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

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

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

ADEQUATE FUNDING AND SUPPORT FOR THE RESPONSE MUST BE PROVIDED

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

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

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

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

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

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

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

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

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

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

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

- **Science needs to guide messaging to the public, and no government official should make misleading or unfounded statements, nor pressure others to do so.** Honest, transparent, and timely reporting of developments will be crucial to maintaining public trust and cooperation. Suppression of information and attempts to manipulate it during the SARS epidemic in China exacerbated the crisis.⁴ Clear, coherent, and uncontradictory messaging based on the best science will improve compliance and effectiveness of voluntary self-isolation, and other voluntary social distancing measures.⁵

- **Government and institutions must also actively prevent discrimination and scapegoating of individuals or groups.** In the context of COVID-19, Chinese-American and other Asian-American

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⁵ Kavanagh, A.M., Bentley, R.J., Mason, K.E., et al. Sources, perceived usefulness and understanding of information disseminated to families who entered home quarantine during the H1N1 pandemic in Victoria, Australia: a cross-sectional study. *BMC Infect Dis* 2011; 11(2).
communities have already begun to face attacks on individuals linked to fears about the virus\textsuperscript{3,4}. The Centers for Disease Control and Prevention (CDC) has pointed out that such fears and misconceptions create “more fear or anger towards ordinary people instead of the disease that is causing the problem.”\textsuperscript{5} Local, state and federal officials should speak out against discrimination and stigma, and not use the outbreak to stoke xenophobia against Asian-Americans, other immigrant communities, and religious groups, for example.

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

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

- **The highest priority needs to be placed on allowing people to voluntarily cooperate with public health advice about prevention, by providing robust social and economic support and clear education.** Where social distancing measures are recommended, the government and relevant institutions should help ensure that people are in a position to comply, without excessive or unfairly distributed hardship. For example:
  - To enable people to cooperate with social distancing and other measures, policymakers must ensure that people are protected from job loss, economic hardship, and undue burden. If people are asked to avoid public transport or work, policymakers and employers should give them an explicit incentive to stay home, either with payments or by compensation for lost wages, as has been done elsewhere.\textsuperscript{6,7,8} Individuals will not cooperate with self-isolation or other voluntary social distancing measures if they are unable to provide for themselves and their families. For low-wage, gig-economy, and non-salaried workers, staying home from work has especially critical implications for economic survival.
  - The elderly and disabled are at particular risk when their daily lives and support systems are disrupted. Many have limited resources and depend on others to assist with care. Policymakers must explicitly accommodate these populations when making self-isolation recommendations.

- **Policymakers should base decisions on social distancing measures and closures on the best available science.** Employers, institutions, and schools should proactively determine adaptations and accommodations for closures (e.g. tele-communication or virtual education). These measures have been


\textsuperscript{6} For example, Britain’s Health Secretary Matt Hancock sent guidance to tell employers that staff who have been asked to self-isolate must be able to clock that time as sick leave. See "Coronavirus UK: will I get paid if I take sick leave?", Guardian (Feb. 26, 2020), https://www.theguardian.com/world/2020/feb/26/coronavirus-uk-will-paid-take-sick-leave.


\textsuperscript{8} Pichler, S., Wen, K., and Ziebarth, N.R. Positive Health Externalities of Mandating Paid Sick Leave. Preprint on Research Gate (February 2020).
effective in mitigating the transmission of influenza. The abundance of evidence about influenza can help inform control efforts, but it will be important to recognize differences in the epidemiology of the diseases.

- **Special attention must be paid to the needs of people in long-term care or confinement, who are particularly vulnerable.** People in nursing homes or long-term care facilities, as well as those who are incarcerated or homeless, are at special risk of infection, given their living situations. These individuals may also be less able to participate in proactive measures to keep themselves safe, and infection control is challenging in these settings. Arrest and short-term incarceration can help amplify epidemics, and broader criminal justice policies should take into account the impact that policing and arrest policies have on health.

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

- **Voluntary self-isolation measures are more likely to induce cooperation and protect public trust than coercive measures, and are more likely to prevent attempts to avoid contact with the healthcare system.** For mandatory quarantines to be effective and therefore scientifically and legally justified, three main criteria must be satisfied:  

  1) the disease has to be transmissible in its pre-symptomatic or early symptomatic stages;  

  2) those who may have been exposed to COVID-19 must be able to be efficiently and effectively identified; and  

  3) those people must comply with the conditions of quarantine. There is evidence that COVID-19 is transmitted in its pre-symptomatic or early symptomatic stages. However, the contribution of infected individuals in their pre-symptomatic or early symptomatic stages to overall transmission is unknown. Efficiently identifying those exposed will be increasingly difficult as community transmission of the virus becomes more widespread, making quarantine a less plausible measure as community spread proceeds. Whether individuals can comply will be determined by the degree of support provided, particularly for low-wage workers and other vulnerable communities. While quarantines are in effect in many places already, their continuing and new use by federal, state or local officials requires real-time assessment and evaluation to justify them as the science and the outbreak evolve, through a transparent, open decision making process including external scientific and legal experts.

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• Public health officials must provide safe and humane conditions to individuals who are quarantined whether in homes, facilities, or communities. Government must ensure that anyone isolated or quarantined has access to the basic necessities, including food, water, medicine, and sanitation supplies. Assistance should be provided to individuals who are in need of support to maintain daily living, and attention must be given to religious and communication needs. The failure to do so will undermine trust, adherence to the intervention, and the overall effectiveness of quarantine. It will also be imperative not to impose inhumane or discriminatory conditions, as occurred on the Diamond Princess cruise ship, where passengers were quarantined to protect the population on land but were isolated in a high transmission setting. Furthermore, safe and humane conditions need to be provided to all quarantined individuals and do not differentiate between social or economic strata, or in the case of the Princess Diamond, between passengers and workers.

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

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

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

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

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

The letter will be sent to federal officials midday on Monday, March 2nd, but it will remain open for sign-ons at https://forms.gle/gxwhVkm5PnvFMCC-R7 and the online version of the letter will be updated as those new endorsements come in. Please include your name, title and affiliation, which you can fill in at the bottom of the form at the link above.

(Last updated at 11:21AM on March 2)

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144. Gay Young, Professor & Chair, Department of Sociology, American University
145. Suzanne M. Babich, Associate Dean of Global Health, Acting Chair, Dept of Global Health, Professor of Health Policy and Management, Indiana University
146. Matthew Kohrman, Associate Professor of Anthropology, Stanford University & Faculty Fellow at Stanford Center for Innovation in Global Health
147. Wendy K. Mariner, Edward R. Utley Professor of Health Law, Boston University School of Public Health, Professor of Law, Boston University School of Law, Professor of Medicine, Boston University School of Medicine
148. Alan Goodman, Professor of Biological Anthropology, Hampshire College
149. Steven B. Auerbach, CAPT (Retired) U.S. Public Health Service
150. T.M. Luhrmann, Howard H. and Jessie T. Watkins University Professor of Anthropology, Stanford University
151. Jim Bloyd, PhD Student, University of Illinois at Chicago School of Public Health
152. Michael Barthman, Resident Physician, Brown Emergency Medicine
153. Anna Reisman, Professor of Medicine, Yale School of Medicine
154. Crissaris Sarnelli, Physician, Ryan Health Center
155. Alison Buttenheim, Associate Professor of Nursing and Health Policy, University of Pennsylvania
156. Lara Stemple, Assistant Dean; Director, Health and Human Rights Law Project, UCLA School of Law
157. Michael A. Rodriguez, Professor and Vice Chair, Department of Family Medicine, David Geffen School of Medicine at UCLA; Professor, Department of Community Health Sciences, UCLA Fielding School of Public Health; Chair, UCLA Global Health Minor; Director, Health Equity Network of the Americas
158. Eugene Shapiro, Professor of Pediatrics and of Epidemiology, Yale University
159. Yazdan Yazdanpanah, Head of Infectious Disease Department; Bichat Hospital, Paris, France, Head of Infectious Disease, Immunology, Microbiology Institute Inserm France
160. Clifford W. Bogue, Waldemar Von Zedtwitz Professor of Pediatrics, Chair of Pediatrics, Yale School of Medicine, Chief of Pediatrics and Chief Medical Officer, Yale New Haven Children’s Hospital
161. Perry N. Halkitis, Dean and Professor of Biostatistics and Urban-Global Public Health; Director, Center for Health, Identity, Behavior & Prevention Studies (CHIBPS), Rutgers School of Public Health; Editor in Chief, Behavioral Medicine; Founding Editor in Chief, Annals of LGBTQ Public and Population Health

162. Sunday Clark, Associate Professor of Epidemiology Research, Department of Emergency Medicine, Weill Cornell Medicine

163. El’gin Avila, Principal Investigator/Founder, Equitable Health Solutions

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166. Sofia Gruskin, Professor, Keck School of Medicine and Gould School of Law; Director, USC Institute on Inequalities in Global Health, University of Southern California

167. Annunziata van Voorene, Founder, Any Positive Change

168. Sandra Crouse Quinn, Professor and Chair, Department of Family Science; Senior Associate Director, Maryland Center for Health Equity, School of Public Health, University of Maryland

169. Caren Solomon, Associate Professor of Medicine, Harvard Medical School

170. Daniel M. Goldstein, Lecturer, University of Massachusetts Amherst, School of Public Health and Health Sciences

171. David P Eisenman, Director, UCLA Center for Public Health and Disasters; Professor of Medicine, David Geffen School of Medicine at UCLA; Professor of Public Health, Fielding UCLA School of Public Health

172. Avik Chatterjee, Assistant Professor, Boston University School of Medicine

173. Vicki S. Freimuth, Professor Emeritus, Health Communication, University of Georgia; Former Director of Communication, CDC

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178. Amelia Reese Masterson, Researcher, Community Alliance for Research and Engagement, Yale School of Public Health & Southern Connecticut State University

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181. Caroline Jean Acker, Professor Emerita of History, Carnegie Mellon University

182. Erika Sabbath, Assistant Professor, Boston College School of Social Work

183. Dean Schillinger, University of California San Francisco, Professor of Medicine; Director, UCSF Health Communications Research Program
| 184. | Ana Santos Rutschman, Assistant Professor of Law, Center for Health Law Studies, Saint Louis University School of Law |
| 185. | Agnes Usoro, Johns Hopkins University, Department of Emergency Medicine |
| 186. | Elizabeth Pendo, Joseph J. Simeone Professor of Law, Saint Louis University School of Law |
| 187. | John R. Stone, Professor, Creighton University, Dept. of Interdisciplinary Studies, Graduate Program in Bioethics, Dept. of Medicine, School of Medicine |
| 188. | Jacob Gross, Tufts University, Vice President of Tufts Public Health Society |
| 189. | Naomi Rogers, Professor of the History of Medicine, Yale School of Medicine |
| 190. | Jesse A. Goldner, John D. Valentine Professor of Law Emeritus, Center for Health Law Studies, Saint Louis University |
| 191. | Parveen Parmar, Associate Professor, Clinical Emergency Medicine; Chief, Division of Global Emergency Medicine, Keck School of Medicine, University of Southern California |
| 192. | Robert L. Cohen, NYC Board of Correction |
| 193. | Gordon D. Schiff, Associate Professor, Harvard Medical School |
| 194. | Mardge Cohen, Boston Health Care For the Homeless |
| 195. | Deborah C Glik, Professor, Dept Community Health Sciences, UCLA Fielding School of Public Health |
| 196. | Davidson H. Hamer, Professor of Global Health and Medicine, Boston University Schools of Public Health and Medicine |
| 197. | Doug Blanke, Executive Director, Public Health Law Center |
| 198. | Christina Nicolaidis, Professor and Senior Scholar in Social Determinants of Health, School of Social Work, Portland State University (PSU); Adjunct Associate Professor, Department of Medicine, Oregon Health and Science University (OHSU) and the OHSU-PSU School of Public Health |
| 199. | Lee Riley, School of Public Health, University of California, Berkeley |
| 200. | Eva Raphael, Dept of Family and Community Medicine, UCSF |
| 201. | Eric Nilles, Director, Program on Infectious Diseases and Epidemics, Harvard Humanitarian Initiative; Assistant Professor, Harvard Medical School; Attending Physician, Department of Emergency Medicine, Brigham and Women’s Hospital |
| 202. | Steven Galinat, JD Candidate, Temple University Beasley School of Law |
| 203. | Mary E. Wilson, Clinical Professor of Epidemiology and Biostatistics, School of Medicine, University of California, San Francisco; Adjunct Professor of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, Massachusetts |
| 204. | Trude Bennett, Associate Professor Emerita, Department of Maternal and Child Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill |
| 205. | Joseph Fauver, Postdoctoral Research Associate, Department of Epidemiology of Microbial Diseases, Yale School of Public Health |
| 206. | Sarah B. Andrea, Postdoctoral Scholar, Department of Epidemiology, University of Washington School of Public Health |
| 207. | K. John McConnell, Professor & Director, Center for Health Systems Effectiveness, Oregon Health & Science University |
| 208. | Angela Garcia, Associate Professor of Anthropology, Stanford University |
| 209. | Gregory R. Wagner, Harvard T.H. Chan School of Public Health; National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (retired) |
| 210. | Leslie B. Hammer, Professor of Psychology, Portland State University |
211. Pilar N. Ossorio, Professor of Law and Bioethics, University of Wisconsin Law School; Ethics Scholar-in-Residence, Morgridge Institute for Research
212. Mary E. Bushman, Research Fellow, Center for Communicable Disease Dynamics, Department of Epidemiology, Harvard T.H. Chan School of Public Health
213. Jason Harris, Chief, Division of Global Health; Associate Professor of Pediatrics, Harvard Medical School
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218. Jean Lim, Associate Professor, Icahn school of medicine at Mount Sinai
219. JD Davids, Health Journalist, The Cranky Queer Guide to Chronic Illness
220. Sarah S. Bradley, Professor of Practice, Portland State University School of Social Work
221. Raina Plowright, Assistant Professor of Epidemiology, Department of Microbiology and Immunology, Montana State University
222. Juan C Salazar, Professor and Chair, Department of Pediatrics, UConn School of Medicine; Physician in Chief, Connecticut Children's Medical Center
223. Professor Rebecca Jordan-Young, WGSS, Barnard College; Director, Science and Social Differences Working Group, Columbia University
224. Jane E. Koehler, Professor of Medicine, Div. of Infectious Diseases, UCSF
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226. Eugene Shapiro, Professor of Pediatrics and of Epidemiology, Yale University
227. Seth Alan Clark, Attending Physician; Assistant professor of Medicine and Psychiatry and Human Behavior, Alpert Medical School, Brown University
228. Nicole Angotti, Assistant Professor of Sociology, Department of Sociology and Research Fellow, Center on Health, Risk and Society, American University
229. Charles S. Dela Cruz, Section of Pulmonary, Critical Care and Sleep Medicine, Department of Internal Medicine; Director, Center of Pulmonary Infection Research and Treatment, Yale School of Medicine
230. Alexander M. Capron, University Professor & Scott H. Bice Chair in Healthcare Law, Policy and Ethics, Gould School of Law and Keck School of Medicine, University of Southern California
231. Richard Bucala, Chief, Division of Rheumatology, Allergy & Immunology; Professor of Medicine, Yale School of Medicine
232. Susan L. Bickford, Professor of Mathematics, El Camino College
233. Donald Weinbaum, President, New Jersey Public Health Association
234. Arthur Reingold, Professor and Division Head, School of Public Health, University of California, Berkeley
235. Ruslan Medzhitov, Sterling Professor, Department of Immunobiology, Yale University School of Medicine
236. Joseph L Graves Jr., Professor of Biological Sciences, Dept. of Nanoengineering, Joint School of Nanoscience & Nanoengineering, North Carolina, A&T University and UNC Greensboro
237. Eran Bendavid, Associate Professor of Medicine, Stanford University
238. Howard P. Forman, Professor of Public Health, Radiology, and Management, Yale University.
239. Richard Skolnik, Former Lecturer Yale School of Public Health and the Yale School of Management
240. Michelle Poulin, Social Scientist, Gender Innovation Lab, Africa Region, The World Bank
241. Steffanie Strathdee, Associate Dean of Global Health Sciences, Harold Simon Professor, Co-Director of the Center for Innovative Phage Applications and Therapeutics, Department of Medicine, University of California, San Diego
242. Mary E. O'Brien, primary care physician, Columbia University
243. Jesse J. Waggoner, Assistant Professor (Department of Medicine, Division of Infectious Diseases), Associate Professor (Department of Global Health), Rollins School of Public Health and Emory University School of Medicine
244. Olivia Orta, Postdoctoral Research Associate, Epidemiology Department, Boston University School of Public Health
245. Sara Yeatman, Associate Professor and Chair, Department of Health and Behavioral Sciences, University of Colorado Denver
246. Ricardo Castillo-Neyra, Department of Biostatistics, Epidemiology and Informatics, Perelman School of Medicine at University of Pennsylvania
247. Ann Swidler, Professor of the Graduate School, University of California, Berkeley
248. Liu-Qin Yang, Associate Professor of Psychology, Portland State University
249. Derek Cummings, Department of Biology and the Emerging Pathogens Institute, University of Florida
250. Kenneth D. Rosenberg, Affiliate Assistant Professor, Oregon Health & Science University– Portland State University School of Public Health
251. Jason Andrews, Assistant Professor Division of Infectious Diseases and Geographic Medicine, Stanford University School of Medicine
252. Caroline Buckee, Associate Professor of Epidemiology and Associate Director of the Center for Communicable Disease Dynamics, Harvard TH Chan School of Public Health
253. Sharron Close, Assistant Professor, Emory University School of Nursing
254. Stephanie A Bryson, Associate Professor, Portland State University School of Social Work
255. Stephen Arpadi, Professor of Pediatrics & Epidemiology, Columbia University Irving Medical Center, Vagelos College of Physicians and Surgeon, Mailman School of Public Health
256. MarySue V. Heilemann, Associate Professor, UCLA School of Nursing; Associate Director, National Clinician Scholars Program, UCLA
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258. Chandy C. John, Director, Ryan White Center for Pediatric Infectious Diseases and Global Health, Indiana University School of Medicine and Riley Hospital for Children at IUHealth
259. David Fidock, Professor of Microbiology and Immunology and of Medical Sciences (Division of Infectious Diseases), Columbia University Irving Medical Center
260. Daniel Bausch, Scientific Program Chair, American Society of Tropical Medicine and Hygiene, Washington, DC
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263. James W. Russell, Professor of Public Policy, Portland State University
264. Jacqueline Fox, Professor, School of Law, University of South Carolina
265. Cuoghi Edens, Assistant Professor, Internal Medicine and Pediatrics Sections of Rheumatology and Pediatric Rheumatology, The University of Chicago Medicine
266. Judith D. Auerbach, Professor of Medicine, Division of Prevention Sciences, School of Medicine, University of California, San Francisco
267. Peter Daszak, President of EcoHealth Alliance, New York
268. Joseph N.S. Eisenberg, Chair and Professor, Department of Epidemiology, John G. Searle Professor of Public Health, School of Public Health, University of Michigan
269. Sheldon Krimsky, Lenore Stern Professor of Humanities & Social Sciences, Adjunct Professor of Public Health and Community Medicine, Tufts University
270. Micah Berman, Associate Professor of Public Health and Law, The Ohio State University
271. David A. Hafler, William S. and Lois Stiles Edgerly Professor of Neurology and Professor of Immunobiology, and Chairman, Department of Neurology, Yale School of Medicine
272. Alfred L.M. Bothwell, Professor of Immunobiology, Yale University School of Medicine
273. Kristen Underhill, Associate Professor of Law, Columbia Law School
274. Craig Hadley, Department of Anthropology, Emory University
275. Jonathan Kurtis, Chair, Department of Pathology and Laboratory Medicine, Stanley M. Aronson Professor of Pathology and Laboratory Medicine, Brown University, Warren Alpert Medical School Director of Laboratories, Center for International Health Research Director, MD/PhD Program
276. Terry Marx, Pediatrician, Children's Aid
277. Shruti Mehta, Professor and Deputy Chair Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health
278. Michael S. Sinha, Adjunct Faculty, Northeastern University School of Law and Visiting Scholar, Center for Health Policy and Law, Northeastern University School of Law
279. Sarah S. Richardson, Professor of the History of Science and of Studies of Women, Gender, and Sexuality, and Director of Graduate Studies, WGS Director, GenderSci Lab, Harvard University
280. William M. Sage, James R. Dougherty Chair, School of Law and Professor of Surgery and Perioperative Care, Dell Medical School, The University of Texas at Austin
281. John N. Cranmer, Assistant Professor, Emory University Nell Hodgson Woodruff School of Nursing; Principal Investigator, Emory Ethiopia Maternal-Newborn Implementation Research Partnership
282. Sarah E. Gollust, Associate Professor, Division of Health Policy and Management, University of Minnesota School of Public Health
283. Seema Mohapatra, Associate Professor of Law and Dean’s Fellow, Indiana University Robert H. McKinney School of Law
284. Adetutu Sadiq, student, UC Berkeley School of Public Health
285. Kenneth G. Castro, Professor, Hubert Department of Global Health & Department of Epidemiology, Rollins School of Public Health; Division of Infectious Diseases, Department of Medicine, School of Medicine, Emory University
286. Mindy Jane Roseman, Director of International Programs and Director of the Gruber Program for Global Justice and Women's Rights, Yale Law School
287. Thuy Bui, Associate Professor of Medicine Director, Global Health/Underserved Populations Track, Internal Medicine Residency at UPMC, Social Medicine Fellowship Program, University of Pittsburgh School of Medicine
288. Deborah Ehrenthal, Associate Professor, School of Medicine and Public Health, University of Wisconsin-Madison
289. Donna M. Jacobsen Executive Director/President International Antiviral (formerly AIDS) Society-USA
290. Natalia Linos, Executive Director FXB Center for Health and Human Rights, Harvard University
291. Marcia C. Castro, Andelot Professor of Demography Chair, Department of Global Health and Population, Harvard T.H. Chan School of Public Health
292. Chandrakala Ganesh, Associate Professor, Health Sciences California State University, East Bay
293. Wafaa El-Sadr, University Professor of Epidemiology and Medicine, Columbia University
294. Thomas Clasen, Professor and Interim Chair, Gangarosa Department of Environmental Health, Rollins School of Public Health, Emory University
295. Alina Engelmann, Assistant Professor, Department of Health Sciences, California State University, East Bay
296. Robert G. Wallace, Visiting Scholar, Institute for Global Studies, University of Minnesota
297. Daniel S. Goldberg, Associate Professor, Family Medicine and Epidemiology, University of Colorado
298. Gary Weil, Professor of Medicine, Washington University School of Medicine
299. David R Hill, Professor of Medical Sciences, Director of Global Public Health, Frank H. Netter MD, School of Medicine, Quinnipiac University
300. David Supplebeeen, Epidemiologist/Evaluator, Hawai’i Health & Harm Reduction Center and Junior Specialist, University of Hawai’i at Mānoa
301. Nicole Huberfeld, Professor of Health Law, Ethics & Human Rights, Department of Health Law, Policy & Management, and Professor of Law, Boston University School of Public Health
302. Jennifer Phillips, Associate Professor of Medicine and Molecular Microbiology, Co-Director, Division of Infectious Diseases, Washington University in St Louis
303. Zackary Berger, Associate Professor, Johns Hopkins School of Medicine; Core Faculty, Johns Hopkins Berman Institute of Bioethics; Staff Physician, Esperanza Clinic Health Center
304. Robert T. Schooley, Professor of Medicine, Division of Infectious Diseases and Global Public Health, University of California, San Diego
305. Jenny Reardon, Professor of Sociology and Director of the Science and Justice Research Center, University of California, Santa Cruz
306. Steven L. Bernstein, Professor of Emergency Medicine and Public Health, Yale Schools of Medicine and Public Health
307. Mary Oschwald, Director and Associate Research Professor, The Regional Research Institute for Human Services, School of Social Work, Portland State University
308. David G. Schatz, Professor and Chair, Department of Immunobiology, Yale School of Medicine
309. Linda McCauley, Dean, Nell Hodgson Woodruff School of Nursing, Emory University
310. Jennifer Adamski, Assistant Professor & AGACNP Program Director, Emory University School of Nursing
311. Carolyn Miller Reilly, Clinical Associate Professor and ABSN Program Director, Emory University School of Nursing
312. Daniel E. Geller, Clinical Instructor, Nell Hodgson Woodruff School of Nursing, Emory University
313. Anne-Catrin Uhlemann, Associate Professor of Medicine, Department of Medicine, Division of Infectious Diseases, Columbia University
314. Rachel Sachs, Associate Professor of Law, Washington University in St. Louis
315. Brinda Emu, Associate Professor of Medicine/Infectious Diseases, Yale School of Medicine
316. Marc N. Gourevitch, Professor and Chair, Department of Population Health, NYU Langone Health
317. Arnab Mukherjea, Assistant Professor of Health Sciences (Public & Community Health); Adjunct Faculty Member, Pre-Professional Health Academic Program (PHAP), Department of Health Sciences, California State University, East Bay
318. Douglas D. Richman, Distinguished Professor of Pathology and Medicine (Active Emeritus); Director, The HIV Institute; Co-Director, San Diego Center for AIDS Research; Florence Seeley Riford Chair in AIDS Research (Emeritus), University of California, San Diego
319. Lori Peek, Professor, Department of Sociology and Director, Natural Hazards Center, University of Colorado Boulder
320. Janne Boone-Heinonen, Associate Professor of Epidemiology, School of Public Health, Oregon Health & Science University
321. Nino Ricca Lucci, Labor Organizer, UAW Region 9A, MPH Student, Columbia Mailman School of Public Health
322. Kathryn M. Barker, Postdoctoral Research Fellow, Center on Gender Equity and Health, Division of Infectious Diseases and Global Public Health, Department of Medicine University of California, San Diego
323. Mitch Stripling, National Director, Emergency Preparedness & Response, Planned Parenthood Federation of America
324. Esther K. Choo, Associate Professor, Center for Policy and Research in Emergency Medicine, Department of Emergency Medicine, Oregon Health & Science University
325. Molly Dondero, Assistant Professor of Sociology, American University
326. Mariya Masyukova, Assistant Professor, Department of Family and Social Medicine, Montefiore Medical Center/ Albert Einstein College of Medicine
327. Corey Davis, Teaching Professor, Brody School of Medicine, East Carolina University
328. Rajesh T. Gandhi, Massachusetts General Hospital, Professor of Medicine, Harvard Medical School
329. Gary V. Desir, Paul B. Beeson Professor of Medicine Chair, Internal Medicine, Yale School of Medicine Chief, Internal Medicine, Yale New Haven Hospital
330. John Harley Warner, Avalon Professor of the History of Medicine, Yale School of Medicine, and Professor of History, Yale University
331. Scott C. Weaver, Professor and Chair, Department of Microbiology and Immunology, University of Texas Medical Branch
332. Connie Celum, Professor of Global Health and Medicine, University of Washington
333. Laura Ferguson, Assistant Professor, Keck School of Medicine; Director, Program on Global Health
334. Phillip Fiuty, Harm Reduction Program Manager, The Mountain Center
335. Vasilis Vasiliou, Susan Dwight Bliss Professor of Epidemiology, Department Chair of Environmental Health Sciences, Yale School of Public Health
336. Kristine Qureshi, Professor & Associate Dean, University of Hawaii at Manoa, School of Nursing and Dental Hygiene
337. David M. Morens, Bethesda, Maryland
338. Azita Emami, Robert G. and Jean A. Reid Executive Dean, University of Washington School of Nursing
339. Sydney A. Spangler, Assistant Professor, Lillian Carter Center for Global Health and Social Responsibility, Nell Hodgson Woodruff School of Nursing and Hubert Department of Global Health, Emory University
340. Ana V. Diez Roux, Dean, Dornsife School of Public Health, Drexel University
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427. Rachel Sullivan Robinson, Associate Professor, School of International Service and Center on Health, Risk and Society, American University
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429. Laura Gottlieb, Associate Professor, Family and Community Medicine, University of California, San Francisco
430. Maeve McKean, Executive Director, Global Health Initiative, Georgetown University Medical Center
431. John Kraemer, Associate Professor, Georgetown University
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433. Janet Mann, Professor of Medicine & Psychology, Georgetown University
434. Corinne Peek-Asa, Associate Dean for Research, College of Public Health, University of Iowa
435. Rachel Rubin, Senior Public Health Medical Officer, Cook County Department of Public Health
436. Melinda Zipp, Director of Outreach, Lancaster Harm Reduction Project
437. Leo Lopez III, Fellow, National Clinician Scholars Program, Yale University School of Medicine
438. Professor Sarah Tinkler, Department of Economics, Portland State University
439. Jenn Hollandsworth Reed, Doctoral Student, OHSU-PSU School of Public Health
440. Brian Weiss, Research Scientist/Scholar & Lecturer, Department of Epidemiology of Microbial Diseases, Yale School of Public Health
441. Marjorie Sue Rosenthal, Associate Professor of Pediatrics, Yale Medical School
442. Ximena A. Levander, Addiction Medicine Fellow, Oregon Health & Science University
443. Lauren Carruth, Assistant Professor, School of International Service, American University
444. Marie A. Brault, Associate Research Scientist, Department of Social and Behavioral Sciences, Yale School of Public Health
445. Rachael W. Sirianni, Assistant Professor of Neurosurgery, University of Texas Health Science Center at Houston
446. Krystal Pollitt, Assistant Professor, Department of Environmental Health Sciences, Yale School of Public Health
447. Georgia Charkoftaki, MPharm, Associate Research Scientist, Department of Environmental Health Sciences, School of Public Health, Yale
448. Colin Carlson, Post-doctoral Fellow, Department of Biology, Center for Global Health Science & Security, Georgetown University
449. Associate Professor of Urban Planning and Public Health, Department of Urban Studies and Planning, Massachusetts Institute of Technology
450. Jessica Lewis, Associate Research Scientist, Yale School of Public Health
451. Emma Biegacki, Program Manager in Addiction Medicine, Yale School of Medicine
452. Ameet Sarpatwari, Assistant Professor of Medicine, Harvard Medical School
453. Constance A. Nathanson, Professor, Departments of Sociomedical Sciences and Population and Family Health, Columbia University, Mailman School of Public Health
454. Anna Cupito, Associate Program Officer, National Academy of Medicine
455. Mary Ann Castle, Senior Consultant, Planning Alternatives for Change
456. Laura Ucik, Montefiore Medical Center, Bronx, NY
457. Yoon-Sung Nam, PhD student, Division of Environmental Health Sciences, University of Minnesota School of Public Health
458. Hannah Rosenblum, Chief Resident, Yale Primary Care/Internal Medicine-Pediatrics, Yale-New Haven Hospital
459. Alex Wagenaary, Research Professor, Emory University Rollins School of Public Health, Professor Emeritus, University of Florida College of Medicine
460. Yawei Zhang, Associate Professor, Department of Environmental Health Sciences, Yale School of Public Health
461. Zheng Wang, Research Scientist, Yale School of Public Health
462. Emma Olson, Director of Partnerships and Evaluation, NC Center for Health and Wellness
463. Michelle P. Lin, Assistant Professor of Emergency Medicine, Icahn School of Medicine at Mount Sinai
464. Mary Herbert, Clinical Director, Program for Health Care to Underserved/Birmingham Clinic
465. Jamie Tam, Assistant Professor, Department of Health Policy and Management, Yale School of Public Health
466. Louisa Holaday, Fellow, National Clinician Scholars Program, Department of Internal Medicine, Yale University
467. Emily P. Hyle, Assistant Professor of Medicine, Harvard Medical School & Division of Infectious Diseases, Massachusetts General Hospital
468. Erika Linnander, Director, Yale Global Health Leadership Initiative
469. Erica Caple James, Associate Professor of Medical Anthropology and Urban Studies, MIT
470. Alfreda Holloway-Beth, Black Caucus of Health Workers (BCHW), APHA, President
471. Doreen D. Cunningham, Assistant Research Professor, Georgetown University
472. Edward J. Callahan, Professor Emeritus, Family and Community Medicine, University of California, Davis Health
473. Cornelia van der Ziel, Harvard Vanguard Medical Associates (retired)
474. Heping Zhang, Susan Dwight Bliss Professor, Department of Biostatistics, Yale University School of Public Health
475. Ronald Bayer, Professor and Co-Chair, Center for the History & Ethics of Public Health, Mailman School of Public Health; Senior Advisor, Global Network of Collaborating Centres of Bioethics, WHO
476. Dennis L. Kolson, Professor of Neurology; Vice Chair for Academic Affairs/Faculty Development, Department of Neurology, Perelman School of Medicine, University of Pennsylvania
477. John Wysolmerski, Professor of Medicine and Acting Section Chief, Endocrinology and Metabolism, Yale School of Medicine
478. Bisan A. Salhi, Assistant Professor, Department of Emergency Medicine, Associated Assistant Professor, Department of Anthropology, Emory University
479. Leslie Curry, Professor of Public Health and Professor of Management, Yale School of Public Health
480. Justin I. Lowenthal, Johns Hopkins University School of Medicine, National Board of Directors, Doctors for America
481. Elizabeth Datner, Chair, Department of Emergency Medicine, Einstein Healthcare Network, Professor of Emergency Medicine, Sidney Kimmel Medical College, Thomas Jefferson University
482. Alfreda Holloway-Beth, Black Caucus of Health Workers, American Public Health Association; Director of Epidemiology, Cook County Department of Public Health
483. Ryan Thoreson, Clinical Lecturer in Law, Associate Research Scholar in Law, and Robert M. Cover-Allard K. Lowenstein Fellow in International Human Rights, Yale Law School
484. William L. Holzemer, Distinguished Professor & Dean Emeritus, School of Nursing, Rutgers, The State University of New Jersey
485. Marney White, Associate Professor of Public Health (Social and Behavioral Sciences); Associate Professor of Epidemiology (Chronic Diseases), Yale School of Public Health and of Psychiatry, Yale Medical School
486. Donna Speigelman, Susan Dwight Bliss Professor of Biostatistics; Director, Center for Methods in Implementation and Prevention Science (CMIPS); Director, Interdisciplinary Research Methods Core, Center for Interdisciplinary Research on AIDS, Yale School of Public Health; Assistant Cancer Center Director, Global Oncology, Yale Cancer Center
487. Ingrid V. Bassett, Associate Professor of Medicine, Harvard Medical School, Massachusetts General Hospital
488. Peter Lurie, President, Center for Science in the Public Interest

Organizational Signatures

1. Broken No More
2. Amnesty International USA
3. The Public Health Advocacy Institute
4. Big Cities Health Coalition
5. Prevention Point Pittsburgh
6. Any Positive Change
7. EcoHealth Alliance
8. Children's Aid
9. American Public Health Association (APHA)
10. The Johns Hopkins Center for Health Security
11. The Mountain Center in New Mexico
12. Center for Prisoner Health and Human Rights
13. The National Health Law Program
14. Collaborative for Health Equity Cook County, Chicago, Illinois