EXHIBIT 3

DECLARATION OF AMY ZEIDAN, MD

I, Amy J. Zeidan, MD, hereby declare under the penalty of perjury pursuant to 28 U.S.C. § 1746:

1. I make this declaration based on my personal knowledge except where I have indicated otherwise. If called as a witness, I could and would testify competently and truthfully to these matters.

2. I am an assistant professor in the Department of Emergency Medicine at Emory University School of Medicine in Atlanta, Georgia. I am also an attending physician in the Emergency Department at Grady Hospital in Atlanta. I have held these positions since July 2019. Previously, I was a clinical instructor in the Department of Emergency Medicine at the University of Kentucky. I am Board-Certified in Emergency Medicine.

3. I received my MD at George Washington University and completed my residency in Emergency Medicine at the University of Pennsylvania, where I was chief resident from 2017-2018. I completed an Emergency Ultrasound Fellowship at the University of Kentucky.

4. In addition to my practice as an emergency room physician and my professorship at Emory Medical School, I completed training on Forensic Medical Evaluations for Asylum Seekers through Physicians for Human Rights in 2015 and 2016. I was the Executive Director of Education at the Philadelphia Human Rights

Clinic from 2016-2018 and am currently co-Director of the Human Rights Clinic at Emory. I have conducted over 50 evaluations of asylum seekers throughout Pennsylvania and Georgia, including individuals detained in Stewart ICE Detention Center in Lumpkin, Georgia ("Stewart"). As part of that work, I have visited Stewart to evaluate individuals and reviewed medical records for nine individuals, including records of medical care provided during their time in ICE detention. I have published on best practices of forensic medical evaluations and my research focuses on barriers to acute care for refugees, asylees, and other immigrant populations.

5. As an Emergency Medicine physician at Grady Hospital, I evaluate and treat patients with COVID-19 on a daily basis. Since early March 2020 when the first COVID-19 cases were identified in Metro Atlanta, I estimate that I have treated over 50 patients who screened positive for symptoms consistent with COVID-19. I have treated patients with varying severity of symptoms, ranging from mild symptoms to severe symptoms requiring emergent intubation and prolonged stays in the intensive care unit. While many critically ill patients are older than 65 or people with multiple comorbidities including underlying lung disease and/or immunocompromised, I have also treated healthy patients as young as their late 20's requiring intubation and admission to the Intensive Care Unit (ICU).

6. Based on my experience treating COVID-19 patients, and daily research and review of emerging and rapidly evolving literature, it is my opinion that ICE detention facilities in Georgia create conditions ripe for an alarming and rapid spread of COVID-19. Based on my review of ICE's Guidance on COVID-19,[1] it is my opinion that the measures described to mitigate the spread of COVID-19 in detention centers are inadequate to protect detained individuals for the reasons outlined below. When COVID-19 disease spread occurs within ICE detention centers, there are few options to contain the spread. The first concern is that many individuals with COVID-19 may be asymptomatic but nonetheless contagious. Similarly, they may have very mild symptoms or symptoms that are less common with COVID-19, including gastrointestinal symptoms like diarrhea. Symptoms can present anywhere from 2 to 14 days after exposure/infection. As such, they can expose other detained individuals, as well as staff of the facility, to the virus before anyone is aware of their symptoms.

7. In fact, a number of patients I have treated in the Emergency Department presented with non-COVID-19 related symptoms but were found to have imaging findings (chest X-ray or CT scans of their chests) highly consistent with COVID-19. Others have presented with gastrointestinal symptoms only,

[1] https://www.ice.gov/coronavirus

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

8. From my work with individuals detained by ICE, I am aware that many detained immigrants with medical conditions are placed in medical isolation, which is equivalent to solitary confinement. In the context of COVID-19, this practice is unsafe. Placing an individual with significant medical needs in isolation exacerbates underlying medical conditions and places them at additional risk of being unable to call for help. This is an unacceptable and potentially deadly form of quarantine given the rapid and severe progression of COVID-19 in affected individuals. I have treated COVID-19 patients who have gone from stable, not requiring oxygen, to needing intubation and subsequent care in an ICU on a ventilator within 24 hours. Individuals with concerning or confirmed symptoms must be watched closely, with adequate access to medical care that is simply not available in ICE detention facilities.

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

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

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

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

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

additional COVID-19 patients. Current data indicate that 16 people have died due to COVID-19 at Phoebe Putney alone, and Albany, Georgia, has the highest per capita COVID-19 infection rate in the state. Southwest Georgia Regional Medical Center is located about 22 miles from Stewart in Cuthbert, Georgia; however, this is a critical access hospital with essentially no long term ICU beds. Critical access hospitals are generally located in rural areas where the access to nearby hospitals is extremely limited. They have fewer than 25 beds and are designed to care for patients who will require fewer than 96 hours of care; importantly, even if some have ICU-type beds, those are designed for short term treatment and do not provide capacity for the type of long term treatment required for COVID-19 patients. Critical access hospitals provide excellent quality care, but are not designed to care for critically ill patients; they are designed to stabilize and transfer critically ill patients. For reference, Grady Hospital has 961 hospital beds including approximately 60 ICU beds.

13. The nearest hospital to Irwin with ICU capabilities is Tift Regional Medical Center, approximately 18 miles away. Tift Medical Center has 181 hospital beds, including 20 ICU beds. As a regional hospital, it serves 12 counties. A coronavirus outbreak in any of these counties would overwhelm the hospital and its ICU beds, as we have seen at Phoebe Putney. Even more concerning, the nearest hospital to Folkston detention center with ICU capabilities is Southeast

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

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

15. It is important to remember that the nature of community spread means that without appropriate measures, just one person with COVID-19 can spread the disease to an entire community. An outbreak in one of the Georgia immigration detention centers would overwhelm the capacity of local hospitals. With the worsening shortage of PPE, providers, hospital capacity, and ICU resources like ventilators, it is impossible to know when specific hospitals in Georgia will run out of any of these necessary resources. However, predictions in Georgia suggest all hospital resources will be used by April 22, 2020, and that we currently have an ICU bed shortage of 755 beds and 1,075 ventilators.

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

17. I have reviewed the declarations of Jaquelinne Murillo Figueroa, Meredyth Yoon, and Alexis Ruiz, attorneys who have visited Stewart, Folkston, and Irwin, respectively. Based on the information set forth in these declarations, the current practices of these detention centers with respect to entry of legal

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

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

19. In addition, I have reviewed the declaration of Laura Rivera, summarizing calls that Southern Poverty Law Center's detainee helpline has received over the last two weeks from all three Georgia facilities and notes from her tours of Stewart and Irwin in 2018. Based on this declaration, the living conditions at Stewart and Irwin are ripe for the spread of disease. The living conditions described are typical congregate environments where detainees sleep in large groups with less than six feet of space between beds. Throughout the day, individuals detained in these facilities must congregate within six feet of each other to access various services and activities. As we know from data in other countries, the only successful mitigation strategy is to self-isolate, and socially distance at least 6 feet apart. These reported conditions will actually increase rather than decrease the spread of disease.

20. Individuals detained at all three facilities reported a lack of information about COVID-19 and how to protect themselves. Especially concerning was the reported remark of an officer at the detention center that the critical protection of social distancing does not apply in detained settings, implying that detainees and employees may be misinformed or lack appropriate information. To the contrary and as stated previously, social distancing is the most effective measure we have found to prevent the rapid spread of COVID-19; the importance of this measure does not diminish in the context of detention.

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

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

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

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

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

Dr. Amy Zeidan, MD

EXHIBIT A

CURRICULUM VITAE
AMY J ZEIDAN

Revised: 2/21/20

1. Name: Amy J Zeidan

2. Office Address: Department of Emergency Medicine
49 Jesse Hill Jr. Drive SE
Atlanta, GA 30303

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

3. Email: ajzeida@emory.edu

4. Citizenship: United States of America

5. Current Titles and Affiliations:

a. **Academic Appointments:**

i. **Primary Appointment:**

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

ii. **Joint and Secondary Appointments:**

b. **Clinical Appointments:**

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

c. Administrative Appointments

6. Previous Academic and Professional Appointments:

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

7. Previous Administrative and/or Clinical Appointments:

8. Licensures/Boards:

Pennsylvania State Board of Medicine, 2014-2018
Federal Drug Enforcement Agency, 2017-Present

Kentucky Board of Medical Licensure, 2018-2018
Georgia Composite Medical Board (Physician), 2019

9. Specialty Boards:

American Board of Emergency Medicine, 2019-2020

10. Education:

08/04-05/08, BA Biology, Gustavus Adolphus College, St. Peter, MN
06/08-07/10, Fellow, National Institutes of Health Postbaccalaureate Intramural Research Training Award (IRTA), Bethesda, MD
08/10-06/14, MD, George Washington University, Washington, D.C.

11. Postgraduate Training:

07/14-06/18, Emergency Medicine Residency, University of Pennsylvania, Philadelphia, PA, Program Director Dr. Francis DeRoos/Dr. Lauren Conlon
*Chief Resident 04/17-05/18

07/18-06/19, Emergency Ultrasound Fellowship, University of Kentucky, Lexington, KY, Fellowship Director Dr. Jacob Avila

12. Continuing Professional Development Activities:

1. Physicians for Human Rights Asylum Training, NYC, NY, 05/16 & 10/17

2. ARMED Research Course, Society for Academic Emergency Medicine, 08/18-05/19

3. Clinical Teaching Course, University of Kentucky, Lexington, KY, 08/18-05/19

4. IDN Thought Leader Fellowship, The Op Ed Project, Atlanta, GA, 09/19

13. Military or Government Service

14. Committee Memberships:

a. National and International:

1. Member at Large, Hospital of the University of Pennsylvania Housestaff Governing Council, 06/16-06/17

2. Executive Director of Education, Philadelphia Human Rights Clinic, 12/16-06/18

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

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

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

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

7. Executive Board Member, Young Physicians Initiative (YPI), Doctor for a Day Leader (2020 Conference), 09/19-Present

8. Member, Georgia State University Prevention Research Center (GSU PRC) Community Advisory Board, 10/19-Present

b. Institutional

Trauma Informed Care Committee, 10/19-Present

15. Peer Review Activities:

a. Grants:

a. **National and International**

AWAEM Internal Research Funding Grant Reviewer, 2/2020

b. **Regional**
c. Institutional

b. Manuscript Reviewer:

Canadian Journal of Emergency Medicine (ad hoc reviewer), 2018
Cureus (ad hoc reviewer), 2018
World Journal of Emergency Medicine, 2019
American Journal of Emergency Medicine (ad hoc reviewer), 2019
Harvard Human Rights (ad hoc reviewer), 2019
JAMA Open (ad hoc reviewer, 2019
Journal of Forensic and Legal medicine, 2020

c. Conference Abstracts:

SAEM 2020 Abstract Reviewer, January 2020

16. Consultantships/Advisory Boards:

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

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

17. Editorships and Editorial boards:

18. Honors and Awards

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

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

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

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

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

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

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

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

19. Society Memberships:

1. Emergency Medicine Residents' Association, 2014-2019

2. ACEP, 2014-Present

3. SAEM, 2014- Present

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

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

20. Organization of Conferences:

FemInEM Conference Planning Committee FIX17, FIX18, FIX19

Doctors Who Create (DWC) Conference Planning Committee, 12/18-4/19

21. Clinical Service Contributions:

Co-Director, Human Rights Clinic at Emory, 9/1/2019-Present

22. Community Service

a. General

Volunteer Physician Evaluator & Executive Director of Education, Philadelphia Human Rights Clinic, >200 service hours, >40 asylum evaluations/affidavits, 6/2014-Present

Volunteer Physician & Clinic-Co Chief, Penn Center for Primary Care Refugee Clinic, 2/month with >200 service hours 12/15-6/18

Volunteer Physician, Puentes de Salud, 1/week with >300 service hours, 12/15-6/18

Volunteer Physician, Salvation Army Clinic & SHARES Clinic, Monthly Clinic, 9/18-5/19

Volunteer Physician, Grace Village Clinic, 7/19-Present

Volunteer Physician, Clarkston Community Clinic, 7/19-Present

b. Media Outreach

23. Formal Teaching

a. Medical Students

Ultrasound Instructor, Ultrasound Guided IV's, Penn Medical School Introduction to Clinical Medicine Bootcamp for MSIII's 2017.

Ultrasound Instructor, Penn Internal Medicine Residency Orientation 2017, Central Line Placement.

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

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

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

b. Graduate Programs

i. Residency Programs – Emergency Medicine

Health Care for Refugee, Immigrant and Asylum Populations. University of Pennsylvania Emergency Medicine Conference Grand Rounds, May 2018.

InnovatED Workshop. University of Pennsylvania Emergency Medicine Conference, May 2018.

Mortality & Morbidity. University of Pennsylvania Emergency Medicine Conference, October 2017, February 2018, May 2018.

Ultrasound instructor, Intern Boot Camp, University of Kentucky Emergency Medicine Residency. August & July 2018.

Pelvic Pain. University of Kentucky Emergency Medicine Conference, November 2018.

Ectopic Pregnancy. University of Kentucky Emergency Medicine Conference, November 2018.

ii. Other Residency

Ultrasound Instructor, Internal Medicine Intern Orientation, PIV/CVC insertion, June 2018

ii. Undergraduate Programs

2019 Global Health Case Competition Mentor, University of Kentucky, 2/19

c. Other -Faculty

Ultrasound Instructor, Hands-on Workshop. Resuscitative TEE Conference at University of Pennsylvania, 2018.

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

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

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

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

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

24. Supervisory Teaching:

b. Residents

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

Faculty Mentor to Dr. Kristen Bascombe, 2019-Present

c. Graduate Students

d. Medical Students

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

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

Discovery Advisor to Maggie Smith, Emory School of Medicine

e. Undergraduate Students

Pre-Medical Advisor to Maria Ordinola, Puentes de Salud, 2015-2018.

25. Lectureships, Seminar Invitations, and Visiting Professorships:

a. National and International
b. Regional

Barriers to Healthcare for Refugee and Immigrant Patients, Georgia State University Nursing School Workshop, February 3, 2020

c. Institutional

Healthcare Barriers for Refugees, Refugee Health Training Day, Emory School of Medicine, 9/19/2019

Keynote: Trauma Informed Care, Emory Law School Trauma-Informed Legal Services Workshop, 1/25/2020

Trauma Informed Care Approach with Asylum Seekers, Workshop Facilitator, Emory Law School Trauma-Informed Legal Services Workshop, 1/25/2020

Health & Human Rights of Asylum Seekers in the US, Health & Human Rights Public Health Course, Emory School of Public Health, 2/20/2020

26. Invitations to National/International, Regional, and Institutional Conferences:

a. National and International

Women's health screening and mapped community resources for recently resettled refugees in Philadelphia. Oral Presentation at the North American Refugee Health Conference, June 2018

InnovatED Feedback Model. Didactic Presentation at CORD Academic Assembly, April 2019.

The Unrecognized Trauma Assessment: Why Emergency Physicians Should Learn to Perform Medical Asylum Evaluations. Ignite Presentation at the Society for Academic Medicine Annual Meeting, May 2019.

#Shemergency: Recruitment and Retention Strategies for Female Residents. Didactic Presentation at the Society for Academic Medicine Annual Meeting, May 2019.

Resident Led Initiatives, Diversity, Equity and Inclusion, Didactic Presentation at the Society for Academic Medicine Annual Meeting, May 2020

b. Regional

c. Institutional

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

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

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

a. National and International:

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

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

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

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

b. Regional

Zeidan AJ, Khatri U, Munyikwa M, Jones E, Barden-Mejia A, Samuels-Kalow M. Refugees & The ER. Lightning Oral Presentation at the SAEM Mid-Atlantic Regional Conference, March 2017.

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

c. Institutional

Khatri U, **Zeidan AJ**, LaRiviere M, Sanchez S, Lynn J, Weaver L, Shofer F, Todd B, Aysola J. "Implicit Bias Training in Graduate Education: "Dissidence Between Bias and Reality." Poster at The University of Pennsylvania Annual Health Equity Week, April 2018.

Khatri U, **Zeidan AJ**, Frances Schofer, Lauren Conlon, Kevin Scott, Mira Mamtani, Jaya Aysola Implicit Bias Training in Emergency Medicine Residency: "There's a right answer." Poster at The University of Pennsylvania Annual Health Equity Week, April 2018.

Deshpande N, **Zeidan AJ**, Barden A, Truchill R, Salva C. OB/GYN referral service to enhance internal access to care for refugee women. Poster Presentation at Penn Health Equity Week, April, 2019.
**Best Housestaff Abstract*

28. Research Focus

My research currently focuses on healthcare access and barriers for refugees, immigrants, and asylums seekers. I am specifically interested in ED utilization, transitions of care, and collaborations with community based organizations. I am also interested in development of guidelines for asylum evaluation best practices and standards.

29. Grant Support

a. Previous
b. Current

Active

AG2020-0000000042 (Zeidan, PI) 6/1/2020-6/1/2021 0.12 Calendar
SAEMF/Academy for Women in Academic Emergency Medicine (AWAEM) $5000
Barriers to Reporting Incidents of Gender and Sexual Harassment in Training and Practice (BRIGHT)
To understand perceived barriers to reporting sexual and/or gender harassment among emergency department providers. We will perform semi-structured interviews with emergency medicine physicians to understand a range of barriers to reporting sexual and gender harassment.
Overlap: There is no overlap with proposed work.

Pending

Emory University Pilot Grant Program (Yaffee, PI) 5/31/2020-5/31/2021 0.12 Calendar
Bidirectional Global Health Disparities Research $25,000
The EMER/I (Electronic Medical Records for Ethiopian Refugees and Immigrants) Project: Implementation of Emergency Department Triage Screen to Identify and Assess Healthcare Utilization, Outcomes, and Needs of Ethiopian and Other Immigrants in Atlanta, Georgia.
The proposed research will focus on development and evaluation of a method for identifying refuses and immigrants within the Emory/Grady healthcare systems electronic health records in an ethically appropriate manner.
Overlap: There is no overlap with proposed work.

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

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

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

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

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

30. Bibliography

a. Published and Accepted Research Articles in Refereed Journals:

Zeidan AJ, Khatri U, Munyikwa M, Jones E, Barden-Mejia A, Samuels-Kalow M. Barriers to accessing acute care for newly arrived refugees. West J Emerg Med. 2019;20(6):842-850.

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

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

Ferdowsian H, McKenzie K, **Zeidan AJ**. Asylum Medicine: Standard and Best Practices. *Health and Human Rights Journal*. 2019; 21(1).

Teran F, Dean AJ, Chan W, Panebianco N, Centeno C, **Zeidan AJ**, Abella B. Evaluation of Out-of-Hospital Cardiac Arrest using Transesophageal Echocardiography in the Emergency Department. *Resuscitation.* 2019; 137:140-147.

Zeidan AJ, Khatri UG, Aysola J, Shofer FS, Mamtani M, Scott KR, Conlon LW, Lopez BL. Implicit bias education and emergency medicine training: step one? awareness. *Academic Emergency Medicine Education and Training.* 2018; 3(1):81-85.

Zang RZ, **Zeidan AJ**, Scott K. Man with stridor. *Annals of Emergency Medicine*. 2017;69(2):265-266.

Chen YY, Khoury, P, Ware JM, Holland-Thomas NC, Stoddard JL, Gurprasad S, **Waldner AJ**, Klion AD. Marked and persistent eosinophilia in the absence of clinical manifestations. *The Journal of Allergy & Clinical Immunology.* 2014;133(4):1195-1202.

Moir S, Buckner CM, Ho J, Wang W, Chen J, **Waldner AJ**, Posada JG, Kardava L, O'Shea MA, Kottilil S, Chun TW, Proschan MA, Fauci AS. B Cells in early and chronic HIV infection: evidence for preservation of immune function associated with early initiation of antiretroviral therapy. Blood. 2010;116(25):5571-9.

b. Manuscripts Submitted:

Agrawal P, Madsen T, Lall M, Zeidan AJ. Gender Disparities in Academic Emergency Medicine: Strategies for the Recruitment, Retention and Promotion of Women. *AEM Education in Training.* Accepted, copyediting in progress.

Payton C, Zeidan AJ, Bogen H, Altshuler M. Women's health screening and mapped community resources for refugees resettled in Philadelphia, Pennsylvania. *Journal of Health Care for the Poor and Underserved.* Accepted, copyediting in progress.

Khatri UG, Bilger A, Zeidan AJ, Meisel Z, Delgado MK, Samuels-Kalow, M, South EG. Life after incarceration: A firsthand account of barriers and facilitators to accessing healthcare during re-entry. American Journal of Preventive Medicine. Under Review.

c. Review Articles:

d. Book Chapters:

Asylum Medicine Textbook Chapter, in process

e. Books edited and written
f. Book review:
g. Manuals, Videos, Computer Programs, and Other Teaching Aids:

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

h. Published Abstracts:

i. Other Publications:

a. Digital Scholarship

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

Zeidan, AJ. Standing AFFIRM: Firearm Access Raises Teen's Risk of Injury, Death. Emergency Medicine News. November 2019;41(11):12. Accessed at https://journals.lww.com/em-news/Fulltext/2019/11000/Standing_AFFIRM__Firearm_Access_Raises_Teen_s_Risk.10.aspx

Khatri U, **Zeidan A**, LaRiviere M, Sanchez S, et al. An evaluation of implicit bias training in graduate medical education. MedEdPublish. 2019; 8(2). https://doi.org/10.15694/mep.2019.000109.1
*post publication peer reviewed

Zeidan, AJ. Teenagers and Firearms. AFFIRM Research Article. February 2019. Accessed at https://affirmresearch.org/learn/teenagers-and-firearms/

Flower A, **Zeidan AJ.** Risk of Clot When Imaging Says Not. February 2019. Accessed at http://www.emdocs.net/risk-of-clot-when-imaging-says-not/

Mohammadie S, **Zeidan AJ.** Hepatic Encephalopathy: Common Precipitants, Sneaky Precipitants and
Clinical Pearls. March 2019. Accessed at http://www.emdocs.net/hepatic-encephalopathy-common-precipitants-sneaky-precipitants-and-clinical-pearls/

Teran F, **Zeidan AJ**. Implementation of a Resuscitative TEE Program in the ED-ICU Interface. ACEP Critical Care Medicine Newsletter. April 2018. Accessed at https://www.acep.org/how-we-serve/sections/critical-care-medicine/news/march-2018/implementation-of-a-resuscitative-tee-program-in-the-ed-icu-interface/

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

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

Waldner A, Raven M, Lazar D, Pines J. Redefining frequent emergency department users. Urgent Matters Issue Brief. April 2014. Accessed at: https://smhs.gwu.edu/urgentmatters/issuebriefs

Waldner, Amy. Viewpoint: Physician Advocates Student-Led Support Groups for Grief and Loss. AAMC Reporter. Accessed at: https://www.aamc.org/newsroom/reporter/julyaugust2014/401384/viewpointphysicianadvocatesstudent-ledsupportgroupsforgriefandl.html

b. Podcasts/Online Media

Lewiss RE, **Zeidan AJ,** Gutman A, Firew, T. An Episode Dedicated to the Letter "A" = Advocacy https://feminem.org/podcast/an-episode-dedicated-to-the-letter-a-advocacy/

Lewiss RE, **Zeidan AJ,** Perrone, JM. The Opioid Crisis and Advocacy https://feminem.org/podcast/dr-jeanmarie-perrone-chats-the-opioid-crisis-and-advocacy/

Lewiss RE, **Zeidan AJ**, Viswanathan. The First Doctors Who Create Conference https://feminem.org/podcast/the-1st-doctorswhocreate-conference-with-vidya-viswanathan/

Kass D, Mody S, Lema P, **Zeidan AJ**, Lewiss RE. #FIX18 is a Wrap! Discussing the Conference with Some of Original Otters https://feminem.org/podcast/fix18-is-a-wrap-discussing-the-conference-with-some-of-original-otters/

Zeidan AJ. Twitter Session Moderator, FemInEM FIX18 Conference, October 2018 & September 2019.

Online Panel Expert, NEJM Resident Expert, Challenges for Women in Medicine, September 2018.

Kass D, **Zeidan AJ,** Naples R, Lewiss RE. Entering the Shemergency Room. https://feminem.org/podcast/entering-the-shemergency-room/ (Podcast panel, March 2018)

31. **Contributions Not Otherwise Noted:**