,” Middle Tennessee State University
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- “African American Politics,” Middle Tennessee State University
- “American Government and Politics,” Middle Tennessee State University
- “The Politics of U.S. Social Movements in the Twentieth and Twenty-First Centuries,” Williams College, Spring 2003
- “Theories of Community Organizing and Citizen Participation,” Williams College, Spring 2003
- “Power, Politics, and Democracy” (Intro to American Government), Two Sections, Williams College, Fall 2002
- “Black Political Participation in the United States,” Williams College, Fall 2002
- “Pedagogy of African-American Student/Youth Politics and Socio-Political Action,” University of Illinois (Champaign-Urbana Campus), Spring 2002
- “American Politics and Government,” Junior Statesmen Association (Stanford University site), Junior Statesmen Foundation, Stanford, CA, Summer 2001
- “Introduction to Black Politics,” Howard University, Spring 2000
- “Introduction to Black Politics,” Howard University, Fall 1999
- “Understanding Politics” (a course in American Politics), Teaching Assistant, San Francisco State University, Fall 1994

PUBLICATIONS:

(Books/Monographs)

- Losing Power: African Americans and Racial Polarization in Tennessee Politics* (University of Georgia Press, 2020)
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- “Race, Preemption, and Autonomy in the District of Columbia,” *National Political Science Review*, Spring 2007. (Co-authored with Richard Seltzer)
- “Black Political Development in Tennessee: From Reconstruction- 2006,” Wornie Reed (ed.) *Blacks in Tennessee: Past and Present* (Dubuque, IA: Kendall/Hunt, 2008).
- “Conflicts in the Coalition: Challenges to Black and Latino Political Alliances,” Co-authored with Richard Seltzer, *Western Journal of Black Studies*, Summer 2002 vol. 26, no. 2.
- “Social and Political Attitudes on the Black Predicament: Data from the Million Man March,” Co-authored with Joseph P. McCormick (First Author) Alice M. Jackson and Maurice C. Woodard (eds.) *American Government and Politics: A Multicultural Perspective: A Supplemental Reader* (Boston: Pearson Custom Publishing, 2002).
- “Black Organizational Development and the Black Student Leadership Network,” *National Political Science Review* vol. 8 (2001): 206-220.
- “Expressions of Racial Consciousness: Data from the Million Man March,” Co-authored with Joseph P. McCormick II (First Author), in Yvette Alex-Assensoh and Lawrence Hanks (eds.) *Black Politics in Multiracial America* (New York: New York University Press, 2000), 315-336.
- “Black Information Sources and the Million Women March,” *Government & Politics Journal* (A Journal of Howard University’s Department of Political Science) vol. 2, no. 6 (Spring 2002): 78-83.
- “Graduate Program in Political Science at Howard University: 1967-1996,” *Government & Politics Journal* (A Journal of Howard University’s Department of Political Science) vol. 2, no. 1 (Fall 1997-Spring 1998): 95-100.

Encyclopedia Articles

Laura Finley (ed.) *Encyclopedia on Juvenile Violence* (Greenwood Press, 2006).

(Six Entries)

- African Americans and Juvenile Violence
- Public Health
- Mentoring
- Urban Juvenile Violence
- 1980-1989
- 1990-1999

John Vile (ed.) *Encyclopedia of the First Amendment* (Congressional Quarterly Press, 2008)

- American Friends Service Committee
- *NAACP v. Alabama* (1958)
- *NAACP v. Button* (1963)

Research Reports and Related Activities

“Fair Chance Hiring: A Policy Proposal for Metro Nashville,” Submitted to the Civil Service Commission, Prepared for the Democracy Nashville Group, August 2015.

Bus Rapid Transit System: Transportation Equity and North Nashville, September 2012 (Prepared for the North Nashville Interest Group).

Civic and Political Literacy (CPL) Schools: A Mini-Proposal for Increasing Political Participation and Social Activism in Economically Distressed Communities (Prepared for the Urban EpiCenter).

Clean Energy and Sustainability Zones (CESZ): A Proposal for Participatory Development in Economically Distressed Communities (Submitted to the “Beloved Community” Revitalization Initiative and Tennessee Citizen Action).

Co-authored the “Green-Collar Jobs Task Force Equitable Flood Recovery Recommendations.”

Co-author “Green Jobs Act” (Tennessee General Assembly, HB 3654, Co-Sponsored by Representative Mike Stewart and Senator Andy Berke) (Approved in Subcommittee, but rejected by the Full Standing Committee.)

Co-authored Resolution 2009-866 by the Nashville & Davidson County Metropolitan Council (Approved in July 2009.)

The Green Jobs Corps of Nashville-Davidson County (Prepared for the Green-Collar Jobs Task Force of Nashville-Davidson County), June 2009.

Green Pathways Out of Poverty: A Training Guide for Activists, Advocates and Organizers Concerned About Equity and Green Jobs (Prepared for the Green-Collar Jobs Task Force of Nashville-Davidson County), March 2009.

Driving Toward Poverty: Taxi Drivers in the Athens of the South, August 2008. (A preliminary submitted report to the Nashville-Davidson County's Transportation and Licensing Commission, August 2008.)

Coalition Building and Formation, Report to the Nashville Black Covenant Coalition, April 5, 2007.

Reinsurance or Risk-Insurance: Health Care, the Uninsurable, and Tennessee's Working-Poor (An examination of cost-sharing reinsurance plans; prepared for the TennCare Saves Lives Coalition), March 2006.

Green-Collar Jobs Presentation Series (Prepared and conducted for the Green-Collar Jobs Task Force of Nashville-Davidson County and the Committee for Green Jobs in Tennessee).

(Lectures on Sustainable Development and Green Jobs)

- Green Jobs, Sustainable Development, and Equity in Tennessee, Prepared for Vanderbilt University Divinity School, December 1, 2010.
- Green Jobs in Tennessee, Tennessee Alliance for Progress Compass VII Conference, Nashville, TN, October 8-9, 2010.
- Sustainable Development and Green Jobs, Tennessee NAACP Conference, Chattanooga, TN, September 30, 2010.
- Public Sector Weatherization Programs, Green Jobs Breakfast Meeting, Sponsored by the Green-Collar Jobs Task Force of Nashville-Davidson County, June 23, 2010.
- 21st Century Lawn and Garden Show, Nashville, TN, March 4, 2010.
- "Financial Committee for the Unemployed," Franklin, TN, March 3, 2010.
- Race Relations Summit, NAACP State Conference, Jackson, TN, February 27, 2010.
- Compass VI Conference, Tennessee Alliance for Progress, Nashville, TN, December 4-5, 2009.
- Guyasuta Fellowship, Pittsburgh, PA, November 21, 2009.
- Tennessee Labor Management Conference, Nashville, TN, August 12, 2009

- Black Youth and Green Jobs, HBCU Wellness Project, Meharry Medical College, Nashville, TN, July 2009.
- Peer-to-Peer Funders Committee Gathering, Washington, D.C., June 30, 2009
- Tennessee Black Legislative Caucus Meeting, Nashville, TN, April 21, 2009.
- American Baptist College's Shalom Leadership Course, April 2009.
- Community Forum on Green-Collar Jobs, Sponsored by the Green-Collar Jobs Task Force of Nashville-Davidson County, 15th Avenue Baptist Church, Nashville, TN, April 20, 2009.
- Center for Community Change Southeast Regional Meeting, Nashville, TN, March 28, 2009.
- Southeast Regional Conference, A. Philip Randolph Institute, Memphis, TN, March 15, 2009.

Newspaper/Newsletter Essays

Opinion Essay, "The next Metro Nashville Council will have a redistricting fight on its hands," *The Tennessean*, August 2, 2019.

Opinion Essay, "Learning from the Watts Rebellion, 50 Years Later," *Boston Review*, August 31, 2015, Accessed at <http://bostonreview.net/us/sekou-franklin-watts-rebellion-50-years-later>.

Op-Ed, "There Are Better Southern Legacies to Celebrate than Dixie, and There Are Bigger Battles to Fight than the Rebel Flag," July 9, 2015, *Nashville Scene*, Accessed at <http://www.nashvillescene.com/nashville/there-are-better-southern-legacies-to-celebrate-than-dixie-and-there-are-bigger-battles-to-fight-than-the-rebel-flag/Content?oid=5274365>.

"Amp Debate Leaves Out Race, Class Discussion," *Tennessean*, 2013.

"Nashville's Race, Class Inequities Overlooked in Campaigns," *The Tennessean*, August 1, 2011.

"Police Need Holistic Approach to Crime Reduction," *The Tennessean*, April 25, 2010.

"Green Jobs Are in America's Best Interest," *The Tennessean*, November 28, 2009.

"Outing of Black Non-Voters," *Nashville Scene*, November 16, 2006.

"Hustle and Flow: The Failure of Black Leadership," *The Real Deal* (Fall 2005): 1.

“TennCare is a Civil Rights Issue,” *Alternatives* vol. 5, no. 2 (March/April 2005): 5.

CONFERENCE/PAPER PRESENTATIONS/ROUNDTABLES/LECTURES:

- Lecture, “The 15th Amendment and African American Voter Justice,” Middle Tennessee State University, Honors College Lecture Series, September 9, 2019.
- Paper Presentation, “Martin Luther King, Jr. and the Intellectual Roots of Nonviolent Resistance in Black Politics,” American Political Science Association Annual Meeting, Washington, D.C., August 28-September 1, 2019.
- Panel Presentation, “Voting Rights & Why Voter Justice Matters,” Tennessee Alliance for Black Lawyers, Tennessee Bar Association Annual Convention, Renaissance Hotel, Nashville, June 12-15, 2019.
- Panel Presentation, “Nashville and the Fight for a Community Oversight Board,” National Association for Civilian Oversight of Law Enforcement Regional Training, Nashville Public Library, Nashville, TN, May 17, 2019.
- Keynote Address, Tennessee Civic Campus Summit, Vanderbilt University, March 29, 2019.
- Keynote Address, National Conference of Black Political Scientists, Baton Rouge, LA, March 15, 2019.
- Presentation, “Policing the Police: Nashville and the Fight for a Community Oversight Board,” Fisk University, Nashville, TN, September 2018.
- Paper Presentation, “The Radical Politics of Nonviolent Resistance and the Poor People’s Campaign,” American Political Science Association Annual Meeting, Boston, MA, August 29-September 2, 2018.
- Paper Presentation, “The Political Underpinnings of the Southern Christian Leadership Conference’s Citizenship Education,” 49th Annual Meeting of the National Conference of Black Political Scientists, Chicago, IL, March 14-17, 2018.
- Roundtable Plenary Panel, “Preparing Expert Witnesses in an Era of Retrenchment Against Black Political Power,” 49th Annual Meeting of the National Conference of Black Political Scientists, Chicago, IL, March 14-17, 2018.
- Guest Classroom Lecture, Community Healthcare, Vanderbilt University Medical School, March 9, 2018
- Roundtable, “Strategies for Moving from Protest to the Ballot Box, 2018 Race Relations/Advocacy Summit, Tennessee NAACP State Conference, Jackson, TN, March 2-3, 2018.
- Lecture, “African Americans, Democratic Participation, and the Civil Rights Movement’s Citizenship Education Program, 1957-1970,” American Values Honors College Lecture Series, MTSU, February 12, 2018.
- Panelist, “Transitions in Social Justice Activism,” Disasters, Displacement, and Human Rights Conference, Department of Anthropology, University of Tennessee, Knoxville, TN, February 9-11, 2018.
- Paper Presentation, “Growth and Opposition to New Jim Crow Laws in Tennessee: Controversies and Conflicts over Sentencing Policies and the Death Penalty,” Annual Meeting of the Southern Political Science Association Conference, Hyattt, New Orleans, January 4-6, 2018.

- Presentation, “Why Voter Justice Matters: Past Electioneering Practices, 2016 Elections & Beyond,” The New American Electorate Beyond the Voting Booth: Building an Inclusive Democracy, Ohio State University, November 30-December 1, 2017.
- Guest Classroom Lecture, African American Politics, University of Arkansas, October 2, 2017.
- Three-Part Lecture, “The Role of Scholar-Activism: Teaching Resistance and Social Change in the New Millennium,” Fisk University, September 30, 2017.
- Chair/Moderator, Panel on Criminal Justice Reform in Tennessee, Tennessee NAACP State Conference Annual Convention, Nashville, TN, September 21-23, 2017.
- Keynote Lecture, “Resistance When Your Back Is Against the Wall,” United Campus Workers-Annual Convention IBEW Hall – Nashville, TN, September 16, 2017.
- Roundtable Presentation, Roundtable-Symposium Black Politics in the Trump Era, American Political Science Association, Hilton Hotel, San Francisco, CA August 30-September 3, 2017.
- Paper Presentation, “The Role of Scholar-Activism: How Social Scientists Can Bolster Resistance Movements,” Paper presentation at the 47th Annual Urban Affairs Association Conference, Minneapolis, Minnesota, April 19-22, 2017.
- Presentation, “Perspectives on Racial and Social Justice in Nashville's Criminal Justice Community,” Leadership Nashville – Criminal Justice Day, Sun Trust Bank, Nashville, TN, April 6, 2017.
- Lecture, The Moving 13th and Criminal Justice Policy, A. Philip Randolph Southeastern Regional Conference, Hotel Preston, Nashville, TN, April 1, 2017.
- Roundtable Panelist, Closing Luncheon & Plenary Session: Black Political Activism In the Trump Era: Action Steps and Moving Forward, Paper presentation at the 48th Annual Meeting of the National Conference of Black Political Scientists, March 15-18, San Diego, California.
- Panelist, The Boundaries of Racial Politics in Tennessee: The Legislative Behavior of Tennessee’s Black Lawmakers, 2003-2012, 48th Annual Meeting of the National Conference of Black Political Scientists, San Diego, California, March 15-18, 2017.
- Paper Presentation, Immigration and the New Tennesseans, 48th Annual Meeting of the National Conference of Black Political Scientists, March 15-18, San Diego, California, March 15-18, 2017.
- Panelist, “Black Lives Matter, Social Activism and the Carceral State,” Sewanee, Monteagle, Tennessee, February 10, 2017.
- Lecture, Voting Rights & Criminal Justice Reform: Expectations After the 2016 Presidential Elections, Southeast Tennessee Paralegal Association, Chattanooga, TN, January 17, 2017.
- Lecture, Voting Rights and Election Protection: Past Electioneering Practices, 2016 Elections & Beyond, Black Googlers Network, Nashville, TN, January 13, 2017.
- Panelist, 13th Amendment Film, No Exceptions/Conscious Conversations, November 13, 2016.
- Lecture, Why Voter Justice Matters: Past Electioneering Practices, 2016 Elections & Beyond, Volunteer State College, October 26, 2016.
- Panelist, Reconstructing SC’s Radical Roots – Lessons from the Southern Negro Youth Congress, South Carolina Progressive Network 20th Annual Conference &

- University of South Carolina, October 22, 2016.
- Lecture, Racial Polarization and Electoral Realignment in Tennessee during the 21st Century, Brown Bag Series Lecture, MTSU, Office of Institutional Equity and Compliance, October 12, 2016.
- Panelist, Erasing Barriers to Rehabilitation: A Discussion on the Ban the Box Movement, Tennessee Conference of the NAACP Statewide Meeting, Dickson, TN, September 22-24, 2017.
- Lecture, 2016 Presidential Elections, Faculty Breakfast Club, Nashville, TN, September 18, 2016.
- Panelist, "NAACP Get H.Y.P.E. & Courageous Together Tour," Tennessee State University, Nashville, TN, April 19, 2016.
- Lecture, "Black Youth Activism and the Reconstruction of America: Leaders, Organizations, and Tactics in the 20th Century and Beyond, Shannon Lecture Series," Tennessee State University, Nashville, TN, April 6, 2016.
- Lecture, "African Americans, Transnational Contention, and Cross-National Politics in the U.S. and Venezuela," Africana Studies Program, Tennessee State University, Nashville, TN, April 6, 2016.
- Roundtable Presentation, "Arrested Democracy: The Political Implications of Mass Incarceration," National Conference of Black Political Scientists' Annual Meeting, Jackson, Mississippi, March 16-20, 2016.
- Roundtable Chair, Film – *This Little Light of Mine: The Legacy of Fannie Lou Hamer*, National Conference of Black Political Scientists' Annual Meeting, Jackson, Mississippi, March 16-20, 2016.
- Panel Discussant, "Moral Mondays and the Impact of Fusion Politics in the 21st Century," National Conference of Black Political Scientists' Annual Meeting, Jackson, Mississippi, March 16-20, 2016.
- Panelist, We Too Sing America in Nashville: Book Talk and Community Conversation with Deepa Iyer," Nashville Public Library, February 17, 2016.
- Lecture, "Erasing Barriers to Rehabilitation: A Discussion on the Ban the Box Movement," Vanderbilt Black Law Students Association, Nashville, TN, February 17, 2016.
- Paper Presentation, "Race, Electoral Realignment, and Polarization," Southern Political Science Association's Annual Meeting, San Juan, Puerto Rico, January 8-10, 2016.
- Panel Presentation, "Reflections on Voting Rights in the South in the Age of Shelby v. Holder, Southern Political Science Association's Annual Meeting, San Juan, Puerto Rico, January 8-10, 2016.
- Panel Presentation, "Transportation Equity and Civil Rights," Transportation Innovation Academy, Nashville, Tennessee, December 9, 2015.
- Panel Presentation, "Race, Policing, and Social Justice: From Ferguson to Baltimore and Beyond," Emory University, James Weldon Johnson Institute for the Study of Race and Difference, Atlanta, Georgia, December 3, 2015.
- Panel Presentation, "Nashville's Government and Media Day," Leadership Nashville, First Amendment Center, Nashville, Tennessee, November 5, 2015.
- Lecture, "Ban the Box Nashville," MTSU NAACP Chapter, October 20, 2015.
- Panelist/Panel Organizer, "Voting Rights Act, 1965-2015: Commemorating 50

- Years,” 24th Annual Undergraduate Social Science Symposium, Middle Tennessee State University, October 28, 2015.
- Panelist/Panel Organizer, “Advocacy Forum/Legislative Update,” Tennessee NAACP State Conference, 69th Annual State Convention and Civil Rights Advocacy Conference, September 19, 2015.
- Presentation, “Spirit of Youth and the City: Teenagers, Rebellion, and Social Change,” Washington, D.C., May 30, 2015. Presentation at the Joint Conference of the Working-Class History Association and the Working-Class Studies Association.
- Presentation, “A Defining Moment for Jefferson Street,” Nashville, TN, April 30, 2015. Presentation at a town hall meeting sponsored by the Interdenominational Ministerial Fellowship.
- Presentation, “A Formula for Change: Advocacy in the Courts, the Legislature, and the Streets,” Nashville, TN, April 19, 2015. Presentation at the Re-Visioning Justice in America Conference, Vanderbilt University.
- Plenary Panel Presentation, “Black Politics in the Aftermath of Ferguson and Staten Island,” Atlanta, Georgia, March 18-21, 2015. Annual Meeting of the National Conference of Black Political Scientists.
- Paper Presentation, “Racial Hierarchy, Second-Order Devolution, and Medicaid Reform Before ObamaCare, Atlanta, Georgia, March 18-21, 2015. Annual Meeting of the National Conference of Black Political Scientists,
- Presentation, “Nashville and the New Jim Crow,” Nashville, TN, February 23, 2015. Presentation to the Davidson County Democratic Party Executive Committee.
- Presentation, “Nashville and the New Jim Crow, Nashville, TN, November 8, 2014. Presentation to the L-Club.
- Presentation, “Social Justice Activism,” Conference at the State Convention of the Tennessee NAACP State Conference, Nashville, TN, September 18-20, 2014.
- Presentation, “Spirit of Youth and the City: Teenagers, Rebellion, and Social Change,” Presentation at the Joint Conference of the Working-Class History Association and the Working-Class Studies Association, Washington, D.C., May 30, 2015.
- Presentation, “A Formula for Change: Advocacy in the Courts, the Legislature, and the Streets,” Re-Visioning Justice in America Conference, Vanderbilt University, Nashville, TN, April 19, 2015.
- Plenary Panel Presentation, “Black Politics in the Aftermath of Ferguson and Staten Island,” Annual Meeting of the National Conference of Black Political Scientists, Atlanta, Georgia, March 18-21, 2015.
- Paper Presentation, “Racial Hierarchy, Second-Order Devolution, and Medicaid Reform Before ObamaCare, Annual Meeting of the National Conference of Black Political Scientists, Atlanta, Georgia, March 18-21, 2015.
- Presentation, “Life in the Academy: The Transition from Assistant to Associate,” Panel presentation, National Conference of Black Political Science Annual Meeting, Wilmington, Delaware, March 13-15, 2014.
- Presentation, “Author Meets Critics: A Review of Daniel Gillon’s *Political Power of Protest*,” Panel presentation, National Conference of Black Political Science Annual Meeting, Wilmington, Delaware, March 13-15, 2014.
- Presentation, “African Americans and Legislative Politics in the Tennessee General Assembly,” Tennessee NAACP State Conference Day on the Hill, Nashville, TN,

- February 11, 2014.
- Presentation, "Transit Equity and the AMP," IMF General Meeting," Nashville, TN, February 5, 2014.
- Paper Presentation, "Social Movements, Inclusion, and the Politics of Redistribution in Southern Municipalities," the Southern Political Science Association Annual Meeting, Hyatt, New Orleans, Louisiana, January 9-11, 2014
- Presentation, "Just Growth or Just Growth?" Nashville Organized for Action and Hope (NOAH) Summit, September 28, 2013.
- Presentation, "Pilgrimage for Jobs, Equity, and Fairness," State Conference of the Tennessee State Conference of NAACP Chapters, Oak Ridge, Tennessee, September 27, 2013.
- Presentation, "Transportation Equity and North Nashville," Neighborhood Resource Center Transportation Conference, Nashville, September 21, 2013.
- Panel Chair and Organizer, "Grassroots Organizing and Community Organizing among African-American Women in Middle Tennessee," MTSU Women's Studies Conference, April 5, 2013.
- Presentation, "The Racial Politics of TennCare and What it Means for the Patient Protection and Affordable Health Care Act," HBCU Wellness Project, Meharry Medical College, Nashville, TN, March 25, 2013.
- Paper presentation, "Race, Realignment, and Polarization in Tennessee in the 21st Century,," National Conference of Black Political Scientists' Annual Meeting, Las Vegas, Nevada, March 2013.
- Presentation, "Bus Rapid Transit North Nashville Corridor, Empowerment Congress Leadership Institute, Co-Presentation with the Nashville Music City Team, January 18, 2013.
- Lecture, "The Long Range Impact of the 2012 Elections and How it Affects Middle Tennessee," Horizon Group, Murfreesboro, TN, January 12, 2013.
- Lecture, State of Blacks in Middle Tennessee, Nashville NAACP, December 13, 2012.
- Panel Presentation, "United Campus Workers, Neoliberalism, & Tennessee Public Higher Education, Association for Humanist Sociology Annual Conference, Nashville, Tennessee, November 7-11, 2012.
- Lecture, "African-Americans and Civic Engagement in Tennessee," Horizon Group, Murfreesboro, TN, July 2012.
- Lecture, "Localizing Green Equity and Climate Justice in Municipal-Jobs Programs, 5th Annual Ethnic Studies Distinguished Alumni Speaker Series, Santa Clara University, May 17, 2012.
- Lecture, "Transnational Contention, African-Americans, and Afro-Venezuelans," May 16, UC Santa Cruz, 2012.
- Panel Chair, "Moving from the Margins: Political Attitudes, Inequality, and Community Based Advocacy," (Undergraduate Research Section), National Conference of Black Political Scientists' Annual Meeting, Las Vegas, Nevada, March 2012.
- Panel Presentation, "African Americans and Obama's Domestic Policy Agenda: A Closer Look at Deracialization, the Federal Stimulus Bill, and the Affordable Health Care Act," (co-authored with Angela K. Lewis and Pearl K. Dowe), National Conference of Black Political Scientists' Annual Meeting, Las Vegas, Nevada,

- March 2012.
- Panel Presentation, "In Whom Do We Trust? Racial Trust, Feedback Loops, and the Impact of President Barack Obama," (co-authored with Peark K. Dowe), National Conference of Black Political Scientists' Annual Meeting, Las Vegas, Nevada, March 2012.
- Panel Presentation, "Gerrymandering and Redistricting, League of Women Voters and First Amendment Center "Redistricting: Map It Out! Panel, Belcourt Theatre, October 6, 2011.
- Panel Presentation, "Electoral Boundaries and Voting Trends in Tennessee, 2001-2011," State Conference of the Tennessee State Conference of NAACP Chapters, Murfreesboro, Tennessee, September 23, 2011.
- Paper Presentation, "The Green For All Movement's Struggle for Green Jobs and Equitable Green Procurement Policies in Municipalities," 69th Annual Midwest Political Science Association, Palmer House Hilton, Chicago, Illinois, March 31-April 3, 2011.
- Paper Presentation, "Frank Clement and the Death Penalty," Tennessee Conference on Historians, Cumberland University, Lebanon, Tennessee, September 10, 2010.
- State of Blacks in Middle Tennessee Lectures (These lectures are for the *State of Blacks and Middle Tennessee* report, 2010)
- HBCU Wellness Project, Meharry Medical College, Nashville, TN, July 15, 2010.
 - Interdenominational Ministerial Fellowship Meeting, Nashville, TN, May 2010.
 - National Urban League Strategic Discussion, Renaissance Hotel, Nashville, TN, April 20, 2010.
- Presentation, "Political Strategies to Environmental Change, "Creating the Beloved Community Conference: Environmental Justice and the City," Pittsburgh (PA) Theological Seminary Metro-Urban Institute, April 8-10, 2010
- Lecture, "The Green For All Movement," Buhl Lecture Series, University School of Nashville, April 28, 2009.
- Paper Presentation, "Race, TennCare, and Perspectives on Health Care," National Conference of Black Political Scientists' Annual Meeting, Houston, Texas, March 18-22, 2009.
- Roundtable Presentation, "How Will President Obama's Economic Recovery Bill Affect the African American Community?" Sponsored by the Urban Resource Center, Clarksville, TN, March 5, 2009.
- Paper Presentation, "The Politics of Hurricane Katrina's Internally Displaced Persons in Georgia," Southern Political Science Association, New Orleans, Louisiana, January 7-10, 2009.
- Roundtable Presentation, "Gender, Race, and Politics," Women Studies Program, KUC Theater, MTSU, October 27, 2008.
- Lecture, "Between Jesse Jackson and Barack Obama: Race Management, Electoral Populism, and Presidential Politics," Honors College, October 20, 2008.
- Paper Presentation, "Black Political Development in Tennessee," Symposium, University of Tennessee at Knoxville Africana Studies Program, April 24, 2008.
- Paper Presentation, Before the "Jena 6" Protest: The Juvenile Justice Reform Movement in the 1990s and 2000," National Association of Black Political Scientists'

- Annual Conference, March 19-22, 2008, Chicago, Illinois.
- Panel Presentation, "Blacks and Social Justice in Tennessee," NAACP Labor and Industry statewide meeting, January 16, 2008, Columbia, Tennessee.
- "Situational Deracialization, Harold Ford, Jr., and the 2006 Senate Race in Tennessee," Transforming Race Conference, Kirwan Institute for the Study of Race and Ethnicity, Ohio State University, November 30-December 1, 2007.
- Presentation, "The Evolution, Demolition, and Revitalization of Public Housing," in the United States, Middle Tennessee State University, Bilateral Conference on Urban Land Use Resources, Middle Tennessee State University, November 19, 2007.
- Panel Presenter, *Shadow Government: Race, Class, and Illness-based Bias in Healthcare*, United Methodist Church Women's Conference, August 13, 2007.
- Panel Chair/Presenter, "Election 2008," Tennessee Alliance for Progress, Compass IV Conference, Nashville, TN, April 14, 2007.
- Paper Presentation, "Style, Substance, and Situational Deracialization: Racial Polarization and the Tennessee Senate Race," National Conference of Black Political Scientists' Annual Conference," San Francisco, California, March 21-25, 2007.
- Three Lectures for the Shalom Leadership Class, American Baptist College in the Spring 2007 Academic Year:
- a) "Grassroots Organizing: TennCare as a Case Study" (January 16, 2007)
 - b) "Youth Organizing and Generational Politics" (February 13th, 2007)
 - c) "Pathways to Black Leadership" (March 27, 2007)
- Lecture, "Black Youth and Social Movement Participation," NAACP ACT-SO Plenary Meeting, David Lipscomb University, Nashville, TN, January 27, 2007.
- Lecture, "Incarcerated Persons' Role in Today's Social Justice Movement," Riverbend Maximum Security Institution, December 16, 2006.
- Lecture, "Race and Social Policy," University of Tennessee Department of Social Work, November 20, 2006.
- Panelist, "Reclaiming Our Youth: Movement Activism and Grassroots Lobbying for Juvenile Justice Reform," Southern Political Science Association Annual Meeting, January 2006.
- Organizer, "TennCare on the Front Lines," Matthew Walker Clinic, Nashville, Tennessee, September 29, 2005.
- Panelist, "Policing and Protesting Juvenile (In) Justice," Midwest Political Science Association, Chicago, Illinois, April 9, 2005.
- Panelist, "African Americans the Race for the American South, 1954-1968," American Politics Group Annual Conference, Canterbury Christ Church University College, Canterbury, England, January 6-8, 2005.
- Lecture, "Policing and Protesting Juvenile Justice Inequities," Middle Tennessee State University Honors College, November 2004.
- Panelist, "We Are Labor Too: African American Young Adult Participation in the Labor Movement," Southwest Labor Studies Association Conference, April 30, 2004, Tucson, Arizona.
- Panelist, "After the Rebellion: Movement Activism Among the Post-Civil Rights Generation," Popular Culture Association Conference, April 9, 2004, San Antonio, TX.

- Lecture, "Campus Racism and Activism," University Mentoring Program, Middle Tennessee State University, October 28, 2003.
- Panelist, "From Student Apathy to Student Activism," Emerging Leaders Public Service Seminar Sponsored by the Congressional Black Caucus Foundation Leadership Institute, June 2003.
- Panel Presentation, "New Intergroup Realities and the Decline of African American 'Minority' Status: Rethinking African American Methods and Modes of Struggle," 26th Annual Black Studies Conference, Olive-Harvey College, African American Studies Association, Chicago, Illinois, April 23-26, 2003.
- Lecture, "Black Youth Activism in New Haven," College of Saint Rose, Albany, New York, March 2003.
- Panel Presentation, "Black Political Thought and the Vote: Saliency, Interpretation, and Utility," National Conference of Black Political Scientists' Annual Conference, Oakland, California, March 13-15, 2003.
- Panel Presentation, "Organizing as a Political Strategy in the Post-Black Power Era: Intergenerational Politics and Sociopolitical Movements in New Haven," National Conference of Black Political Scientists' Annual Conference, Oakland, California, March 13-15, 2003.
- Presenter, "Cynthia McKinney and the 2002 Mid-Term Elections," Conference, Elections 2002 – Implications for an Inclusive Politics, Williams College, November 15-16, 2002.
- Presenter, "Moving Beyond the Talented Tenth," Emerging Scholars Interdisciplinary Network Working Group, University of Pennsylvania, School of Social Work, Philadelphia, Pennsylvania, September 13-15, 2002.
- Panel Presentation, "The Paradoxes of *Enclave* Federalism: Political Culture, Home Rule, and Statehood, in the District of Columbia." Midwest Political Science Association, April 2002.
- Lecture, "Community Organizing and Citizen Participation in Post-Black Power Politics and the Era of Globalization," Albion College, Albion, Michigan, April 17, 2002.
- Panel Presentation, "Community Organizing and Strategy in Post-Black Power Era," National Conference of Black Political Scientists' Annual Meeting, Atlanta, GA, March 8, 2002.
- Roundtable Panelist, "You Came 'Here' to Leave: Negotiating the Graduate Studies Process Each Step of the Way," National Conference of Black Political Scientists' Annual Meeting, Atlanta, GA, March 8, 2002.
- Roundtable Chair and Panelist, "Making the Transition from Graduate School to the Academia," National Conference of Black Political Scientists' Annual Meeting, Atlanta, GA, March 7, 2002.
- Presentation, "Blacks and the Suffrage," Sponsored by Alpha Phi Alpha Fraternity Inc. and Sigma Gamma Rho Sorority Inc., University of Illinois, March 6, 2002.
- Panel Presentation, "The Black Freedom Movement and New Social Movement Theories," (Reading Group) Afro-American Studies and Research Program (University of Illinois), January 31, 2002.
- Lecture, "Political Generations and Black Student/Youth Social Movement Participation at the End of the Twentieth Century," Wesleyan University,

- November 29, 2001.
- Lecture, "*The World Beyond the Campus: Youth Organizing and the Black Student Leadership Network*," University of Illinois Afro-American Studies and Research Program, November 12, 2001.
- Keynote Address, "Justice and the American Political Community." Junior Statesman Association Summer Program, July 2001.
- Panel Presentation, "Mobilization and the Struggle for Leadership," Dissertation Colloquium, Howard University's Department of Political Science, Washington, DC, April 23, 2001.
- Panel Presentation, "The Culture of Black Student and Youth Political Activity," School of Education Conference on Culturally Appropriate Teaching In An Urban Setting," Howard University, Washington, D.C., March 7-8, 2001.
- Panel Chair, "Social Change and the Relevancy of Political Science to Communities of Color," American Political Science Association, Washington, D.C., August-September, 2000.
- Panel Presentation, "The Origins of the Institutionalization of Police Brutality/Police Repression, Pre-1970," Crisis America: Police Brutality Symposium, Amnesty International at Howard University, March 2000.
- Panel Presentation, "Patron-Client Relations and Dilemmas in Black Student and Youth Socio-Political Organizations," National Conference of Black Political Scientists' Annual Conference, Washington, D.C., March 2000.
- Panel Chair, "Community Politics and Black Youth Heading Into the 21st Century: Coalitions, Leadership, and Economic Development," Congressional Black Associates and Potential Unlimited, Inc., Capitol Hill, Washington, D.C., September 1999.
- Panel Chair, "The Status of Graduate Political Science Students of Color at Predominantly White Institutions," American Political Science Association, Atlanta, GA, September 1999.
- Panel Presentation, "HBCU's and Community Development," Howard University Graduate Symposium Conference, Washington, D.C., April 1999.
- Panel Presentation, "Social and Political Attitudes Towards the Black Predicament: Data from the Million Man March," Co-authored with Joseph McCormick, II (Lead author), National Conference of Black Political Scientists' Annual Conference, Atlanta, GA, March 1999.
- Panel Presentation, "Expressions of Racial Consciousness Among Black Men at The Million Man March," Co-authored with Joseph P. McCormick, II (Lead author), American Political Science Association's Annual Conference, Boston, MA, September 1998.
- Panel Chair, "The Role of Black Political Scientists, In Transition Heading Into the Twenty-First Century" National Conference of Black Political Scientists' Annual Conference, Chicago, Illinois, April 1998.
- Panel Presentation, "Black Organizational Development and the Black Student Leadership Network: An Examination of Local-Level Black Organizations and the Community Mobilization Activities in the Post-Civil Rights Era," National Conference of Black Political Scientists' Annual Conference, Chicago, Illinois,

April 1998.

Panel Presentation, "Black and Latino Race Relations in the Western and Southwestern Regions of the United States," Race Relations in the Next Millennium, Howard University, Washington, D.C, February 1998.

Panel Presentation, "Black Political Opinion Towards California's Voter Initiatives: a closer look at Propositions 13, 187, and 209," Northeast Conference Political Science Association's Annual Conference, Philadelphia, PA, November 1997.

Panel Presentation, "The San Jose NAACP chapter in the Post-Civil Rights Era," National Conference of Black Political Scientists' Annual Conference, Savannah, GA, March 1996.

PROFESSIONAL/RESEARCH/WORK/VOLUNTEER ACTIVITIES:

President of the National Conference of Black Political Scientists, March 2019-Present.

Facilitator/Trainer, James Lawson Institute for Nonviolent, July 2018 – Present.

I was also appointed to the Tennessee Advisory Committee of the US Civil Rights Commission.

Coordinated the Tennessee Election Protection Network with the Lawyers' Committee for Civil Rights Under Law, November 2016.

Planning Committee of the Tennessee Caucus of Black Legislators' Town Hall Forum on Criminal Justice Reform (Middle Tennessee cluster, June 12, 2016).

Program Co-Chair of the Annual Meeting of the National Black Political Scientists' 47th Annual Meeting, Jackson, Mississippi, March 16-20, 2016.

I taught a three-hour short course at the American Political Science Association Annual Meeting, "The Role of Scholar Activism: How Political Scientists Can Bolster Resistance Movements," San Francisco, CA, September 2, 2015.

Panelist and assisted with organizing the Nashville Convening of the Solidarity Summit – II with the Tennessee Immigrant and Refugee Rights Coalition, Open Society Foundation, and the Proteus Foundation, Caza Azafran, Nashville, Tennessee, August 26-28, 2015.

Coordinating Committee of Democracy Nashville (Assisted with the Adoption of Ban-the-Box in Nashville),
<http://www.tennessean.com/story/news/politics/2015/11/10/metro-adopts-ban-box-policy-most-city-jobs/75515562/>.

I served as the Co-Chair of the Black History Month program for MTSU.

I served on the Faculty Search Committee for American Government and Politics.

I served on the Graduate Program Committee for the Department of Political Science.

In the summer 2006, I visited Venezuela to collect data and research for two projects: 1) "African Americans, Venezuela, and Transnational Alliances"; 2) a project that looks at the socio-political development of Afro-Venezuelans.

In the summer 2006, I took a course entitled, "Social Network Analysis," at the Interuniversity Consortium of Social and Political Research (the satellite campus at the University of North Carolina, Chapel Hill).

I received a Faculty Research and Activity Grant for the Spring-Summer 2007 to research the socio-political development of Afro-Venezuelans.

Chair of the Board of Directors, Urban EpiCenter, Nashville, Tennessee.

Board Member, Tennessee Alliance for Progress (TAP), September 2005-2006.

TennCare Saves Lives Coalitions, Coordinating Committee Member, August 2005-Present.

Ad Hoc Committee for Equity (Nashville), Working Committee, Advise on Organizing Initiatives, August 2005-Present.

Trainer, Nashville Peace and Justice Center Leadership Institute, "Training for Community Organizing," 2005.

Board Member, Tennessee Alliance for Progress, November 2005- Present .

Lead Teacher, "A Ten-Week Teach-In of the Civil Rights and Social Justice Movements," Tennessee Citizen Action Voter/Electoral Organizing Project, Summer 2004.

Board Member, Tennessee Citizen Action, 2004-2005.

Board Member, Human Values for Transformative Action, Inc., June 2003-June 2005.

Emerging Young Scholars Interdisciplinary Network, Working Committee, School of Social Work, University of Pennsylvania, November 2000-Present.

Chancellor's Postdoctoral Fellow, University of Illinois (Champaign-Urbana Campus) Afro-American Studies and Research Program, August 2001-August 2002.

Instructor, Junior Statesmen Association Summer School Program, Stanford University Site, Summer 2001.

Curriculum Committee Coordinator, Potential Unlimited InTECHgration Enterprise and Career Development Institute, Washington, D.C., November 2000-August 2001. I was the Curriculum Development Coordinator for Potential Unlimited, Inc.'s InTECHgration Enterprise and Career Development Institute. The Institute attempted to develop an adult education school in collaboration with the State Education Agency Adult Division at the University of the District of Columbia, the Telecommunication Development Corporation, Xerox, and the National Foundation for Teaching Entrepreneurship.

Consultant, National Center for Bioethics, Tuskegee, Alabama, April 2001-May 2001.

Consultant, Robert F. Kennedy Memorial, Youth Against Racism Project, Washington,

D.C., March-May 2001.

Graduate Intern/Assistant, National League of Cities Race and Ethnic Relations Program, Washington, DC, June 2000-February 2001. The National League of Cities is the lobby and research public sector firm for municipal officials (city council members and mayors) and municipal state leagues. The National League of Cities has an on-going Campaign to Promote Racial Justice, that was led by Dr. Lorna Gonsalves-Pinto, who coordinated anti-racism initiatives with over 200 municipal officials.

Chair of the Committee on Graduate Issues, Race and Ethnicity Section, American Political Science Association, Washington, DC, 1998-2000.

Political Researcher, Wilmer Leon Show (Political Talk Show), WOL, September 1999-May 2001.

Co-Principal Investigator, *1999 Howard University Political Survey: Pre-Election*, 1999.

Survey Analyst, Council for Opportunity in Education, Washington, D.C., 1999.

Teaching Intern, LISTEN, Inc., Washington, D.C., Summer 1999.

Graduate Research Associate, Center for Urban Progress, Howard University, 1998-1999.

National Research Council Graduate/Postdoctorate Internship, National Academy Sciences, 1998.

President, Graduate Political Science Association, Howard University, Washington, D.C., 1998-1999.

Community Outreach Coordinator, Election Committee for Ward One City Council Candidate, Baruti Jahi, Washington, D.C., 1999.

Vice-President, Graduate Political Science Association, Howard University, Washington, D.C., 1997-1998.

Survey Analyst, *1997 Million Women March Survey*, Department of Political Science, Howard University.

Survey Analyst, D.C. Council for Court Excellence, D.C. Jury Behavior Project, Washington, DC, 1997.

GRANTS

Awarded a Faculty Development Grant to attend Carnegie Mellon's Summer Institute on Computational Analysis of Social and Organizational Systems (CASOS) in Pittsburgh, Pennsylvania, June 2009.

Awarded a Faculty Research & Creative Activity Grant for the project: "After the Rebellion: Social Movement Activism and Popular Mobilization among the Post-Civil Rights Generation," Spring 2009.

Awarded Faculty Research & Creative Activity Grant, "The Socio-Political Development of Afro Venezuelans under the Bolivarian Experiment, 2006-2007.

Faculty Development Grant to attend the Social Network Analysis course sponsored by the Inter-university Consortium for Political and Social Research, University of North Carolina, July 31-August 4, 2006.

Awarded Faculty Research & Creative Activity Grant, “Policing and Protesting Juvenile Justice Inequities Policing and Protesting Juvenile Justice Inequities,” Summer Salary Grant, 2004.

Awarded W.T. Grant Foundation, “Policing and Protesting Juvenile Justice Inequities,” (Grant Number: 2561), 2003-2004 (See Final Report), \$4,750.

Grants Written for Community Groups:

Clean Energy and Sustainability Zones: A Proposal for Sustainable Practices in Low-Income Communities, AmeriCorps Grant.

National Training and Information Center , Community Organizing Grant (Awarded \$6,000 to the Urban EpiCenter).

Center for Community Change’s Campaign for Community Values Grant (Awarded \$20,000 to the Urban EpiCenter)

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:

National Conference of Black Political Scientists
Southern Political Science Association
American Political Science Association

AWARDS

- a) President’s Award, Tennessee State Conference of the NAACP
- b) Young Professionals Award, Rutherford County, Murfreesboro Magazine
- c) Green Hero Award, Tennessee Alliance for Progress
- d) Advocate of the Year, Tennessee Citizen Action
- e) John Pleas Faculty Award, Middle Tennessee State University
- f) Greater Nashville Alliance of Black School Educators Award
- g) NAACP Benjamin L. Hooks Keeper of the Flame Award

EXHIBIT 5

DRAFT

April 13, 2020

SECRETARY OF STATE EMERGENCY ELECTION PLAN FOR THE JULY 11, 2020 PRESIDENTIAL PREFERENCE PRIMARY AND AUGUST 15, 2020 MUNICIPAL GENERAL ELECTIONS IN THE STATE OF LOUISIANA

I. AUTHORITY

After the governor declares a statewide emergency, should the secretary of state determine that such emergency impairs an election that may otherwise be held except for technical, mechanical, or logistical problems with respect to the relocation or consolidation of polling places within the parish, potential shortages of commissioners and parish board commissioners, or shortages of voting machines, La. R.S. 18:401.3 authorizes the secretary to certify to the governor, the Senate Committee on Senate and Governmental Affairs, and the House Committee on House and Governmental Affairs that the emergency impairs the election and that an emergency election plan is necessary.

Upon concurrence by the governor and a majority of each of the two committees that such a plan is necessary, the secretary of state shall develop an emergency plan in writing that proposes a resolution to the technical, mechanical, or logistical problems that impair the election. The written emergency plan shall then be submitted to the Senate and Governmental Affairs and House and Governmental Affairs committees and the governor.

If a majority of the members of each Committee approve the emergency plan, the plan shall be submitted to the members of each house of the legislature for approval. If a majority of each house of the legislature and the governor approve the emergency plan, the secretary of state shall take all steps necessary to implement the plan and all officials of the state and of any political subdivision shall cooperate with and provide assistance to the secretary of state as necessary to implement the plan.

II. PURPOSE

On March 11, 2020, the World Health Organization designated the COVID-19 outbreak as a worldwide pandemic.

Proclamation No. 25 JBE 2020 was signed by Governor John Bel Edwards on March 11, 2020, declaring a statewide public health emergency as a result of the imminent threat posed to Louisiana citizens by COVID-19, which has created emergency conditions that threaten the lives and health of the citizens of the State. The emergency conditions created by COVID-19, as well as the efforts necessary to contain its spread, will affect all 2,988,813 of Louisiana's registered voters as well as the 3,934 precincts located at 2,058 polling places across the State.

Governor Edwards signed Proclamation No. 28 JBE 2020 on March 13, 2020, which rescheduled the April 4, 2020 presidential preference primary election to June 20, 2020 and the May 9, 2020 municipal general election to July 25, 2020. On April 13, 2020, the governor signed Proclamation No. _____ to reschedule the presidential preference primary election to July 11, 2020 and the municipal general election to August 15, 2020.

On March 22, 2020, Governor Edwards issued Proclamation No. 33 JBE 2020, imposing a general stay-at-home order on all individuals within the State and limiting all public gatherings to ten people or less in an attempt to curb the spread of COVID-19. All individuals were directed to stay home unless performing an essential activity until April 13, 2020. This order was extended to April 30, 2020 by 41 JBE 2020, signed by the governor on April 2, 2020.

The July 11, 2020 presidential preference primary election is a statewide federal election. This election also includes state and local party office races in 47 parishes, and local and municipal races and propositions in 24 parishes. The August 15, 2020 municipal general election includes local and municipal runoffs and propositions in 51 parishes. Five of the 51 parishes have no propositions on the ballot and only have potential run-offs from the July 11, 2020 primary.

COVID-19 poses unknown and unprecedented logistical problems regarding the availability of polling places, commissioners, election officials, and sanitation and safety products (like clothing, protective eyewear, masks, sanitizing products, and sterilizing services to clean facilities prior to and following the election) with respect to conducting in-person voting for the July 11, 2020 and August 15, 2020 elections.

The purpose of this emergency plan is to provide a means of conducting these elections in the wake of this unprecedented pandemic. In order to fully implement this plan, due to supply chain issues, the Department must order all equipment and material resources for both the July 11, 2020 and August 15, 2020 elections no later than April 24, 2020.

III. DUTIES OF ELECTION OFFICIALS AND PARISH GOVERNING AUTHORITIES

The secretary of state is the chief election officer of the State and administers the laws of the Election Code.

The State Board of Election Supervisors has the powers and duties granted to it by La. R.S. 18:24 to oversee Louisiana election laws. The State Board consists of the lieutenant governor, the secretary of state, the attorney general, the commissioner of elections, a representative of the Registrars of Voters Association, a representative of the Clerks of Court Association, a governor's appointee, and a representative of the Police Jury Association.

Registrars of voters have many duties to perform before and during elections, including: registering voters, processing voter registration applications, processing requests for absentee by mail ballots, conducting early voting in the parish, and preparing the precinct registers for election day voting.

Clerks of court are the chief election officers of each parish. For each election, the clerk of court trains the commissioners who work at the polling places on election day, takes responsibility for delivering the voting machines to and from the polling locations, and tabulates and transmits election results on election night.

Parish boards of election supervisors supervise the preparation for and the conduct of all elections held in the parish. They are responsible for selecting election day commissioners, consolidating polling places, issuing commissions to watchers, counting absentee by mail and early voting ballots on election day, and selecting commissioners to aid in counting the absentee by mail and early voting ballots. The parish boards also seal the voting machines before election day, inspect the machines after the election, and conduct requested recounts.

Parish governing authorities have specific duties to perform during election cycles, including changing any polling places which are no longer available for use because of the COVID-19 pandemic. Changing polling places includes giving adequate notice of the change to each voter in the affected precincts and to each candidate to be voted on at that polling place, posting a sign at the former polling place, directing voters to the new polling place, advertising the changes in the official journal of the parish and in any other newspaper of general circulation in the affected precincts, and other reasonable steps necessary or desirable to inform voters and candidates of the change in location.

IV. VOTING MACHINES

The secretary of state has sufficient voting machines to conduct early voting and election day voting for the July 11, 2020 and August 15, 2020 elections.

The voting machines used on election day are Sequoia AVC Advantage voting machines, which have a large-format printed paper ballot fastened to the front of each machine. These paper ballots have already been printed and fastened to the front of the AVC machines for the April 4, 2020 election date. Prolonged storage in the humidity and heat of the Department's un-air conditioned warehouses will cause the paper ballots to warp and curl, therefore it is recommended that paper ballots for all AVC machines used in the July 11, 2020 election be reprinted.

V. POLLING PLACES FOR IN-PERSON EARLY VOTING AND ELECTION DAY VOTING

A. Early Voting

Early voting is conducted for seven days in each parish by the registrar of voters. There are currently 102 early voting sites statewide. Most are in registrars of voters offices, but some are in voting machine warehouses, public libraries, and other public facilities.

Early voting for the July 11, 2020 election is currently scheduled for June 26 through July 4, 2020 (excluding Sunday, June 27, 2020). Early voting for the August 15, 2020 election is currently scheduled for August 1 through August 8, 2020 (excluding Sunday, August 2, 2020).

This plan will expand the days of early voting from seven to thirteen days. Early voting for the July 11, 2020 election will be held June 18 through July 2, 2020 (excluding Sundays, June 21, 2020 and June 28, 2020). Early voting for the August 15, 2020 election will be held July 25 through August 8, 2020 (excluding Sundays, July 26, 2020 and August 2, 2020). Due to the extraordinary circumstances, the Department must begin all preparations for both the July 11, 2020 and August 15, 2020 elections no later than May 4, 2020.

One of the two early voting sites in Ouachita Parish is located at the West Ouachita Senior Center, 1800 North 7th Street, West Monroe. According to the Centers for Disease Control and Prevention (CDC), seniors are at higher risk of complications from COVID-19. The Department of State will choose another location for this early voting site. The Ouachita Parish Registrar of Voters will conduct early voting at the registrar's main office, 1650 Desiard Street, Suite 125, Monroe, Louisiana 71201, and at the second site (location to be determined).

If any other early voting sites become unavailable for early voting for the July 11, 2020 and August 15, 2020 elections due to conditions caused by COVID-19 or because of a proclamation or executive order issued by the governor, the Department will work with the affected parish registrar of voters and parish governing authority to relocate the early voting site. If a sufficient temporary early voting site cannot be found, the voting machine warehouses in each parish may be used for early voting.

B. Election Day Voting

Election day voting is normally conducted in 3,934 precincts located at 2,058 polling places across the state. Polling places are established for each precinct by the parish governing authority. Polling places must be equipped with proper electric current, fixtures, and outlets necessary to operate voting machines and otherwise conduct the election. The polling places must also have sufficient sanitary facilities. To the extent possible, the parish governing authority must locate multiple precincts in one polling location in public buildings. If a suitable public building is not available, precincts may be located on private property.

Due to the Governor's stay-at-home order, the limitation on gatherings of more than ten people at a time, and the rapid rise of COVID-19 cases in Louisiana, there may be limitations on the availability of polling places for the July 11, 2020 and August 15, 2020 elections. Due to the extraordinary circumstances, the Department must begin all preparations for both the July 11, 2020 and August 15, 2020 elections no later than May 4, 2020.

The Department will work with the clerks of court and parish governing authorities to relocate polling places located in senior citizen centers and nursing homes (these polling places *must* be relocated). Polling places located in the following may be relocated, depending on the facility:

- Council on aging offices;
- Residential facilities or private homes; and

- Non-public buildings if the owners do not want to hold the election on their property due to conditions caused by COVID-19.

Polling places that must be relocated will need to be identified by April 22, 2020. If any other election day polling places become unavailable to conduct voting for the July 11, 2020 and August 15, 2020 elections due to conditions caused by COVID-19 or because of a proclamation or executive order issued by the governor, the Department will work with the affected parish clerk of court and parish governing authority to relocate the precinct to another polling place. If a desirable temporary polling place cannot be found, the voting machine warehouses in each parish may be used as a polling place for one or more precincts.

Signs will be posted at all former polling places, updated voter registration cards will be sent to the voters reflecting their new polling place, and notice of the new polling places will be published, as time permits, to inform the voters of changes in polling places.

Currently, the secretary of state has identified the following polling places that should be relocated for the July 11, 2020 and August 15, 2020 elections:

PARISH	POLLING LOCATION	PRECINCTS	REGISTERED VOTERS
ALLEN	Oberlin Senior Citizen Building	01-03	290
AVOUELLES	Marksville Senior Citizen Building	02-07	471
	Bunkie Council on Aging	10-03A	433
BEAUREGARD	Council on Aging	00-26	936
CATAHOULA	Catahoula Council on Aging	01-02	187
IBERVILLE	St. Gabriel Community Center	9 & 10	2413
	Iberville Council on Aging	19, 19A, 20 & 23	1465

JEFFERSON	Summerville Assisted Living Center	K003	1409
	Westminster Towers	K025	1274
	Harahan Senior Citizens Center	H009	627
	Metairie Manor	70	831
	Metairie Senior Citizen Center	82, 85, 86 & 87	3505
	Dorothy B. Watson Center	104 & 108	1569
	George Edmond Activity Center	154	1304
	Marrero Senior Community Center	173, 179B & 181	2596
	Terrytown Golden Age Center	227 & 229	1976
LAFOURCHE	Wilbert Tauzin Senior Citizen Center	6/2	1289
MADISON	Madison Council on Aging	12	478
NATCHITOCHE	Natchitoches Council on Aging	01-02	1361
ORLEANS	Mater Dolorosa Church Basement	Ward 17 Pct 2-7	3574
	Woldenberg Village	15/14G	1494
	Nazareth Inn	09/44A	756
	Guste High Rise	02/04	832
OUACHITA	West Ouachita Senior Center	34/47	1046
ST. JAMES	Lutcher Senior Center	04,05,06	1669

ST. MARY	St. Mary Council Building	44	596
	Health Unit	38	499
	AARP Senior Center	45	609
ST. TAMMANY	Avanti Senior Living Center	115	1,058
VERNON	Slagle Senior Citizens Center	08/01	440
	Hornbeck Senior Citizens Center	02/03,03A	955
WASHINGTON	Bogalusa Senior Citizens Center	04/05,06,05B	1000

VI. IN-PERSON VOTING UNDER THE NURSING HOME PROGRAM

The program for in-person voting by voters residing in nursing homes, as provided in La. R.S. 18:1333, is suspended for the July 11, 2020 and August 15, 2020 elections, except for the provisions of La. R.S. 18:1333(G)(4)(a). Voters currently enrolled in the Nursing Home Program will be mailed an absentee by mail ballot and allowed to vote the ballot according to the procedures in La. R.S. 18:1301-1319. However, if restrictions on visitation remain in place, voters enrolled in the Nursing Home Program may receive assistance from an employee of the nursing home for the July 11, 2020 and August 15, 2020 elections.

VII. ABSENTEE BY MAIL VOTING

The Election Code requires voters to have one of several listed reasons to be eligible to vote by mail. These reasons are specified by law.

A registered voter can request an absentee by mail ballot until four days before election day and must return their ballot to the registrar of voters no later than 4:30 p.m. on the day before the election, with special exceptions for deployed military, overseas citizens, and hospitalized or sequestered voters.

A. Voters Requesting an Absentee by Mail Ballot

The deadlines to request an absentee by mail ballot for the July 11, 2020 election are:

- July 7, 2020 (four days before the election) for all voters *except military, overseas, and hospitalized voters*; and
- July 10, 2020 (day before the election) for military, overseas, and hospitalized voters.

The deadlines to request an absentee by mail ballot for the August 15, 2020 election are:

- August 11, 2020 (four days before the election) for all voters *except military, overseas, and hospitalized voters*; and
- August 14, 2020 (day before the election) for military, overseas, and hospitalized voters.

All requests to vote absentee by mail must be in writing under the voter's signature and must specify the reason for the request. Applications can be sent to the registrar of voters by mail, fax, hand delivery, or online through the secretary of state's website at GeauxVote.com.

This plan will expand the reasons to request an absentee by mail ballot to registered voters who are affected by COVID-19 and are:

- Sixty years of age or older;
- At higher risk of severe illness from COVID-19 due to serious underlying medical conditions (such as chronic lung disease, moderate to severe asthma, hypertension and other serious heart conditions, diabetes, undergoing chemotherapy, immunodeficiencies, severe obesity, chronic kidney disease and undergoing dialysis, and liver disease);
- Subject to a stay at home, quarantine, or isolation order;
- Advised by a health care provider or governmental authority to self-quarantine due to COVID-19 concerns;
- Experiencing symptoms of COVID-19 and seeking a medical diagnosis;
- Unable to appear in public due to concern of exposure to or transmission of COVID-19;
- Caring for an individual who is subject to a stay at home, quarantine, or isolation order or who has been advised by a health care provider or governmental authority to self-quarantine due to COVID-19 concerns; or
- Caring for a child or grandchild if the child's school or daycare is closed, or the child care provider is unavailable, due to precautions taken because of COVID-19 concerns.

All regular requests for absentee by mail ballots will continue to be accepted.

All requests shall be verified by the registrar of voters by comparison with the registration records on file in the registrar's office. The secretary proposes to deputize his staff to assist the registrars, if needed, to process the increased number of absentee by mail requests, mail absentee ballots to voters, and process absentee ballots returned by voters.

La. R.S. 18:115(F) requires voters that registered by mail and who have not previously voted in their parish to vote in person the first time. This requirement will be waived for the July 11, 2020 and August 15, 2020 elections.

This plan will require the development and use of a temporary application for absentee by mail ballot requests due to COVID-19. This application will be available to voters in addition to the other absentee by mail applications currently in use.

The COVID-19 reasons for request may be submitted online through the GeauxVote online portal in addition to the statutory reasons to request an absentee by mail ballot. Programming by the Department's IT Division will be required to add the COVID-19 reasons to the online portal and may take up to a month to implement due to time required for development, testing, and cybersecurity concerns.

Voters may otherwise submit an application by mail, fax, or hand delivery.

The requirement for two witness signatures in La. R.S. 18:1307(A) will be waived for absentee by mail ballot requests due to COVID-19. If a voter makes a mark or is otherwise unable to sign their name, the application must be signed by only one witness.

This plan may require special training for election officials to conduct the elections under this emergency plan.

B. Voters Receiving an Absentee by Mail Ballot

Under usual circumstances, a voter submits a request to the registrar of voters to receive an absentee by mail ballot, and the registrar of voters sends the absentee by mail ballot to the voter.

This plan may require the Department of State to assist the registrars of voters in carrying out the provisions of La. R.S. 18:1308 regarding absentee voting by mail.

The Department will assist the registrars, as needed, to mail an absentee by mail ballot to a voter who timely submits a request.

The Department may contract with the United States Postal Service to create a tracking system to track all absentee by mail ballots mailed to and from voters under this emergency plan, should cost and circumstances permit.

Voters who submit a request under this plan to receive an absentee ballot by mail must provide the address to which the absentee ballot shall be sent. If the address is within the parish, such address shall only be the voter's registration address or a mailing address on file with the registrar of voters.

In addition to requesting to receive an absentee ballot by mail, voters may alternatively request to receive an absentee ballot by fax (with waiver of right to secret ballot), by email (for deployed military, overseas, and voters with physical disabilities, with waiver of right to secret ballot), or

by hand delivery to an immediate family member of a hospitalized voter. (Voters hospitalized with COVID-19 may cause unique problems as such patients are currently not allowed visitors, nor are visitors allowed in hospitals.)

Instructions on completing the absentee by mail ballot are included with the ballot. The instructions include how to vote the ballot, return the ballot, sign the envelope, request a replacement ballot for a spoiled ballot if necessary, and specify the deadline to return the ballot.

All voters who received and returned an absentee by mail ballot prior to approval of this emergency plan will receive a letter from the Department informing them that their returned ballot remains valid for the July 11, 2020 election date.

C. Voters Returning Voted Ballots

The deadlines to return a voted absentee by mail ballot for the July 11, 2020 election are:

- July 10, 2020 at 4:30 p.m. (day before the election) for all voters *except military, overseas, and hospitalized voters*; and
- July 11, 2020 at 8:00 p.m. (day of the election) for military, overseas, and hospitalized voters

The deadlines to return a voted absentee by mail ballot for the August 15, 2020 election are:

- August 14, 2020 at 4:30 p.m. (day before the election) for all voters *except military, overseas, and hospitalized voters*; and
- August 15, 2020 at 8:00 p.m. (day of the election) for military, overseas, and hospitalized voters

Voters can return a voted absentee by mail ballot by hand delivery, by mail, by commercial courier, by fax (with waiver of secret ballot), or by email (for deployed military, overseas, or emergency workers with approval of the secretary of state, with waiver of secret ballot).

For the July 11, 2020 and August 15, 2020 elections, the requirement in La. R.S. 18:1306(E)(2)(a) for a witness signature on the absentee by mail ballot envelope flap shall not be a reason to challenge an absentee by mail ballot for cause under La. R.S. 18:1315(B).

For the July 11, 2020 and August 15, 2020 elections, if ballots cannot be returned in-person because registrar of voters offices remain closed to the public, voters may still return absentee ballots by mail, by commercial courier, by fax (with waiver of secret ballot), or by email (for deployed military, overseas, or emergency workers with approval of the secretary of state, with waiver of secret ballot).

D. Receipt of Voted Ballots by Registrars of Voters

All voted ballots must be received no later than the deadlines outlined above.

When the registrar receives ballots, voter records are updated each day in ERIN to reflect which voters have returned voted ballots. The registrars verify ballots received from voters by comparison with the registration records on file in ERIN. The lists of absentee by mail voters who have returned a voted ballot are made public daily by the registrars of voters and are also available on the Secretary of State website.

The Department anticipates a larger than usual number of returned absentee ballots for both elections. (For the 2016 presidential preference primary election, 63,000 voted absentee by mail ballots were returned to the registrars.) There are 2,479,420 voters currently eligible for the July 11, 2020 election. The Department estimates receiving 375,000 or more voted absentee by mail ballots. Around 30,000 voted absentee by mail ballots have already been received by registrars of voters.

The number of voted absentee by mail ballots returned to registrars of voters may exceed 375,000 ballots for the July 11, 2020 election. This far exceeds the number of ballots usually returned by voters for a similar election.

The registrar of voters will continue to accept all voted ballots returned by voters and the registrar of voters will store all absentee by mail ballots until the parish board of election supervisors begins tabulation on election day.

With the anticipated increased number of voted ballots returned to registrars, in addition to an increase in the number of days registrars will conduct early voting, registrars may need to hire additional early voting commissioners or part time employees to handle the increased workload.

E. Tabulating Ballots

The parish board of election supervisors is responsible for overseeing all elections in the parish and for preparing, verifying, tabulating, and counting absentee by mail ballots as provided in La. R.S. 18:1313. It may utilize parish board commissioners under the provisions of La. R.S. 18:1314, and may also designate additional commissioners to assist with the duties required under La. R.S. 18:1313.

Before tabulation begins, the board must reconcile the names of voters who submitted an absentee ballot against the number of absentee by mail ballots in hand. This may require a large number of parish board commissioners.

Larger, high speed scanners must be acquired and will be necessary to scan and tabulate the increased number of absentee by mail ballots. Prior to use of these scanners in any election in this state, they must receive certification by the secretary of state that they meet the Department's durability, accuracy, efficiency, and capacity standards. Each individual scanner must also be acceptance tested by the Department before being delivered for use by the parishes.

The fourteen largest parishes will require additional computer stations with ERIN access, spaced at least six feet apart, for the parish boards and parish board commissioners to scan

ballots. During the scanning process, additional computer stations, with at least two people per station, will be required to adjudicate ambiguous ballots to determine voter intent.

The process of preparing and verifying the absentee ballots will begin two weeks prior to election day. Tabulating and counting the absentee by mail ballots will begin on election day and is estimated to require not longer than two weeks for completion.

Unofficial election results may not be available or reported on election night. No unofficial election results will be reported until all scanning and tabulation of absentee by mail ballots is complete, not longer than two weeks after election day. Every effort will be made to withhold all returns until all parishes are able to transmit unofficial results to the secretary of state. Once all unofficial results are transmitted, they will be reported by the secretary of state.

Parish boards, registrars of voters, clerks of court, and any election officials or staff shall not make public any unofficial election results until all results are reported by the secretary of state.

Parish boards will receive compensation for meetings held on additional days at the rate set forth in La. R.S. 18:423(E).

F. Deadlines

The deadlines and time intervals in the following statutes will be calculated beginning on the date that unofficial election results are reported by the secretary of state:

- La. R.S. 18:566.2
- La. R.S. 18:572
- La. R.S. 18:573
- La. R.S. 18:574

The following deadlines after the election are changed as follows:

- An action contesting any election involving election to office shall be instituted not later than 4:30 p.m. of the ninth day after the unofficial results are reported by the secretary of state. The deadline in La. R.S. 18:1376, to release machines used in the July 11, 2020 election on the tenth day after the election, shall not be extended.
- Written requests for recounts of absentee by mail and early voting ballots shall be filed by 4:30 p.m. on the third calendar day after the unofficial results are reported by the secretary of state and recounts shall be held at a time and day set by the secretary of state, in conjunction with the registrars of voters and the clerks of court.

VIII. COST

Cost estimates for the July 11, 2020 and August 15, 2020 elections will be provided.

IX. COMMISSIONERS

A. Early Voting and Election Day Commissioners

The Department will work with registrars of voters and clerks of court to assess the need for additional commissioners for early voting and for precinct voting on election day.

The secretary will assist in recruiting national guard, secretary of state employees, other possible state employees, and any other available labor sources, provided these individuals receive the minimum training necessary to serve as a commissioner. Available additional commissioners from surrounding parishes may also be used. State employees serving as commissioners will receive paid overtime. All other commissioners will be paid in accordance with law and will be reimbursed mileage and accommodations according to the state travel guidelines.

Additional funding will be required to recruit additional commissioners.

New commissioners must attend a general course of instruction to receive certification prior to serving as a commissioner. Part of the course of instruction may be conducted remotely, if possible, but hands-on training on voting machines will require part of the course to be conducted in person.

All early voting commissioners will need to receive training specific to conducting early voting for the July 11, 2020 election no later than June 4, 2020.

All election day commissioners, including those who have served as a commissioner before, must attend a pre-election school for the July 11, 2020 election not less than four days prior to election day. The pre-election school covers the procedures to be used for the federal presidential preference primary election (e.g., provisional voting and lockouts based on party affiliation).

B. Parish Board Commissioners

The Department will work with parish boards of election supervisors to train and provide the necessary number of parish board commissioners. This number will include Department staff, other state and parish employees, and members of the Louisiana National Guard, as necessary. State employees serving as commissioners will receive paid overtime. All other commissioners will be paid in accordance with law and will be reimbursed mileage and accommodations according to the state travel guidelines.

X. ELECTION RESULTS

This plan will require the Department to establish a method as close to the current process as possible to upload election results. Absentee by mail results are not able to be reported by precinct, as in-person election day results are.

The process of preparing and verifying the absentee ballots will begin two weeks prior to election day. Tabulating and counting the absentee by mail ballots will begin on election day and is estimated to require not longer than two weeks for completion.

Unofficial election results may not be available or reported on election night. No unofficial election results will be reported until all scanning and tabulation of absentee by mail ballots is complete, not longer than two weeks after election day. Every effort will be made to withhold all returns until all parishes are able to transmit unofficial results to the secretary of state. Once all unofficial results are transmitted, they will be reported by the secretary of state.

Parish boards, registrars of voters, clerks of court, and any election officials or staff shall not make public any unofficial election results until all results are reported by the secretary of state.

XI. OUTREACH

The Department will conduct a media campaign to notify the public of the deadline to return voted absentee by mail ballots. Possible media outlets include:

1. Official parish journals, as time permits;
2. Sunday edition of major metropolitan newspapers, as time permits;
3. Secretary of State website and Geaux Vote Mobile App;
4. Social media;
5. Radio stations;
6. Press releases to statewide media outlets;
7. Posting signs at all polling locations;
8. Posting informational signs with the toll-free secretary of state telephone number in high traffic thoroughfares if necessary; and
9. Any other reasonable means of communication as determined by the Department.

This will require the Department to identify and train additional staff to man the Secretary of State 1-800 hotline to answer an anticipated high volume of calls. (After Hurricane Katrina, for example, the hotline logged over 27,000 calls for voting information.)

XII. SOCIAL DISTANCING AND PROTECTIVE SUPPLIES

To the extent possible, the Department will assist the parishes to implement the CDC's Recommendations for Election Polling Locations. It is imperative to supply all phases of the entire election cycle with the appropriate preventative measures.

The Department proposes to supply all polling places, tabulation and meeting areas, and any other area related to the election process with preventative supplies, including hand sanitizer and gloves for commissioners and staff, all as recommended by the CDC. The Department will determine the number of protective gear and sanitary items (hand sanitizer, gloves, masks, etc.) necessary for the daily process of updating ballots, for ballot tabulation, and for in-person early and election day voting.

All election officials, including watchers present at polling places on election day, will follow recommendations from the CDC for wearing protective gear and for cleaning and disinfecting the room and all areas (including bathrooms) related to the election process.

Draymen will also follow all CDC recommendations for wearing protective gear and social distancing while delivering voting machines to and from polling places.

Tape, cones, protective gear, sanitary items, cleaning supplies, and all other supplies necessary to adhere to CDC cleaning and social distancing guidelines must be purchased as soon as possible.

A. Supplies for Election Day Precincts and Early Voting Sites

Each precinct and each early voting site in the state will receive a bag of sanitization supplies.

Each bag will contain the following:

1. Instructions on the setup and use of each item in the bag;
2. Hand sanitizer (for voters and election officials);
3. Gloves for commissioners;
4. Masks for commissioners;
5. Protective clothing/disposable gown for commissioners;
6. Brightly colored flat discs or cones to mark the CDC 6 feet social distancing minimum requirement for polling places;
7. Disinfectant wipes to clean each voting machine between voters;
8. Disinfectant wipes to clean pens and pencils after use by voters; and
9. For early voting, disinfectant wipes to clean voter cards after use by voters.

The supplies must be ordered, delivered, and packed in the bags no later than May 22, 2020 for the July 11, 2020 election and as soon as possible following the July 11, 2020 election for the August 15, 2020 election.

The Department will work with the parishes to implement and adhere to social distancing requirements.

XIII. SPECIAL NOTES FOR THE AUGUST 15, 2020 ELECTION

- A. To be held using the same process as outlined above for the July 11, 2020 election.
- B. Absentee ballots must be mailed no later than 13 days before election day (La. R.S. 18:1306(B)(3)), that is, by August 2, 2020.
- C. The rescheduled elections will overlap with qualifying for the November 3, 2020 presidential election. Legislation has been offered to move qualifying for the presidential election to August 19-21, 2020.

R. KYLE ARDOIN
SECRETARY OF STATE

EXHIBIT 6

April 20, 2020

**SECRETARY OF STATE EMERGENCY ELECTION PLAN FOR THE
JULY 11, 2020 PRESIDENTIAL PREFERENCE PRIMARY AND AUGUST 15, 2020
MUNICIPAL GENERAL ELECTIONS IN THE STATE OF LOUISIANA**

I. AUTHORITY

After the governor declares a statewide emergency, should the secretary of state determine that such emergency impairs an election that may otherwise be held except for technical, mechanical, or logistical problems with respect to the relocation or consolidation of polling places within the parish, potential shortages of commissioners and parish board commissioners, or shortages of voting machines, La. R.S. 18:401.3 authorizes the secretary to certify to the governor, the Senate Committee on Senate and Governmental Affairs, and the House Committee on House and Governmental Affairs that the emergency impairs the election and that an emergency election plan is necessary.

Upon concurrence by the governor and a majority of each of the two committees that such a plan is necessary, the secretary of state shall develop an emergency plan in writing that proposes a resolution to the technical, mechanical, or logistical problems that impair the election. The written emergency plan shall then be submitted to the Senate and Governmental Affairs and House and Governmental Affairs committees and the governor.

If a majority of the members of each Committee approve the emergency plan, the plan shall be submitted to the members of each house of the legislature for approval. If a majority of each house of the legislature and the governor approve the emergency plan, the secretary of state shall take all steps necessary to implement the plan and all officials of the state and of any political subdivision shall cooperate with and provide assistance to the secretary of state as necessary to implement the plan.

II. PURPOSE

On March 11, 2020, the World Health Organization designated the COVID-19 outbreak as a worldwide pandemic.

Proclamation No. 25 JBE 2020 was signed by Governor John Bel Edwards on March 11, 2020, declaring a statewide public health emergency as a result of the imminent threat posed to Louisiana citizens by COVID-19, which has created emergency conditions that threaten the lives and health of the citizens of the State. The emergency conditions created by COVID-19, as well as the efforts necessary to contain its spread, will affect all 2,988,813 of Louisiana's registered voters as well as the 3,934 precincts located at 2,058 polling places across the State.

Governor Edwards signed Proclamation No. 28 JBE 2020 on March 13, 2020, which rescheduled the April 4, 2020 presidential preference primary election to June 20, 2020 and the May 9, 2020 municipal general election to July 25, 2020. On April 14, 2020, the governor

signed Proclamation No. 46 to reschedule the presidential preference primary election to July 11, 2020 and the municipal general election to August 15, 2020.

On March 22, 2020, Governor Edwards issued Proclamation No. 33 JBE 2020, imposing a general stay-at-home order on all individuals within the State and limiting all public gatherings to ten people or less in an attempt to curb the spread of COVID-19. All individuals were directed to stay home unless performing an essential activity until April 13, 2020. This order was extended to April 30, 2020 by 41 JBE 2020, signed by the governor on April 2, 2020.

The July 11, 2020 presidential preference primary election is a statewide federal election. This election also includes state and local party office races in 47 parishes, and local and municipal races and propositions in 24 parishes. The August 15, 2020 municipal general election includes local and municipal runoffs and propositions in 51 parishes. Five of the 51 parishes have no propositions on the ballot and only have potential run-offs from the July 11, 2020 primary.

COVID-19 poses unknown and unprecedented logistical problems regarding the availability of polling places, commissioners, election officials, and sanitation and safety products (like clothing, protective eyewear, masks, sanitizing products, and sterilizing services to clean facilities prior to and following the election) with respect to conducting in-person voting for the July 11, 2020 and August 15, 2020 elections.

The purpose of this emergency plan is to provide a means of conducting these elections in the wake of this unprecedented pandemic. In order to fully implement this plan, due to supply chain issues, the Department must order all equipment and material resources for both the July 11, 2020 and August 15, 2020 elections no later than April 24, 2020.

III. DUTIES OF ELECTION OFFICIALS AND PARISH GOVERNING AUTHORITIES

The secretary of state is the chief election officer of the State and administers the laws of the Election Code.

The State Board of Election Supervisors has the powers and duties granted to it by La. R.S. 18:24 to oversee Louisiana election laws. The State Board consists of the lieutenant governor, the secretary of state, the attorney general, the commissioner of elections, a representative of the Registrars of Voters Association, a representative of the Clerks of Court Association, a governor's appointee, and a representative of the Police Jury Association.

Registrars of voters have many duties to perform before and during elections, including: registering voters, processing voter registration applications, processing requests for absentee ballots, receiving absentee ballots from voters, conducting early voting in the parish, and preparing the precinct registers for election day voting.

Clerks of court are the chief election officers of each parish. For each election, the clerk of court trains the commissioners who work at the polling places on election day, takes responsibility

for delivering the voting machines to and from the polling locations, and tabulates and transmits election results on election night.

Parish boards of election supervisors supervise the preparation for and the conduct of all elections held in the parish. They are responsible for selecting election day commissioners, consolidating polling places, issuing commissions to watchers, counting absentee and early voting ballots on election day, and selecting commissioners to aid in counting the absentee and early voting ballots. The parish boards also seal the voting machines before election day, inspect the machines after the election, and conduct requested recounts.

Parish governing authorities have specific duties to perform during election cycles, including changing any polling places which are no longer available for use. Changing polling places includes giving adequate notice of the change to each voter in the affected precincts and to each candidate to be voted on at that polling place, posting a sign at the former polling place, directing voters to the new polling place, advertising the changes in the official journal of the parish and in any other newspaper of general circulation in the affected precincts, and other reasonable steps necessary or desirable to inform voters and candidates of the change in location.

IV. VOTING MACHINES

The secretary of state has sufficient voting machines to conduct early voting and election day voting for the July 11, 2020 and August 15, 2020 elections.

The voting machines used on election day are Sequoia AVC Advantage voting machines, which have a large-format printed paper ballot fastened to the front of each machine. These paper ballots have already been printed and fastened to the front of the AVC machines for the April 4, 2020 election date. Prolonged storage in the humidity and heat of the Department's un-air conditioned warehouses will cause the paper ballots to warp and curl, therefore it is recommended that paper ballots for all AVC machines used in the July 11, 2020 election be reprinted.

V. POLLING PLACES FOR IN-PERSON EARLY VOTING AND ELECTION DAY VOTING

A. Early Voting

Early voting is conducted for seven days in each parish by the registrar of voters. There are currently 102 early voting sites statewide. Most are in registrars of voters offices, but some are in voting machine warehouses, public libraries, and other public facilities.

Early voting for the July 11, 2020 election is currently scheduled for June 26 through July 4, 2020 (excluding Sunday, June 28, 2020 and Friday, July 3, 2020). Early voting for the August 15, 2020 election is currently scheduled for August 1 through August 8, 2020 (excluding Sunday, August 2, 2020).

This plan will expand the days of early voting from seven to thirteen days.

Early voting for the July 11, 2020 election will be held June 20 through July 4, 2020 (excluding Sundays, June 21, 2020 and June 28, 2020). Early voting for the August 15, 2020 election will be held July 25 through August 8, 2020 (excluding Sundays, July 26, 2020 and August 2, 2020).

Due to the extraordinary circumstances, the Department must begin all preparations for both the July 11, 2020 and August 15, 2020 elections no later than May 4, 2020.

One of the two early voting sites in Ouachita Parish is located at the West Ouachita Senior Center, 1800 North 7th Street, West Monroe. According to the Centers for Disease Control and Prevention (CDC), seniors are at higher risk of complications from COVID-19. The Department of State will choose another location for this early voting site. The Ouachita Parish Registrar of Voters will conduct early voting at the registrar's main office, 1650 Desiard Street, Suite 125, Monroe, Louisiana 71201, and at the second site (location to be determined).

If any other early voting sites become unavailable for early voting for the July 11, 2020 and August 15, 2020 elections due to conditions caused by COVID-19 or because of a proclamation or executive order issued by the governor, the Department will work with the affected parish registrar of voters and parish governing authority to relocate the early voting site. If a sufficient temporary early voting site cannot be found, the voting machine warehouses in each parish may be used for early voting.

B. Election Day Voting

Election day voting is normally conducted in 3,934 precincts located at 2,058 polling places across the state. Polling places are established for each precinct by the parish governing authority. Polling places must be equipped with proper electric current, fixtures, and outlets necessary to operate voting machines and otherwise conduct the election. The polling places must also have sufficient sanitary facilities. To the extent possible, the parish governing authority must locate multiple precincts in one polling location in public buildings. If a suitable public building is not available, precincts may be located on private property.

Due to the Governor's stay-at-home order, the limitation on gatherings of more than ten people at a time, and the rapid rise of COVID-19 cases in Louisiana, there may be limitations on the availability of polling places for the July 11, 2020 and August 15, 2020 elections. Due to the extraordinary circumstances, the Department must begin all preparations for both the July 11, 2020 and August 15, 2020 elections no later than May 4, 2020.

The Department will work with the clerks of court and parish governing authorities to relocate polling places located in senior citizen centers and nursing homes (these polling places *must* be relocated). Polling places located in the following may be relocated, depending on the facility:

- Council on aging offices;
- Residential facilities or private homes; and
- Non-public buildings if the owners do not want to hold the election on their property due to conditions caused by COVID-19.

Polling places that must be relocated will need to be identified as soon as possible. If any other election day polling places become unavailable to conduct voting for the July 11, 2020 and August 15, 2020 elections due to conditions caused by COVID-19 or because of a proclamation or executive order issued by the governor, the Department will work with the affected parish clerk of court and parish governing authority to relocate the precinct to another polling place. If a desirable temporary polling place cannot be found, the voting machine warehouses in each parish may be used as a polling place for one or more precincts.

Signs will be posted at all former polling places, updated voter registration cards will be sent to the voters reflecting their new polling place, and notice of the new polling places will be published, as time permits, to inform the voters of changes in polling places.

Currently, the secretary of state has identified the following polling places that should be relocated for the July 11, 2020 and August 15, 2020 elections:

PARISH	POLLING LOCATION	PRECINCTS	REGISTERED VOTERS
ALLEN	Oberlin Senior Citizen Building	01-03	290
AVOUELLES	Marksville Senior Citizen Building	02-07	471
	Bunkie Council on Aging	10-03A	433
BEAUREGARD	Council on Aging	00-26	936
CATAHOULA	Catahoula Council on Aging	01-02	187
IBERVILLE	St. Gabriel Community Center	9 & 10	2413
	Iberville Council on Aging	19, 19A, 20 & 23	1465
JEFFERSON	Summerville Assisted Living Center	K003	1409
	Westminster Towers	K025	1274

	Harahan Senior Citizens Center	H009	627
	Metairie Manor	70	831
	Metairie Senior Citizen Center	82, 85, 86 & 87	3505
	Dorothy B. Watson Center	104 & 108	1569
	George Edmond Activity Center	154	1304
	Marrero Senior Community Center	173, 179B & 181	2596
	Terrytown Golden Age Center	227 & 229	1976
LAFOURCHE	Wilbert Tauzin Senior Citizen Center	6/2	1289
MADISON	Madison Council on Aging	12	478
NATCHITOCHE	Natchitoches Council on Aging	01-02	1361
ORLEANS	Mater Dolorosa Church Basement	Ward 17 Pct 2-7	3574
	Woldenberg Village	15/14G	1494
	Nazareth Inn	09/44A	756
	Guste High Rise	02/04	832
OUACHITA	West Ouachita Senior Center	34/47	1046
ST. JAMES	Lutcher Senior Center	04,05,06	1669
ST. MARY	St. Mary Council Building	44	596
	Health Unit	38	499

	AARP Senior Center	45	609
ST. TAMMANY	Avanti Senior Living Center	115	1,058
VERNON	Slagle Senior Citizens Center	08/01	440
	Hornbeck Senior Citizens Center	02/03,03A	955
WASHINGTON	Bogalusa Senior Citizens Center	04/05,06,05B	1000

VI. IN-PERSON VOTING UNDER THE NURSING HOME PROGRAM

The program for in-person voting by voters residing in nursing homes, as provided in La. R.S. 18:1333, is suspended for the July 11, 2020 and August 15, 2020 elections, except for the provisions of La. R.S. 18:1333(G)(4)(a). Voters currently enrolled in the Nursing Home Program will be mailed an absentee ballot and allowed to vote the ballot according to the procedures in La. R.S. 18:1301-1319. However, if restrictions on visitation remain in place, voters enrolled in the Nursing Home Program may receive assistance from an employee of the nursing home for the July 11, 2020 and August 15, 2020 elections.

VII. ABSENTEE VOTING

Present law requires voters to have one of several listed reasons to be eligible to vote absentee. These reasons are specified in the Election Code.

A registered voter can request an absentee ballot until four days before election day and must return their ballot to the registrar of voters no later than 4:30 p.m. on the day before the election, with special exceptions for military, overseas citizens, and hospitalized or sequestered voters.

A. Voters Requesting an Absentee Ballot

The deadlines to request an absentee ballot for the July 11, 2020 election are:

- July 7, 2020 (four days before the election) for all voters *except military, overseas, and hospitalized voters*; and
- July 10, 2020 (day before the election) for military, overseas, and hospitalized voters.

The deadlines to request an absentee ballot for the August 15, 2020 election are:

- August 11, 2020 (four days before the election) for all voters *except military, overseas, and hospitalized voters*; and
- August 14, 2020 (day before the election) for military, overseas, and hospitalized voters.

All requests to vote absentee must be in writing under the voter's signature and must specify the reason for the request. Applications can be sent to the registrar of voters by mail, fax, hand delivery, or electronically through the secretary of state's website at GeauxVote.com.

This plan will expand the reasons to request an absentee ballot to registered voters who are affected by COVID-19 and are:

- At higher risk of severe illness from COVID-19 due to serious underlying medical conditions as identified by the Centers for Disease Control and Prevention (including chronic lung disease, moderate to severe asthma, serious heart conditions, diabetes, severe obesity (BMI of 40 or higher), chronic kidney disease and undergoing dialysis, liver disease, pregnancy, or immunocompromised due to cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications);
- Subject to a medically necessary quarantine or isolation order as a result of COVID-19;
- Advised by a health care provider to self-quarantine due to COVID-19 concerns;
- Experiencing symptoms of COVID-19 and seeking a medical diagnosis; or
- Caring for an identified individual who is subject to a medically necessary quarantine or isolation order as a result of COVID-19 or who has been advised by a health care provider to self-quarantine due to COVID-19 concerns.

All requests made under current law for absentee ballots will continue to be accepted.

All requests shall be verified by the registrar of voters by comparison with the registration records on file in the registrar's office. The secretary proposes to deputize his staff to assist the registrars, if needed, to process the increased number of absentee requests, send absentee ballots to voters, and receive absentee ballots returned by voters.

La. R.S. 18:115(F) and 115.1(F) require voters that registered by mail or electronically and who have not previously voted in their parish to vote in person the first time. This requirement will be temporarily waived for the July 11, 2020 and August 15, 2020 elections for voters who request and receive an absentee ballot based on the COVID-19 reasons for request. However, any voter subject to the provisions of La. R.S. 18:115(F) or 115.1(F) who utilizes the COVID-19 reasons to request an absentee ballot to vote in the July 11, 2020 or the August 15, 2020 shall be subject to the requirements of La. R.S. 18:115(F) and 115.1(F) in the first election the voter chooses to vote in subsequent to August 15, 2020.

This plan will require the development and use of a temporary application form for absentee ballot requests due to COVID-19. This application will be available to voters in addition to the other absentee application forms currently in use.

The COVID-19 reasons for request may be submitted electronically through the GeauxVote online portal. These reasons will be temporarily added to the list of statutory reasons to request an absentee ballot currently available to submit through the online portal. Programming by the Department's IT Division will be required to add the COVID-19 reasons to the online portal and may take up to a month to implement due to time required for development, testing, and cybersecurity concerns.

Voters may otherwise submit an absentee application by mail, fax, or hand delivery.

La. R.S. 18:1307(A) currently requires voters who make a mark, or are otherwise unable to sign their name, to obtain two witness signatures on their request to vote absentee. For the July 11, 2020 and August 15, 2020 elections, this requirement will be reduced to one witness signature on absentee ballot requests submitted by voters who make a mark or are otherwise unable to sign their name.

This plan may require special training for election officials to conduct the elections under this emergency plan.

B. Voters Receiving an Absentee Ballot

Under usual circumstances, a voter submits a request to the registrar of voters to receive an absentee ballot, and the registrar of voters sends the ballot to the voter.

This plan may require the Department of State to assist the registrars of voters in carrying out the provisions of La. R.S. 18:1308 regarding absentee voting. The Department will assist the registrars, as needed, to mail an absentee ballot to a voter who timely submits a request.

The Department may contract with the United States Postal Service to create a tracking system to track all absentee ballots mailed to and from voters under this emergency plan, should cost and circumstances permit.

Voters who submit a request under this plan to receive an absentee ballot by mail must provide the address to which the absentee ballot shall be sent. If the address is within the parish, such address shall only be the voter's registration address or a mailing address on file with the registrar of voters.

In addition to receiving an absentee ballot by mail, current law also allows voters to alternatively receive an absentee ballot by:

- Fax (with waiver of right to secret ballot);
- Email (for military, overseas, and voters with physical disabilities, with waiver of right to secret ballot); or
- Hand delivery to an immediate family member of a hospitalized voter. (Voters hospitalized with COVID-19 may cause unique problems as such patients are currently not allowed visitors, nor are visitors allowed in hospitals.)

Instructions are included with the ballot on completing the certificate on the ballot envelope flap and voting the absentee ballot. The instructions also include how to return the ballot and how to request a replacement ballot for a spoiled ballot, if necessary.

All voters who received and returned an absentee ballot prior to approval of this emergency plan will receive a letter from the Department informing them that their returned ballot remains valid for the July 11, 2020 election date.

C. Voters Returning Voted Ballots

The deadlines to return a voted absentee ballot for the July 11, 2020 election are:

- July 10, 2020 at 4:30 p.m. (day before the election) for all voters *except military, overseas, and hospitalized voters*; and
- July 11, 2020 at 8:00 p.m. (day of the election) for military, overseas, and hospitalized voters

The deadlines to return a voted absentee ballot for the August 15, 2020 election are:

- August 14, 2020 at 4:30 p.m. (day before the election) for all voters *except military, overseas, and hospitalized voters*; and
- August 15, 2020 at 8:00 p.m. (day of the election) for military, overseas, and hospitalized voters

Current law allows voters to return a voted absentee ballot by hand delivery, by mail, by commercial courier, by fax (with waiver of secret ballot), or by email (for military, overseas, or emergency workers with approval of the secretary of state, with waiver of secret ballot).

For the July 11, 2020 and August 15, 2020 elections, if ballots cannot be returned in-person because registrar of voters offices remain closed to the public, voters may still return absentee ballots by mail, by commercial courier, by fax (with waiver of secret ballot), or by email (for military, overseas, or emergency workers with approval of the secretary of state, with waiver of secret ballot).

D. Receipt of Voted Ballots by Registrars of Voters

All voted ballots must be received no later than the deadlines outlined above.

When the registrar receives ballots, voter records are updated each day in ERIN to reflect which voters have returned voted ballots. The registrars verify ballots received from voters by comparison with the registration records and signatures on file in ERIN. The lists of absentee voters who have returned a voted ballot are made public daily by the registrars of voters and are also available on the Secretary of State website.

The registrars of voters will continue to accept and securely store all voted ballots returned by voters until election day.

Registrars may need to hire additional early voting commissioners or part time employees to handle the increased workload of sending and receiving absentee ballots at the same time as conducting an additional week of early voting.

E. Tabulating Ballots

The parish board of election supervisors is responsible for overseeing all elections in the parish and for preparing, verifying, tabulating, and counting absentee ballots as provided in La. R.S. 18:1313. It may utilize parish board commissioners under the provisions of La. R.S. 18:1314, and may also designate additional commissioners to assist with the duties required under La. R.S. 18:1313.

Before tabulation begins, the board must reconcile the names of voters who submitted an absentee ballot against the number of absentee ballots in hand. This may require a large number of parish board commissioners.

Larger, high speed scanners must be acquired and will be necessary to scan and tabulate the increased number of absentee ballots. Prior to use of these scanners in any election in this state, they must receive certification by the secretary of state that they meet the Department's durability, accuracy, efficiency, and capacity standards. Each individual scanner must also be acceptance tested by the Department before being delivered for use by the parishes.

The fourteen largest parishes will require additional computer stations with ERIN access, spaced at least six feet apart, for the parish boards and parish board commissioners to scan ballots. During the scanning process, additional computer stations, with at least two people per station, will be required to adjudicate ambiguous ballots to determine voter intent.

For parishes that have received 2,000 or more absentee ballots, the process of preparing and verifying the absentee ballots may begin two days before election day. These parish boards will tabulate and count the absentee ballots on election day. All other parishes will prepare, verify, tabulate, and count the absentee ballots on election day.

Parish boards will receive compensation for meetings held on additional days at the rate set forth in La. R.S. 18:423(E).

VIII. COMMISSIONERS

A. Early Voting and Election Day Commissioners

The Department will work with registrars of voters and clerks of court to assess the need for additional commissioners for early voting and for precinct voting on election day.

The secretary will assist in recruiting national guard, secretary of state employees, other possible state employees, and any other available labor sources, provided these individuals receive the minimum training necessary to serve as a commissioner. Available additional commissioners from surrounding parishes may also be used. State employees serving as commissioners will receive paid overtime. All other commissioners will be paid in accordance with law and will be reimbursed mileage and accommodations according to the state travel guidelines.

Additional funding will be required to recruit additional commissioners.

New commissioners must attend a general course of instruction to receive certification prior to serving as a commissioner. Part of the course of instruction may be conducted remotely, if possible, but hands-on training on voting machines will require part of the course to be conducted in person.

All early voting commissioners will need to receive training specific to conducting early voting for the July 11, 2020 election no later than June 4, 2020.

All election day commissioners, including those who have served as a commissioner before, must attend a pre-election school for the July 11, 2020 election not less than four days prior to election day. The pre-election school covers the procedures to be used for the federal presidential preference primary election (e.g., provisional voting and lockouts based on party affiliation).

B. Parish Board Commissioners

The Department will work with parish boards of election supervisors to train and provide the necessary number of parish board commissioners. This number will include Department staff, other state and parish employees, and members of the Louisiana National Guard, as necessary. State employees serving as commissioners will receive paid overtime. All other commissioners will be paid in accordance with law and will be reimbursed mileage and accommodations according to the state travel guidelines.

IX. ELECTION RESULTS

This plan will require the Department to establish a method as close to the current process as possible to upload election results. Absentee results are not able to be reported by precinct, as in-person election day results are.

For parishes that have received 2,000 or more absentee ballots, the process of preparing and verifying the absentee ballots may begin two days before election day. These parish boards will tabulate and count the absentee ballots on election day. All other parishes will prepare, verify, tabulate, and count the absentee ballots on election day.

X. OUTREACH

The Department will conduct a media campaign to notify the public of the deadline to return voted absentee ballots. Possible media outlets include:

1. Official parish journals, as time permits;
2. Sunday edition of major metropolitan newspapers, as time permits;
3. Secretary of State website and Geaux Vote Mobile App;
4. Social media;
5. Radio stations;
6. Press releases to statewide media outlets;
7. Posting signs at all polling locations;
8. Posting informational signs with the toll-free secretary of state telephone number in high traffic thoroughfares if necessary; and
9. Any other reasonable means of communication as determined by the Department.

This will require the Department to identify and train additional staff to man the Secretary of State 1-800 hotline to answer an anticipated high volume of calls. (After Hurricane Katrina, for example, the hotline logged over 27,000 calls for voting information.)

XI. SOCIAL DISTANCING AND PROTECTIVE SUPPLIES

To the extent possible, the Department will assist the parishes to implement the CDC Recommendations for Election Polling Locations. It is imperative to supply all phases of the entire election cycle with the appropriate preventative measures.

The Department proposes to supply all polling places, tabulation and meeting areas, and any other area related to the election process with preventative supplies, including hand sanitizer and gloves for commissioners and staff, all as recommended by the CDC. The Department will determine the number of protective gear and sanitary items (hand sanitizer, gloves, masks, etc.) necessary for the daily process of updating ballots, for ballot tabulation, and for in-person early and election day voting.

All election officials, including watchers present at polling places on election day, will follow recommendations from the CDC for wearing protective gear and for cleaning and disinfecting the room and all areas (including bathrooms) related to the election process.

Draymen will also follow all CDC recommendations for wearing protective gear and social distancing while delivering voting machines to and from polling places.

Tape, cones, protective gear, sanitary items, cleaning supplies, and all other supplies necessary to adhere to CDC cleaning and social distancing guidelines must be purchased as soon as possible.

A. Supplies for Election Day Precincts and Early Voting Sites

Each precinct and each early voting site in the state will receive a bag of sanitization supplies.

Each bag will contain the following:

1. Instructions on the setup and use of each item in the bag;
2. Hand sanitizer (for voters and election officials);
3. Gloves for commissioners;
4. Masks for commissioners;
5. Protective clothing/disposable gown for commissioners;
6. Brightly colored flat discs or cones to mark the CDC 6 feet social distancing minimum requirement for polling places;
7. Disinfectant wipes to clean each voting machine between voters;
8. Disinfectant wipes to clean pens and pencils after use by voters; and
9. For early voting, disinfectant wipes to clean voter cards after use by voters.

The supplies must be ordered, delivered, and packed in the bags no later than May 22, 2020 for the July 11, 2020 election and as soon as possible following the July 11, 2020 election for the August 15, 2020 election.

The Department will work with the parishes to implement and adhere to social distancing requirements.

XII. SPECIAL NOTES FOR THE AUGUST 15, 2020 ELECTION

- A. To be held using the same process as outlined above for the July 11, 2020 election.
- B. Absentee ballots must be mailed no later than 13 days before election day (La. R.S. 18:1306(B)(3)), that is, by August 2, 2020.
- C. The rescheduled elections will overlap with qualifying for the November 3, 2020 presidential election. Qualifying for the November 3, 2020 election will need to be moved from July 15-17, 2020 to:
 - July 22-24, 2020 for candidates who qualify with the secretary of state, including United States Senator, United States Representative, Associate Justices of the Louisiana Supreme Court, Judges of Courts of Appeal, and Public Service Commissioners; and

- August 19-21, 2020 for candidates who qualify with clerks of court, including Judges (except for the Supreme Court and Courts of Appeal), District Attorneys, and local and municipal offices.

The department is requesting an amendment to pending legislation to move the qualifying dates for the 2020 fall elections in the manner provided above, and an emergency certification under La. R.S. 18:401.1 will also be sent to the governor, requesting a proclamation to reschedule qualifying.



R. KYLE ARDOIN
SECRETARY OF STATE

EXHIBIT 7

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

TELISA CLARK, et al.,

Plaintiffs,

v.

JOHN BEL EDWARDS, et al.,

Defendants.

Case No. 3:20-cv-00308-SDD-RLB

DECLARATION OF TELISA CLARK

Pursuant to [28 U.S.C. § 1746](#), I, Telisa Clark, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. I am a Plaintiff in the case *Clark, et al. v. Edwards, et al.*
3. I am 55 years old and live in Houma, Louisiana. I am a U.S. citizen and have never lost my right to vote due to felony conviction or court order.
4. I am a Black woman. I am registered to vote in Houma, Louisiana.
5. I am an event planner and civil rights activist. I am the president of the Houma district of Black Wall Street, a national movement establishing districts across the country in the spirit of the first Black Wall Street in Tulsa, Oklahoma. Black Wall Street districts are urban areas that are a thriving center of business, industry, and culture and have one commercial strip that is 50%-70% or more Black-owned businesses.

6. I live at home with my husband, Kevin Clark, who is 58 years old. Several family members live with us at our home, including my daughter Lakeshia, my daughter Kevon Barnett, and her son (my grandson) Matthew, who is 18 and a registered voter.

7. Many members of my household, including my husband, my daughter Kevon, my grandson Matthew, and myself have health conditions that put us at higher risk of contracting and suffering severe complications and potentially dying from COVID-19. I have hypertension and other serious heart conditions. My husband is currently undergoing treatment for lung cancer and is at extremely high risk of severe complications from COVID-19. My daughter Kevon suffers from hypertension. And my grandson Matthew has severe asthma.

8. Because of the risk COVID-19 poses to our health, my husband, my daughter Kevon, my grandson Matthew, other family members who live in our house, and I have been limiting our outside activity and avoiding person-to-person contact. When we must go out in public, my husband and I wear gloves, masks, and coverings on our clothes.

9. My husband and I are lifelong, regular voters. I prefer to vote in-person on election day. I voted early in-person recently after my husband was diagnosed with cancer.

10. I plan to vote in the July, August, November, and December elections in Houma. Because of the severe risk that voting in person at my polling place or at an early voting site poses to my health, my husband's health, and the health of family members living in my household, I need to vote by absentee ballot for all upcoming 2020 elections.

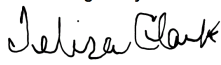
11. I understand that for the July and August elections, I will qualify to request an absentee ballot through the COVID-19 Emergency Application as someone at higher risk of severe illness from COVID-19 due to serious underlying medical conditions as identified by the CDC.

12. I understand, however, that for the November and December elections, I do not qualify to request an absentee ballot. If I am unable to vote by absentee ballot, I will have to decide whether to vote in person—risking my health and the health of my family—or not vote at all.

13. Voting is incredibly important to me. As a Black American, I know that so many of our forefathers fought, bled, and died so that we could exercise our right to vote. Without one's vote, a person is unable to voice their opinion. If I am unable to vote in November or December, I will feel my voice is being cancelled out.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 29th day of May 2020.

DocuSigned by:

3E034236BAAD4C2

Telisa Clark

EXHIBIT 8

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA**

TELISA CLARK, et al.,

Plaintiffs,

v.

JOHN BEL EDWARDS, et al.,

Defendants.

Case No. 3:20-cv-00308-SDD-RLB

DECLARATION OF LAKESHIA BARNETT

Pursuant to [28 U.S.C. § 1746](#), I, Lakeshia Barnett, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. I am a Plaintiff in the case *Clark, et al. v. Edwards, et al.*
3. I am 26 years old and live in Houma, Louisiana. I am a U.S. citizen and have never lost my right to vote due to felony conviction or court order.
4. I am a Black woman. I am registered to vote in Houma, Louisiana.
5. I live with my parents, Telisa and Kevin Clark, and several other family members, at my parents' home. My mother Telisa Clark is also a Plaintiff in this case.
6. Many of my family members in our home—including my parents—suffer from health conditions that put them at higher risk of contracting and suffering severe complications and dying from COVID-19. My mother has hypertension and other serious heart conditions. My father is currently undergoing treatment for lung cancer and is at extremely high risk of severe

complications from COVID-19. My sister Kevon Barnett suffers from hypertension. And my nephew Matthew, who is 18 and a registered voter, has severe asthma.

7. Because of the risk COVID-19 poses to the health of my family members, my parents, sister, nephew, other family members in our household, and I have been limiting our outside activity and avoiding person-to-person contact except when necessary. We practice safe social distancing and sanitary practices when we must go out.

8. I currently have two jobs. One employer, Target, recently reduced my hours to zero, and I have not worked there since late April. I also work at the U.S. Postal Service. At this job, I rarely interact with members of the public and always wears protective gear. I rely on my job to pay my living expenses and for health insurance. I do not have the option to work from home or take time off at my job with the U.S. Postal Service. If I took too much time off from work, I would lose my job.


9. I registered to vote when I turned 18 and have voted regularly since then. I intend to vote in each election in 2020.

10. I prefer to vote in person, but because of the risks voting in person would pose to my high-risk family members, I need to vote by absentee ballot in the July, August, November, and December elections.

11. I understand that I need an excuse to qualify for an absentee ballot in Louisiana and that I do not qualify for any excuse under Louisiana law. Therefore, if I want to vote in any election in 2020, I understand that I would have to vote in person, which would require me to engage in the person-to-person contact I have been avoiding to protect the health of my high-risk family members. If forced to vote in person, I would have to choose between my vote and my family's health.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this **31st** day of **May** 2020.

DocuSigned by:

3F034236BAAD4C2

Lakeshia Barnett

EXHIBIT 9

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

TELISA CLARK, et al.,

Plaintiffs,

v.

JOHN BEL EDWARDS, et al.,

Defendants.

Case No. 3:20-cv-00308-SDD-RLB

DECLARATION OF MARTHA CHRISTIAN GREEN

Pursuant to [28 U.S.C. § 1746](#), I, Martha Christian Green, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. I am a Plaintiff in the case *Clark, et al. v. Edwards, et al.*
3. I am 52 years old and a resident of Lafayette, Louisiana. I am a U.S. citizen and have never lost my right to vote due to felony conviction or court order.
4. I am a white woman. I live in my home in Lafayette, Louisiana with my mother, Martha Goff Green.
5. I am registered to vote in Lafayette, Louisiana.
6. I am a scholar and researcher working in the fields of law and religion.
7. I am a member of the Lafayette chapter of the League of Women Voters of Louisiana (“LWVLA”) and also a board member of the LWVLA.
8. I was born in New Orleans, and my family has lived in Lafayette since 1977. I have lived in other parts of the country during my life, but I have lived permanently in Lafayette since 2014.

9. I currently live with and care for my mother, who is 80 years old. My mother suffers from several health conditions that make her higher risk for contracting and suffering severe complications and dying from COVID-19. I prefer not to share my mother's exact medical conditions out of concern for her privacy, but she does suffer from hypertension and her most-recent hospitalization was due to her high blood pressure.

10. Because of my mother's increased risk of contracting and having complications from COVID-19, I have been taking significant precautions to ensure that I do not contract the disease and expose her to it. Since Governor Edwards issued the stay-at-home order in mid-March, I have been practicing recommended social distancing and staying home except for necessary errands and work. When I come into contact with people or surfaces, I protect myself by wearing a mask, disinfecting surfaces, and washing my hands.

11. When my father was near the end of his life in 2011, I moved back to Louisiana to care for him. I take my role as my parents' caretaker very seriously. I am trying to protect my mother's health in every way that I can.

12. I always prefer to vote in person and have done so in past elections. I have also taken my mother to vote in person in past elections, even though she qualifies to vote by mail because of her age.

13. I plan to vote in the 2020 elections in Louisiana, including the July, August, November, and December elections.

14. I understand that my mother qualifies to vote by absentee ballot in Louisiana because she is over the age of 65. I understand she plans to vote by absentee ballot because of the risks to her health she faces by voting in person.

15. I would prefer to vote in person for upcoming 2020 elections. But because of my mother's increased risk of contracting and having severe complications and dying from COVID-19, I am unable to vote in person for the remainder of the 2020 elections without posing a severe risk to my mother's health and life.

16. The option of early in-person voting for me does not mitigate the risks to my mother's health because it still requires me to engage in the person-to-person contact I am avoiding to protect my mother's health. Additionally, there is only one early voting site in Lafayette Parish, and I understand that I would be required to wait in line around other people before voting, including riding in the notoriously small and often-malfunctioning elevator or standing in the narrow stairwell. This activity would expose me to COVID-19 infection, and I am not willing to take the risk to my mother's health.

17. For the 2020 elections, I need to vote by mail to protect my mother's health. I understand that to vote by absentee ballot in the 2020 elections, I must have an excuse. I understand that I do not currently qualify for any of the excuses under law, including the excuses related to COVID-19 for the July and August elections. I understand that because my mother is not under a medically necessary quarantine or isolation order, I do not qualify under the COVID-19 Emergency Application excuse for voters caring for those individuals.

18. If I cannot vote by absentee ballot in the 2020 elections, I will be forced to choose between voting and protecting my mother's health.

19. Voting has always been important to me and my family. My father took me to register to vote when I turned 18. I have a strong family legacy of voting—almost genetic. I believe it is my civic duty to protect the right to vote of my fellow citizens.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 26th day of May 2020.

A handwritten signature in black ink, appearing to read "M. Christian Green". The signature is written in a cursive, somewhat stylized font.

M.Christian Green

EXHIBIT 10

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

TELISA CLARK, et al.,

Plaintiffs,

v.

JOHN BEL EDWARDS, et al.,

Defendants.

Case No. 3:20-cv-00308-SDD-RLB

**DECLARATION OF TRUPANIA BONNER ON BEHALF OF
CRESCENT CITY MEDIA GROUP**

Pursuant to [28 U.S.C. § 1746](#), I, Trupania Bonner, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. Crescent City Media Group (“CCMG”) is a plaintiff in the case *Clark, et al. v. Edwards, et al.*
3. I am the founder and Managing Director of CCMG. In my capacity as Managing Director of CCMG I am familiar with, and receive frequent updates and proposals for, the activities of CCMG.
4. CCMG is a community engagement and media production agency based in New Orleans, Louisiana.
5. CCMG was founded to address disparities in civic engagement and political education in communities of color in Louisiana. We work on a wide range of projects including civic

engagement trainings, voter registration campaigns, census education, mutual aid and direct service, and voter education.

6. CCMG leads the “Louisiana Counts 2020” complete count committee and began preparations for this public education campaign in 2018. CCMG prepared and disseminated media toolkits, organizer trainings, social media campaigns, factual reports, and other resources for community stakeholders across Louisiana to use in census education work. We also invested significant time and energy into developing the “Census and Redistricting Initiative,” a community education initiative focused on preparing communities for the 2020 Census and 2021 redistricting cycle. The program would have taught Louisiana residents the basics of the redistricting process.
7. In addition to our specific census and redistricting work, CCMG conducts various voter education and policy advocacy training programs such as the Democracy and Power Institute, which was founded in 2016 and teaches students and community leaders how to draft legislation and lobby local governments.
8. Much of CCMG’s planned work has been put on hold as we must now expend our limited resources to respond to the state’s Emergency Election Plan and preparing for the upcoming 2020 elections, in which thousands of voters of color will be forced to risk their health by voting in person at their polling place.
9. CCMG is now using our limited resources to acquire and produce masks and other personal protective materials to provide to voters who will be forced to cast a ballot in person this year because they do not qualify for an absentee ballot under the Excuse Requirement.

10. During early voting and on election day, CCMG will provide direct support at polling places by handing out hand sanitizer, masks, and information on social distancing.
11. We are also now educating voters about the Emergency Election Plan, explaining and training voters on the Excuse Requirement, including the COVID-19 emergency absentee ballot application.
12. CCMG will be helping voters navigate the absentee ballot process, including the Witness Requirement for voters who live alone by doing radio and television public service announcements about what voters can do to protect themselves from COVID-19 infection while complying with the Witness Requirement.
13. The resources and staff time spent on these activities would have been spent on CCMG's community education activities relating to the Census, voter registration drives, and redistricting. But for the Challenged Provisions, CCMG would otherwise be spending these resources, time, and staff hours on its core mission activities.

I declare under penalty of perjury that the foregoing is true and correct.



Executed this 27th day of May 2020.

Trupania Bonner

EXHIBIT 11

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA

TELISA CLARK, et al.,

Plaintiffs,

v.

JOHN BEL EDWARDS, et al.,

Defendants.

Case No. 3:20-cv-00308-SDD-RLB

**DECLARATION OF HILDA WALKER THOMAS ON BEHALF OF
LEAGUE OF WOMEN VOTERS OF LOUISIANA**

Pursuant to [28 U.S.C. § 1746](#), I, Hilda Walker Thomas, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. The League of Women Voters of Louisiana (“LWVLA”) is a plaintiff in the case *Clark, et al. v. Edwards, et al.*
3. I am the President of LWVLA. In my capacity as President of LWVLA I am familiar with, and receive frequent updates and proposals for, the activities of LWVLA.
4. LWVLA is the Louisiana affiliate of the national League of Women Voters (the “LWVUS”).
5. LWVLA is comprised of two entities: (a) the League of Women Voters of Louisiana Education Fund, which is a nonpartisan, not-for-profit corporation organized under the laws of Louisiana, and a tax-exempt charitable organization pursuant to section 501(c)(3) of the Internal Revenue Code; and (b) the League of Women Voters of Louisiana Fund, a nonpartisan, not-for-

profit social welfare organization organized under the laws of Louisiana, and a tax-exempt organization pursuant to section 501(c)(4) of the Internal Revenue Code.

6. The LWVLA is a nonpartisan political organization that encourages informed and active participation in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy. The mission of the LWVLA is to be a recognized, trusted, and knowledgeable volunteer, grassroots community resource with the flexibility and sustainable capacity to ensure a strong, active, and participatory democracy for all persons.

7. The LWVLA is dedicated to ensuring that all eligible voters—particularly those from traditionally underrepresented or underserved communities, including first-time voters, non-college youth, new citizens, minorities, the elderly, and low-income Americans—have the opportunity and the information to exercise their right to vote. The local Leagues are active in voter registration, especially of new citizens and high school and college youths, while the state League works with the Secretary of State's office to increase voter participation in elections.

8. The LWVLA has six local Leagues across the state and one unit that is in process of becoming a chapter with 287 members and members at-large. The LWVLA is diverse, inclusive, and equitable. We have committees the following committees: Criminal Justice, Education, Environmental, Healthcare, Voter Services, Women's Issues, and a Nominating Committee.

9. Many of the members of the LWVLA are over the age of 60. Some of our members live in senior living facilities.

10. To ensure the public is educated about voting rights, the LWVLA will participate in the "People Powered Fair Maps Campaign" for redistricting. We will also work with LWWUS on the purging of voter rolls in four specific parishes, on pledge to be counted, and to educate the

community about the importance of the 2020 Census by writing letters to the editor(s), and to provide voter guides and questions for candidates.

11. As a result of the COVID-19 pandemic, the way LWVLA serves as an educational resource for the public has changed. We have had to adapt to using social media and technology more as a tool to educate the public.

12. Many of our members include registered voters age 60-65 who are at higher risk for contracting and suffering severe complications or dying from COVID-19. Voting in person would therefore put the health of these voters at significant risk because of the person-to-person contact at the polling place. But these members do not currently qualify for an absentee ballot under Louisiana law or the Emergency Election Plan.

13. LWVLA members also include registered voters who live with, care for, or come into regular contact with loved ones who are at higher risk of contracting and suffering severe complications—including death—from COVID-19; yet, these members do not currently qualify for an absentee ballot under Louisiana law or the Emergency Election Plan. These members must choose between their vote and risking the health of their loved one by voting in-person at their polling place.

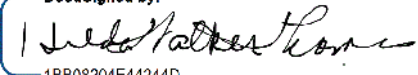
14. Because of the restrictions on absentee ballots under Louisiana law during the COVID-19 pandemic, LWVLA has been forced to divert time and resources away from its regular activities. Specifically, LWVLA will be conducting public education on the passage of the Emergency Election Plan with its complicated and vague Excuse Requirement, the current absentee ballot laws—including the Witness Requirement—and how voters can stay safe while complying with the law and voting. LWVLA member volunteers will be sending newsletters, writing letters to the editor, engaging in voter outreach, responding to voter contacts, and conducting voter

education events to ensure that members and the Louisiana electorate are educated on how they can vote during the 2020 elections without endangering their health or the health of their loved ones or the community. Because the LWVLA has limited financial and human resources, the resources and member time they will have to spend on these efforts would have been spent on the following LWVLA efforts: voter registration efforts, education around the 2020 Census and redistricting, and “Get Out the Vote” efforts during the 2020 election cycle.

15. The LWVLA is part of this lawsuit because our mission is to have a strong, engaged, participatory electorate, and current Louisiana law and the Emergency Election Plan will disenfranchise thousands of Louisiana voters—including many LWVLA members—if it is not changed to allow voters to safely vote by mail and have their votes counted. We believe that no voter should be put in the position of choosing between voting and protecting their own health or the health of a loved one.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 26th day of May 2020.

DocuSigned by:

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Hilda Walker Thomas

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF LOUISIANA**

TELISA CLARK, et al.,

Plaintiffs,

v.

JOHN BEL EDWARDS, et al.,

Defendants.

Case No.: 3:20-cv-00308-SDD-RLB

ORDER

Plaintiffs Telisa Clark, Lakeshia Barnett, Martha Christian Green, Crescent City Media Group (“CCMG”), and League of Women Voters Louisiana (“LWVLA”) (collectively, “Plaintiffs”) respectfully seek leave to file a Memorandum of Law in support of their Motion for Preliminary Injunction in excess of the Court’s 25-page limit for initial memoranda under Local Rule 7(g). Plaintiffs seek to file a memorandum not to exceed 40 pages in length.

For good cause shown, Plaintiffs’ motion is GRANTED.

DONE this ____ day of June, 2020.

UNITED STATES DISTRICT JUDGE