

United States District Court
Southern District of Texas
FILED

OCT 24 2014

David J. Bradley, Clerk of Court

DR. ORLY TAITZ, ESQ
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US DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION

TAITZ,) Case # 14-cv-00119
V) HONORABLE ANDREW S. HANEN PRESIDING
JOHNSON, ET AL)

SUPPLEMENTAL APPLICATION FOR STAY DUE TO NEW EVIDENCE

SUMMARY OF THE APPLICATION

In the past few days the Chairman of the House Committee on the Judiciary, Chairman of House sub-committee for Immigration, members of the Senate committee on the Judiciary, members of the US Congress, who are also doctors and health care providers, submitted demands to defendant Obama to institute under 8 U.S.C. 1182(f) and under Section 212(f) of the Immigration and Nationality act a ban on travel to the US on all individuals from Liberia, Sierra Leon and Guinea until the end of the deadly Ebola epidemic and quarantine of the

U.S. citizens, who visited those countries. In response defendant Obama by and through Secretary of Homeland Security Jeh Jonson, instituted a partial ban, whereby he banned individuals from aforementioned countries from entering the U.S. through all ports of entry aside from five ports of entry. By doing so, defendants de facto acknowledged that they have jurisdiction to ban entrance to the U.S. to individuals from specific regions. Due to this development, plaintiff is seeking an amended STAY, whereby the court is asked for a more narrow STAY/Injunction/Writ of Mandamus to simply extend current partial ban to five remaining ports of entry and convert the partial ban into a full ban. This is requested, as taking temperature of the passengers in those five ports of entry does not prevent individuals, who are infected and in an incubation period, to enter the U.S. and infect US citizens, particularly health care providers, like the plaintiff herein. During the incubation period patients carry the virus, but do not run fever yet, as the concentration of virus in their body is not high enough to cause fever. Due to the fact that every day 150 individuals, possibly exposed to Ebola, arrive in the U.S. and there is still a week prior to October 29th hearing, plaintiff asks the court to issue the STAY as soon as possible, prior to the hearing, as it would stop some 1,050 individuals from Ebola hot zone from arriving to the U.S. by October 29th, many of these individuals can be "Thomas Duncans", meaning Ebola virus carriers. Additional information, which became public only on October 22, 2014, is the fact that defendants defrauded this court, the US Congress and the public by stating that illegal aliens with criminal record are not released from federal custody. New information obtained by the USA Today (Exhibit 7) shows that illegal aliens with serious criminal charges, such as kidnappings, homicide, drug trafficking and sexual assaults were released, which weighs in favor of previously requested quarantine not only to ascertain whether these illegal aliens carry infectious diseases, but also for the purpose of checking their criminal record.

STATEMENT OF FACTS

Plaintiff in this case, is Dr. Orly Taitz, ESQ, who is a doctor of dental surgery, providing care to immigrants under a number of government programs. She and her assistant were infected with an upper respiratory disease after treating a

number of such immigrants, who appeared in the office with a persistent cough and upper respiratory disease. She had to go through X rays, lab tests, doctors' appointments and was told to use an oxygen positive pressure machine at night for the rest of her life due to reduced oxygen in blood. She, as a number of other similarly situated individuals, health care providers, is at risk of contracting a number of infectious diseases from such immigrants, which includes Enterovirus D-68, drug resistant Tuberculosis and deadly Ebola. Ebola is currently raging in Western Africa, in Liberia, Sierra Leon and Guinea, where there are now nearly 5,000 confirmed deaths from the disease. WHO estimates that the true numbers of dead are three times higher, standing at 15,000, as there is underreporting and there is a stigma against Ebola and often death certificates are mislabeled (Exhibit 4 WHO report on Ebola). "Among the thousands of cases are 443 health care workers, 244 of whom have died. The WHO said it was undertaking extensive investigations to determine why so many had caught the disease." (Exhibit 4). So far there is no explanation how 443 health workers, covered head to toe, contracted Ebola. In the U.S., two nurses, Nina Pham and Amber Vinson, contracted Ebola from an immigrant from Liberia, who did not run fever, when he arrived in the US, and was not red flagged at this arrival. In Spain, a nurse, Teresa Romero, got infected with Ebola as well. All of these nurses wore protective gear. Currently, 13,500 citizens of Liberia, Sierra Leon and Guinea hold US visas. Half of these visas, 6,398 in all, were issued in the last six months, when the epidemic was already raging and other nations were already banning travel. Instead of suspending visa process for aforementioned countries, Mr. Obama streamlined the process, expediting new visas (Exhibit 5), stayed deportation of illegal aliens from Liberia, sent 3,900 US soldiers to the region without any protective gear and is currently planning to bring to the U.S. for treatment individuals infected with Ebola.

Some 30 nations around the world instituted a complete travel ban from the Ebola affected region. WHO finds that the number of infected individuals doubles every 3 weeks and is expected to reach 1.5 million in January of 2015. Current mortality is 70%. Safe treatment of Ebola requires Highest Level 4 risk full isolation units. In the US there are only 22 such beds in only four hospitals. The total population of Liberia is 4 million. More than half of Ebola cases are in Liberia. It means that by January most of Liberians will have some contact with Ebola patients. By January, when expected number of infections reaches 1.5 million, the daily number of 150 arrivals from the area is expected to go up significantly and the number of infected and exposed individuals arriving in the U.S. is expected to grow exponentially. U.S. cannot accept the risk of Ebola epidemic with only 22 full

containment bends in the nation and thousands arriving from Ebola region every month.

On October 16, 2014 Bob Goodlatte, Chair of the House Committee on the Judiciary, and Trey Gowdy, Chair of the House subcommittee on immigration, wrote to defendant Obama (Exhibit 1), seeking under 8 USC 1182 (f) a ban on travel to the US of any foreign nationals, who visited Liberia, Sierra Leon and Guinea in the past 2 months. They argued that Obama previously instituted such ban on individuals who violated human rights. It made sense to institute such ban on individuals who are likely to transfer a deadly disease. They, also, quotes the latest polls showing that two thirds of American citizens or 67% support such ban on travel. On October 17 seven members of the Senate Judiciary committee sent a letter to defendant Obama seeking the same ban on travel from the same West African countries.(Exhibit 2). They wrote: "We couldn't agree more that an Ebola epidemic is a national security issue, and a threat to global security. And, we couldn't agree more with the American people that a travel ban must be put in place to protect our homeland and reduce any spread of the virus.

According to the officials of the State Department, between March 1, 2014 and September 27, 2014, a total of 6,398 visas were issued to nationals of the following countries; 3,135 for Liberians, 1,472 for Sierra Leoneans, and 1,791 for Guineans. Meanwhile, according to international SOS, dozens of countries, including in Africa-have instituted travel and entry restrictions." They sought under 212(f) of the Immigration and Nationality act a ban on travel and moratorium on visas for Liberia, Sierra Leon and Guinea.

This was followed by yet another letter coming from members of Congress, who are medical providers as well: doctors, dentists and nurses, seeking the same ban on travel. (Exhibit3).

Upon these requests, defendant Obama by and through defendant Jeh Johnson, Secretary of Homeland Security, instituted a partial travel ban to all individuals from Liberia, Guinea and Sierra Leon to all ports of entry in the US, aside from 5 airports: Hartsfield-Jackson Atlanta International airport, New Jersey Newark International airport, Dulles International airport in DC, John F. Kennedy International airport in New York and Chicago O'Hara International airport

(Exhibit 6). Travelers have their temperature checked in those airports, however ones, who are in incubation period and do not run fever, are allowed in the U.S., which represents a threat of epidemic.

ARGUMENT

Plaintiff incorporates by reference all prior paragraphs as well as all prior pleadings in this case, including, but not limited, complaint, first amended complaint, supplemental briefs and an opposition to motion to dismiss, as if fully pled herein.

What is different now from prior pleadings, is the fact that defendants acknowledged their ability to ban travel under 8 USC 1182(f) and under Section 212(f) of the Immigration and Nationality act in both prior ban instituted by Obama in 2011 against individuals convicted in violation of human rights (Presidential Proclamation, Suspension of Entry as Immigrants and Non-immigrants of Persons Who Participate in Serious Human Rights and Humanitarian Law Violations and other Abuses, Aug 4, 2011) and October 21, 2014 ban on citizens from Liberia, Sierra Leon and Guinea from entering at any ports of entry in the US aside from 5 aforementioned airports. Until October 21st defendants refused to institute any ban. On October 21 they instituted a partial ban and plaintiff moves this court to extend this partial ban to a full ban.

Plaintiff is seeking for this court to extend this partial ban to a full ban and stay travel to the remaining five airports with the goal of stopping proliferation of Ebola in the US, which has 70% death rate and Health Care providers, such as the plaintiff, are more affected than others.

As shown in the recent decision by the Fifth Circuit granting a stay in the Voter ID case *Voting for America, inc v Andrade* 488 Fed.Appx. 890, Fifth Circuit looks at four parameters:

- (1) whether the stay applicant has made a strong showing that he is likely to succeed on the merits;
- (2) whether the applicant will be irreparably injured absent a stay;
- (3) whether issuance of the stay will substantially injure the other parties interested in the proceeding; and
- (4) where the public interest lies. Plaintiff satisfied all four.

Plaintiff is likely to succeed on the merits, as she provided competent plausible evidence supported by an expert opinion (Exhibit 1 to FAC and Exhibit 1 to Opposition to Motion to Dismiss, Affidavit by Epidemiologist Vera Dolan) that she was harmed by the actions by the defendants and she is in imminent danger and under an ongoing threat of further injury in the form of infection with serious

deadly diseases, which includes Enterovirus, Tuberculosis and Ebola. Plaintiff has shown that she, as a medical provider, as a doctor working with immigrants, will be irreparably harmed by continuous exposure to deadly diseases, if the stay is not granted. Plaintiff will be infected with a deadly disease. PPE (Personal protective equipment) needed to treat Ebola patients is prohibitively expensive and it would bankrupt any small health care provider to try to purchase a full protective gear suit with a separate oxygen supply, which needs to be replaced after every patient. Further, PPE provides an extremely limited dexterity, which makes it impossible to provide to patients necessary dental treatments, which require high dexterity. It shows that the plaintiff does not have a viable alternative to required relief. Defendants did not show any injury whatsoever to any other parties interested in the proceedings. Moreover, individuals exposed to Ebola, actually will have a higher probability to find necessary blood plasma donors in their countries of origin rather than the U.S.

As an example, Liberian immigrant Thomas Duncan died, as there were no Ebola survivors in the U.S., who could donate blood to him. U.S. doctor, Kent Brantley, survived Ebola after he had a blood transfusion from an Ebola survivor in Liberia. Convalescent blood-plasma contains Ebola specific antibodies. Transfusion of blood-plasma gives the infected patient a passive immunity. Antibodies from the donor bind Ebola antigen and neutralize it. In Africa there are as many as 4,500

survivors, who are potential donors. In U.S. there are only a couple Ebola survivors. When Duncan needed convalescent plasma transfusion, Dr. Kent Brantley, who donated to 3 other individuals, revealed that he cannot donate to Duncan, as he is blood type A+ and Duncan is B+. It was announced that the only other Ebola survivor in the U.S. at a time, Nurse Nancy Writeball, was not a match as well. This is an important reason, why individuals exposed to Ebola, have a better chance of getting convalescent plasma in the countries of origin. Other treatments are only experimental and drugs like ZMapp actually represent Ebola infected convalescent mice humanized antibodies, which are inserted in Tobacco plants through a vector and harvested. There is a great shortage of medicine like ZMapp and ultimately convalescent plasma transfusions from a human survivor might be a safer alternative than a ZMapp, which represents monoclonal antibodies from other species, which went through a process of humanization and harvesting in yet another form of species. In the long run such drugs may cause side effects, delayed side effects or second generation side effects. Lastly, and most importantly, there is a great public interest in granting the stay and protecting the U.S. citizens from deadly epidemics, such as Ebola, Tuberculosis, Enterovirus D68 and others. U.S. has only 22 full isolation beds in only 4 hospitals: CDC unit at Emory University, NIH unit in Bethesda, MD, Nebraska Hospital in Omaha, Nebraska and another unit in Missoula, Montana. With 4,500 individuals coming

to the U.S. from Ebola hot zone every month, some are bound to carry the virus and the number of patients can quickly exceed 22, a total number we can treat safely and competently in isolation units. This exposes the public and particularly the health care providers like the plaintiff herein to the risk of infection with a deadly disease. In Nigeria an American-Liberian dual citizen Patrick Sawyer, flying to U.S. via Lagos, Nigeria, infected 20 people with Ebola and 8 of them died. Among the dead is the doctor, as well as nurses and first respondents, who treated Sawyer. In U.S. one passenger flying from Liberia, Thomas Duncan, infected two nurses. Every day, with 150 people arriving from the hot zone, there is a real threat of infection for medical professionals, particularly ones, who like the plaintiff, routinely treat immigrants. A new study in medical publication, Lancet, predicts that 3 infected individuals per month will fly out of the region and the number will grow as epidemic spreads. "As the outbreak grows, we will be seeing more international exportations of Ebola," said Dr. Kamran Kahn of St. Michael's Hospital in Toronto, the study's senior author." "There are more and more cases of Ebola every week so the risk of exportation is also increasing every week," said Benjamin Cowling of the School of Public Health at the University of Hong Kong, who co-authored a commentary.<http://www.sfgate.com/news/article/If-no-checks-more-Ebola-cases-might-leave-Africa-5836727.php> Further, there is an enormous financial cost to an

Ebola epidemic. With only one infected individual, Liberian immigrant, Thomas Duncan, 125 people were quarantined in Texas and a 100 in Ohio, after a nurse, infected by Duncan, travelled to Ohio. Further, the whole cruise ship with 4,633 individuals on board, had to return from Belize to Galveston, Texas, after it was found that a lab technician, who handled Duncan's blood samples, was on board. It is noteworthy, that neither Belize, nor Mexico were willing to allow this ship to dock, knowing that an individual possibly exposed to Ebola, was on board, yet defendants herein continuously allow individuals possibly exposed to Ebola to travel to the U.S. All of the above shows that there is a great public interest in granting the stay, as requested by the plaintiff.

Additional information, which became public only on October 22, 2014, is the fact that defendants defrauded this court, the U.S. Congress and the public by stating that illegal aliens with criminal record are not released from federal custody. New information obtained by the USA Today (Exhibit 7) shows that illegal aliens with serious criminal charges, such as kidnappings, homicide, drug trafficking and sexual assaults were released, which weighs in favor of previously requested quarantine not only to ascertain whether these illegal aliens carry infectious diseases, but also for the purpose of checking their criminal record.

CONCLUSION

Supplemental application for STAY should be granted

Respectfully,

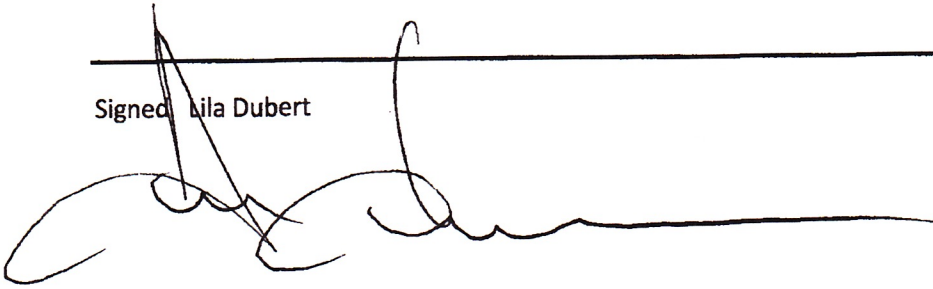
A handwritten signature in black ink, appearing to read 'Orly Taitz', written over the word 'Respectfully,'.

/s/ Dr. Orly Taitz, ESQ

10.22.2014

I, Lila Dubert, attest that a true and correct copy of the attached pleadings was served on the defendants by first class mail on 10.23.14.

Signed Lila Dubert

A handwritten signature in black ink, appearing to read "Lila Dubert", is written over a horizontal line. The signature is cursive and somewhat stylized, with a large initial "L" and "D".

PROPOSED ORDER

Ebola epidemic. The end of the epidemic to be certified by the WHO and CDC.

3. The court issues a STAY all US visas for individuals from Liberia, Sierra Leon and Guinea until the end of deadly Ebola epidemic.

4. This court orders Defendant Jeh Johnson, Secretary of Homeland Security, to place on a no-fly list all individuals from aforementioned nations until the end of the deadly Ebola epidemic.

5. The court STAYS release from DHS and HHS custody all of illegal aliens until they complete two months quarantine, until there is a written certification by a licensed medical doctor that these illegal aliens do not carry infectious diseases, until there is a criminal record of these aliens from the countries of origin and until this court finds that there is a valid legal basis for granting an asylum in the US for these illegal aliens.

Signed

Andrew S. Hanen, U.S. District Judge

Dated

EXHIBIT 1

BOB GOODLATTE, Virginia
CHIEF CLERK

K. JAMES SPENCER, BRENNER, JR., Wisconsin
HOWARD COBLE, North Carolina
CAMARMA TELL, Texas
STEVE CHABOT, Ohio
SPENCER BACCHUS, Alabama
DARRELL E. ISSA, California
J. RANDY TORRES, Virginia
STEVE KING, Iowa
TOMMY THANKS, Arizona
LOUIS GOMPERT, Texas
JIM JORDAN, Ohio
JED RYAN, Texas
JASON CHAFFETZ, Utah
TOM MARINO, Maryland
TERRY LLOYD, South Carolina
PAUL R. LARSON, Oregon
BLAKE FARENTHOLD, Texas
GEORGE HOLDING, North Carolina
DOUG COLLINS, Georgia
RON DESANTIS, Florida
JASON SMITH, Missouri
VACANCY

JOHN CONYERS, JR., Michigan
RANKING MEMBER

JEFFREY D. NADLER, New York
ROBERT C. HOBBY, SCOTT, Virginia
ZOE LUIPHEEN, California
DRE L. JACKSON, LEE, Texas
STEVE COHEN, Tennessee
HENRY C. HANKS, JOHNSON, JR., Georgia
TED KUPP, PERRE, S., Puerto Rico
JACK CHU, California
TED DEUTCH, Florida
LUIS V. GUTIERREZ, Florida
KAREN BASS, COLORADO
CECILE L. RICHMOND, Louisiana
SUZANNE K. DELBENE, Washington
JOE CARD, A, Florida
MARKET E. JEFFRETT, Texas
DAVID C. CLINE, Brookland

ONE HUNDRED THIRTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON THE JUDICIARY

2138 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6216

(202) 225-3951

<http://www.house.gov/judiciary>

October 16, 2014

The Honorable Barack Obama
President of the United States
1600 Pennsylvania Ave., NW
Washington, DC 20500

Mr. President,

We write regarding your solemn duty as the President of the United States to take every step possible to protect the American people from danger. Specifically, we urge you to use authority granted to you by Congress in the Immigration and Nationality Act to prohibit foreign nationals who were recently present in an Ebola-ravaged country, from entering the United States.

8 U.S.C. 1182(f) states “[W]henver the President finds that the entry of any aliens or of any class of aliens into the United States would be detrimental to the interests of the United States, he may by proclamation, and for such period as he shall deem necessary, suspend the entry of all aliens or any class of aliens as immigrants or nonimmigrants, or impose on the entry of aliens any restrictions he deems to be appropriate.”

You utilized this provision in August 2011, “to restrict the international travel and to suspend the entry into the United States, as immigrants or nonimmigrants, of certain persons” who participated in serious human rights and humanitarian law violations.¹ Preventing Americans from contracting Ebola, which the World Health Organization (WHO) notes “has a death rate of up to 90%” and has already killed at least 4,484 people in Guinea, Liberia and Sierra Leone, is every bit as important as preventing human rights abusers from entering the United States.²

¹ Presidential Proclamation, *Suspension of Entry as Immigrants and Nonimmigrants of Persons Who Participate in Serious Human Rights and Humanitarian Law Violations and Other Abuses*, Aug. 4, 2011.

² World Health Organization, “Frequently Asked Questions on Ebola virus disease,” <http://www.who.int/csr/disease/ebola/ebola-faq-en.pdf?ua=1>, Updated Aug 7, 2014.

The Honorable Barack Obama
Page Two
October 16, 2014

While Ebola is not transmittable until a victim develops symptoms, the WHO notes that the incubation period can be 42 days or longer and that certain methods of Ebola transmission can continue for as long as seven weeks after a patient's recovery.³ Therefore we urge that your use of 8 U.S.C. 1182(f) cover any foreign national who was present in a country with widespread and intense transmission of Ebola within the two months prior to desired travel to the U.S. Such a travel restriction can and should be temporary, with the moratorium lifted when the Ebola outbreak in West Africa, and any other countries with a subsequent outbreak, is controlled.

We have listened with interest to the arguments articulated by officials within the Administration in opposition to a ban on travel from affected countries. Unfortunately, such arguments seem to have little, if any, merit. And a growing number of Americans agree. In fact an October 14, 2014, ABC News/Washington Post poll showed that 67% of Americans surveyed said they would support "restricting entry to the United States by people who've been in affected countries."

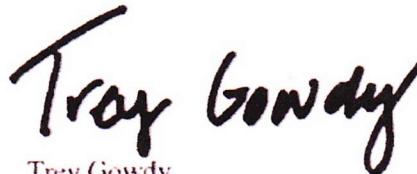
Use of 8 U.S.C. 1182(f) is not only reasonable at this point, but is prudent and necessary to help prevent additional Ebola cases in the U.S. It will also help begin to turn around Americans' large-scale lack of confidence that the Federal government is doing everything it can to protect them from Ebola.

Thank you for your immediate attention to this critical matter.

Sincerely,



Bob Goodlatte
Chairman
House Committee on the Judiciary



Trey Gowdy
Chairman
Subcommittee on Immigration and
Border Security

³ *Id.*

EXHIBIT 2

PANEL CHAIRS	
DANIEL H. HAITHER, CALIFORNIA	GABRIEL GARCIA, TEXAS
CHARLES E. SCHUMER, NEW YORK	THOMAS HART, TEXAS
BILLY CRIST, NORTH CAROLINA	JOHN CORNYN, ALABAMA
DEBBIE STABEN, MISSOURI	LYNCE STEVENS, SOUTH CAROLINA
AMY KLOBUCHAR, MINNESOTA	JEAN CARROLL, TEXAS
AL FRANKEN, MINNESOTA	MICHAEL LEE, TEXAS
CHRISTOPHER A. TOUBES, DELAWARE	TED CRUZ, TEXAS
RICHARD BLUMENTHAL, CONNECTICUT	CHRISTOPHER MEEHAN, TEXAS
MAZIE HIRONAKA, HAWAII	

United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6275

For more information, please contact the Director of the Office of Public Affairs at the Senate Office Building.

October 17, 2014

President Barack H. Obama
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Dear President Obama:

As members of the Senate Judiciary Committee, which has oversight over immigration and visa policies, we write to express our grave concerns about the seemingly inflexible position you have taken in issuing a travel ban or heightened entry requirements on individuals who may be infected with the Ebola virus.

On September 16 of this year, you spoke at the Centers for Disease Control and Prevention in Atlanta, saying,

"Now, here's the hard truth. In West Africa, Ebola is now an epidemic of the likes that we have not seen before. It's spiraling out of control. It is getting worse. It's spreading faster and exponentially. Today, thousands of people in West Africa are infected. That number could rapidly grow to tens of thousands. And if the outbreak is not stopped now, we could be looking at hundreds of thousands of people infected, with profound political and economic and security implications for all of us. So this is an epidemic that is not just a threat to regional security -- it's a potential threat to global security if these countries break down, if their economies break down, if people panic. That has profound effects on all of us, even if we are not directly contracting the disease."

We couldn't agree more that an Ebola epidemic is a national security issue, and a threat to global security. And, we couldn't agree more with the American people that a travel ban must be put in place to protect our homeland and reduce any spread of the virus.

According to officials at the State Department, between March 1, 2014, and September 27, 2014, a total of 6,398 visas were issued to nationals of the following countries; 3,135 for Liberians, 1,472 for Sierra Leoneans, and 1,791 for Guineans. Meanwhile, according to International SOS, dozens of countries – including many in Africa – have instituted travel and entry restrictions.

We urge you to immediately cease issuing visas to persons of Sierra Leone, Liberia and Guinea, and to consider expanding this ban to other countries that may not have standards in place to properly screen travelers entering the United States. We also urge you to more strongly use tools at your disposal to receive flight manifests ahead of time to screen and turn away passengers if they have traveled to or are coming from countries with an Ebola outbreak.

At this point, you and your administration must consider all options to prevent the spread of the Ebola virus. Dismissing a travel ban or a moratorium on visa issuances sends a signal that you're not serious about containing the outbreak and preventing infections of individuals on U.S. soil. We implore you to immediately use your statutory authority under Section 212(f) of the Immigration and Nationality Act to suspend the entry of all aliens or any class of aliens as immigrants or nonimmigrants who are detrimental to the interests of the United States.

Sincerely,

Chuck Grassley

John Hatch

William J. L. E.

J. J. Sessions

T. J. S.

Larry H. ...

John Cornyn

EXHIBIT 3

Congress of the United States
Washington, DC 20515

October 21, 2014

President Barack Obama
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Obama:

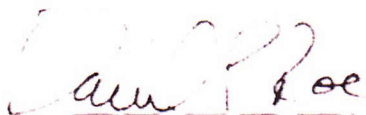
As doctors and nurses, we have been closely monitoring the growing Ebola epidemic in West Africa with concern. The transmission of Ebola to two health professionals who helped care for Thomas Duncan is extremely concerning, as is the possibility that many more Americans were potentially exposed to the virus by these individuals. Containment is the key to stopping the spread of this highly contagious and deadly disease, and we strongly urge your administration to consider implementing a temporary travel ban for individuals who are citizens of, or traveled to, affected countries in West Africa. For American citizens who have been exposed to Ebola, we support the recommended 21-day quarantine before they can enter the country.

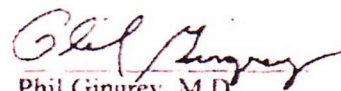
We understand and support the continued flow of aid workers and supplies to control the spread of Ebola at its source, but temporarily restricting entry to the United States for individuals from—or who traveled to—affected countries could limit the possible introduction of additional individuals carrying the virus. We strongly support continued American leadership to help the affected countries in West Africa combat this deadly disease, and urge other members of the global community to redouble their efforts.

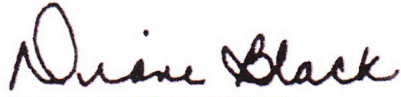
Yet we must not lose sight of the fact that Ebola has reached America and has been transmitted on our soil, despite efforts to prevent this from occurring. Already, we have expanded the scope of our preventive measures because initial protocols were insufficient to stop the disease from spreading. To assuage rising public anxiety about a potential health crisis—and to ensure national preparedness if the worst should happen—we urge your administration to take proactive steps to educate, equip, and train public health authorities to effectively contain this disease.

We look forward to working with your administration and public health officials in educating citizens and health professionals on Ebola as we bend the curve in the spread of this disease and strive to protect American lives both at home and abroad.

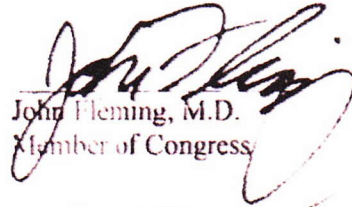
Sincerely,


Phil Roe, M.D.
Member of Congress


Phil Gingrey, M.D.
Member of Congress



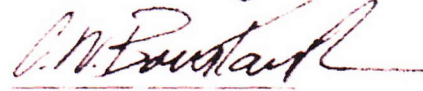
Diane Black, R.N.
Member of Congress



John Fleming, M.D.
Member of Congress



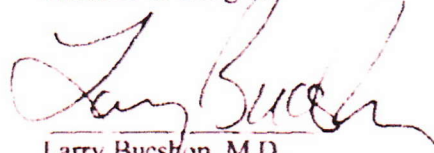
Dan Benishek, M.D.
Member of Congress



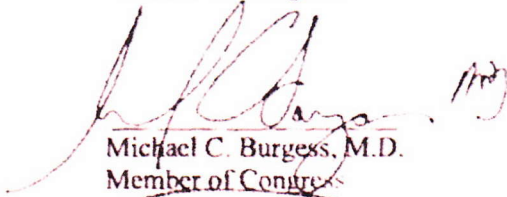
Charles Boustany, M.D.
Member of Congress



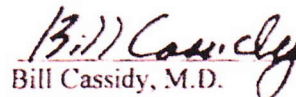
Paul Broun, M.D.
Member of Congress



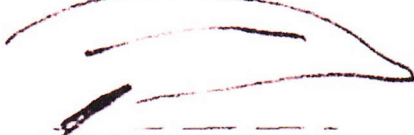
Larry Buehler, M.D.
Member of Congress



Michael C. Burgess, M.D.
Member of Congress



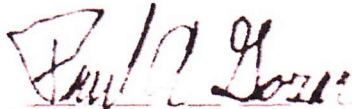
Bill Cassidy, M.D.
Member of Congress




Scott DesJarlais, M.D.
Member of Congress



Renee Ellmers, R.N.
Member of Congress



Paul A. Gosar, D.D.S.
Member of Congress



Andy Harris, M.D.
Member of Congress



Tom Price, M.D.
Member of Congress



Brad Wenstrup, D.P.M.
Member of Congress

EXHIBIT 4

Exhibit 4

Official WHO Ebola toll near 5,000 with true number nearer 15,000

BY TOM MILES

(Reuters) - At least 4,877 people have died in the world's worst recorded outbreak of Ebola, and at least 9,936 cases of the disease had been recorded as of Oct. 19, the World Health Organization (WHO) said on Wednesday, but the true toll may be three times as much.

The WHO has said real numbers of cases are believed to be much higher than reported: by a factor of 1.5 in Guinea, 2 in Sierra Leone and 2.5 in Liberia, while the death rate is thought to be about 70 percent of all cases. That would suggest a toll of almost 15,000.

Liberia has been worst hit, with 4,665 recorded cases and 2,705 deaths, followed by Sierra Leone with 3,706 cases and 1,259 deaths. Guinea, where the outbreak originated, has had 1,540 cases and 904 deaths.

On Friday the WHO put the toll about 300 lower with more than 745 fewer cases.

In the past week, transmission of the disease was most intense in the capital cities of Monrovia and Freetown, while Guinea's capital Conakry reported 18 confirmed cases, its second highest weekly total since the outbreak began.

Although Ebola has been contained in Nigeria and Senegal, the disease is spreading towards Ivory Coast in both Liberia and Guinea, including in Guinea's Kankan district on a major trade route with Mali. Kankan saw its first case in the past week.

However, the WHO said the Liberian district of Lofa had seen a third consecutive week of decline in the number of cases, which reports from observers suggested was a result of disease control measures.

Among the thousands of cases are 443 health care workers, 244 of whom have died. The WHO said it was undertaking extensive investigations to determine why so many had caught the disease.

"Early indications are that a substantial proportion of infections occurred outside the context of Ebola treatment and care," it said.

A U.N. plan to stop the epidemic, known as 70-70-60, involves isolating at least 70 percent of cases and safely burying at least 70 percent of those who die by Dec. 1, a 60-day deadline from the start of the plan. That is supposed to rise to 100 percent by the 90-day deadline on Jan. 1.

The number of isolation beds had increased substantially to 1,126 but remained only 25 percent of the 4,388 expected to be needed in 50 Ebola treatment units. There were also firm commitments from foreign medical teams to staff only 30 units.

Without those beds in those units, families have to care for sick relatives at home and risk infection.

The WHO also estimates 28 laboratories are needed in the three worst-hit countries, with 12 now in place, and 20,000 staff will be needed to keep track of people who have had contact with Ebola patients and may be at risk.

The three worst-hit countries will also need 230 dead-body-management teams by Dec. 1, it said. They have 140.

(Editing by Louise Ireland) <http://www.reuters.com/article/2014/10/22/us-health-ebola-who-idUSKCN0IB23220141022>

EXHIBIT 5

EXHIBIT 5

Official Website of the Department of Homeland Security

U.S. Citizenship and Immigration Services

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NEWS

Ebola Outbreak-related Immigration Relief Measures to Nationals of Guinea, Liberia and Sierra Leone Currently in the United States

Released: Aug 17, 2014

U.S. Citizenship and Immigration Services (USCIS) is today expanding the Ebola outbreak in West Africa to 2014, offering relief measures to nationals of three West African countries currently in the United States.

The following relief measures that may be available are listed below:

- Change or extension of nonimmigrant status for an individual currently in the United States, even if the request is filed after the authorized period of admission has expired;
- Extension of certain grants of parole made by USCIS;
- Expedited adjudication and approval, where possible, of requests for off-campus employment authorization for F-1 students experiencing severe economic hardship;
- Expedited processing of temporary petitions for immediate relatives currently in the United States (I-130 petitions);
- Expedited adjudication of employment authorization applications of new graduates; and
- Continued priority for waiver of fees associated with USCIS benefit applications.

To learn more about how USCIS provides relief to citizens affected by the Ebola outbreak in West Africa, visit the USCIS website at www.uscis.gov/humanitarian/ebola-relief.

by [SARAH RUMPF](#) 17 Oct 2014 [POST A COMMENT](#)

AUSTIN, Texas -- As Ebola continued to ravage communities in West Africa this summer, U.S. Citizenship and Immigration Services (USCIS), a division under the Department of Homeland Security (DHS) announced "immigration relief measures" for citizens of three countries affected by the deadly virus.

The relief measures, [announced on the USCIS website as "Ebola Outbreak-related Immigration Relief Measures to Nationals of Guinea, Liberia and Sierra Leone Currently in the United States,"](#) on August 15, 2014, include the following:

- *Change or extension of nonimmigrant status for an individual currently in the United States, even if the request is filed after the authorized period of admission has expired;*
- *Extension of certain grants of parole made by USCIS;*
- *Expedited adjudication and approval, where possible, of requests for off-campus employment authorization for F-1 students experiencing severe economic hardship;*

- *Expedited processing of immigrant petitions for immediate relatives (currently in the United States) of U.S. citizens;*
- *Expedited adjudication of employment authorization applications, where appropriate; and*
- *Consideration for waiver of fees associated with USCIS benefit applications.*

In short, the USCIS has been waiving fees, expediting the immigration process, and allowing extensions of visas for anyone coming from the three designated Ebola-stricken countries, provided that they are in the United States. The Free Republic blog reported that the law firm of Edward W. Neufville, III, LLC, a Washington, D.C. area immigration firm, added a section to their website two days after the USCIS announcement, with more details about how these relief measures would work, including extensions of the time that the foreign national could remain in the United States, additional work permit opportunities, and even forgiveness for failure to appear at required interviews or submit required evidence. According to the Neufville firm, the new USCIS policies mean that "[i]ndividuals from Liberia, Sierra Leone, and Guinea currently in the United States may apply for an extension or change in status due to the Ebola Outbreak, even if their request is filed after the authorized period of admission has expired." Otherwise stated, this means that someone from one of those countries who illegally overstayed their visa can now apply for an extension, or someone who arrived illegally can apply to get legal status.

Thomas Eric Duncan, the Liberian man who died from Ebola earlier this month, had traveled to the United States after his visa was approved in August, the same month that USCIS announced the new relief measures. One of the concerns many have had about the Ebola crisis is the lure those in the affected countries would -- quite understandably -- feel toward the advanced sanitation standards and medical care available in American hospitals, similar to how open borders, social services, and in-state tuition have been criticized as creating "magnets" for immigrants to illegally cross the U.S. - Mexican border. These specific USCIS policies do not apply to those who are not yet in the United States and are seeking a visa to leave Guinea, Liberia, or Sierra Leone, but the more generous rules that await them once they arrive likely create further incentives for them to attempt to travel here.

According to the Washington Post, the number of visas issued to Liberians by the United States has spiked, with about 3,500 visitor visas granted to Liberians last year, and another 10,000 granted to people from Guinea and Sierra Leone during that same time period. The Post also reported that Liberians also have a very high rate of "visa overstays," the

fifth highest after Cuba, Burundi, Eritrea and the Democratic Republic of Congo, according to immigration expert Jessica Vaughn with the Center for Immigration Studies. Vaughn has sharply criticized the Obama administration's immigration policies regarding Ebola, noting that Kenya and other African countries have closed their borders to any travelers from Ebola-afflicted areas.

The Associated Press reported more details Thursday about efforts in Africa to halt the spread of Ebola, including how Senegal and Nigeria successfully isolated Ebola patients and imposed travel restrictions so as to eliminate the disease in their countries, with no new cases since August. Ivory Coast, Guinea-Bissau, and Senegal, which share a border with at least one of the three Ebola-afflicted countries covered in the new USCIS policies, have all closed the borders that they share with these nations. In addition to Kenya, South Africa, Zambia, Ethiopia, and Zimbabwe have imposed a variety of travel restrictions, airport screening procedures, and quarantine rules.

So far, despite rising outcry as each new Ebola case has been announced, the Obama administration has been unwilling to impose travel restrictions from the Ebola-affected countries.

[Hat tip: Doug Ross, DirectorBlue]

Follow Sarah Rumpf on Twitter @rumpfshaker.

<http://www.breitbart.com/Breitbart-Texas/2014/10/17/DHS-Started-Expediting-Visa-Extensions-From-Ebola-Countries-in-August>

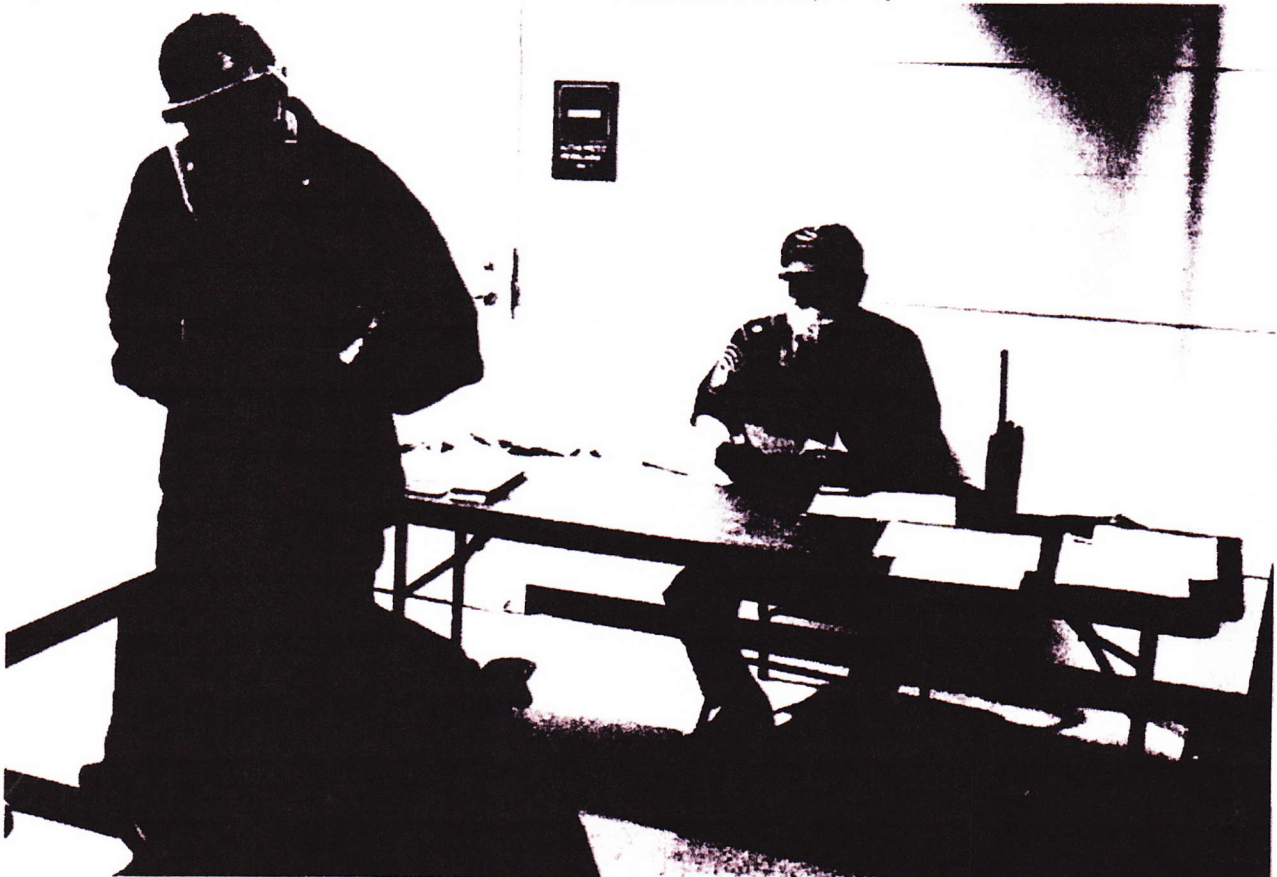
EXHIBIT 7

EXHIBIT 6

Exhibit 6
U.S.

5 U.S. Airports Set for Travelers From 3 West African Nations

By MATT APUZZO and MANNY FERNANDEZ OCT. 21, 2014



Screeners at O'Hare International Airport in Chicago earlier this month checked the temperature of a passenger who had just arrived from Sierra Leone. [AP Wirephoto](#)

WASHINGTON — Anyone flying to the United States from Ebola-affected countries in West Africa must enter through one of five airports screening for the disease, Jeh C. Johnson, the Homeland Security secretary, said Tuesday as the Obama administration stepped up precautions to stop the spread of the virus.

The government had already instituted temperature checks for West Africans arriving at Kennedy International in New York, Newark Liberty International, Washington Dulles International, O'Hare International in

Chicago, and Hartsfield-Jackson International in Atlanta. The five airports already account for 94 percent of all arrivals from the affected countries — Liberia, Sierra Leone and Guinea. A fever is one symptom of the disease and an indication that the person could be contagious.

Mr. Johnson said airlines were working to reroute passengers who had been scheduled to arrive at other airports. Some members of Congress have been pressing for a travel ban from those countries.

Senator Charles E. Schumer of New York called the move a “good and effective step” toward protecting Americans.

But Representative Robert W. Goodlatte of Virginia, the Republican chairman of the House Judiciary Committee, said the administration must do more to protect Americans. “President Obama has a real solution at his disposal under current law and can use it at any time to temporarily ban foreign nationals from entering the United States from Ebola-ravaged countries,” Mr. Goodlatte said.

The Department of Homeland Security said Tuesday that 562 travelers had undergone screening at the five airports; none had tested positive for Ebola.

Experts cautioned that the temperature checks would almost certainly not have detected that Thomas Eric Duncan had Ebola before he entered the country from Liberia. The disease typically incubates for eight to 10 days before symptoms, including fever, develop.

American health officials believe Mr. Duncan did not have a fever when he arrived in the United States, a view seconded by his family. Mr. Duncan died of the disease on Oct. 8 at Texas Health Presbyterian Hospital in Dallas. Two nurses who treated Mr. Duncan — Nina Pham and Amber Joy Vinson — are now being treated for Ebola. Ms. Pham’s status was upgraded on Tuesday to good from fair by the National Institutes of Health.

Officials in Dallas announced Monday that 43 of the people who had direct or indirect contact with Mr. Duncan were declared Ebola-free and could return to work and school. Another group is still being monitored, including nurses and other hospital workers as well as passengers on airline flights that Ms. Vinson took between Cleveland and Dallas before she was found to have Ebola.

In Dallas, Timothy Wayne, 13, returned to class at Sam Tasby Middle School after a three-week absence. His mother is Louise Troh, Mr. Duncan’s fiancée. Timothy, his mother and two others who lived with them had been under a state-ordered quarantine.

<http://www.nytimes.com/2014/10/22/us/ebola-west-africa-united-states-flights.html>

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Exhibit 7

U.S. misinformed Congress, public on immigrant release



Brad Heath, USA TODAY

New records contradict the Obama administration's assurances to Congress and the public that the 2,200 people it freed from immigration jails last year to save money had only minor criminal records.



(Photo: Alex Wong / Getty Images)

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New records contradict the Obama administration's assurances to Congress and the public that the 2,200 people it freed from immigration jails last year to save money had only minor criminal records.

The records, obtained by USA TODAY, show immigration officials released some undocumented immigrants who had faced far more serious criminal charges, including people charged with kidnapping, sexual assault, drug trafficking and homicide.

The release sparked a furor in Congress. Republican lawmakers accused the Obama administration of setting dangerous criminals free. In response, U.S. Immigration and Customs Enforcement said it had released "low-risk offenders who do not have serious criminal records," a claim the administration repeated to the public and to members of Congress.

The new records, including spreadsheets and hundreds of pages of e-mails, offer the most detailed information yet about the people ICE freed as it prepared for steep, across-the-government spending cuts in February 2013. They show that although two-thirds of the people who were freed had no criminal records, several had been arrested or convicted on charges more severe than the administration had disclosed.

ICE spokeswoman Gillian Christensen acknowledged the discrepancy. She said "discretionary releases made by ICE were of low-level offenders. However, the releases involving individuals with more significant criminal histories were, by and large, dictated by special circumstances outside of the agency's control."

Lawmakers expressed concern. Sen. John McCain, R-Ariz., said it is "deeply troubling that ICE would knowingly release thousands of undocumented immigrant detainees — many with prior criminal records — into our streets, while publicly downplaying the danger they posed."

Immigration authorities detain an average of about 34,000 people a day. Although the agency regularly releases immigrants who have been charged with serious crimes, it typically does so because their legal status has changed or because they cannot be deported — not as a way to save money. That distinction, combined with the fact that last year's release happened abruptly and with no advance notice, fed the partisan firestorm that followed.

ICE pays an average of \$122 a day for each immigrant it keeps in detention.

The detainees were awaiting deportation or hearings in immigration court. The release did not stop those proceedings; instead, most were released with electronic monitors or other forms of supervision.

In hearings last year, Republican lawmakers pressed then-ICE Director John Morton for specifics on the criminal records of the people the agency had freed. At one, Rep. J. Randy Forbes, R-Va., asked Morton directly, "No one on that list has been charged or convicted with murder, rape or sexual abuse of a minor, were they?"

Morton answered, "They were not."

He told lawmakers that, to his knowledge, none had faced child pornography charges.

White House spokesman Jay Carney similarly described them as "low-risk, non-criminal detainees."

A spreadsheet ICE officials prepared listing the detainees includes one person in Texas charged with aggravated kidnapping and sexually assaulting a child, as well as others charged with armed assaults or assaulting police officers. Another immigrant released from Miami had been charged with conspiracy to commit homicide. Two detainees from Boston had been charged with aggravated assault using a weapon. One in Denver had a sexual assault charge. The agency released the spreadsheet to USA TODAY under the Freedom of Information Act.

ICE's records do not indicate whether the detainees were convicted of those crimes or merely charged with them. The agency said it would not release information identifying any of the detainees because doing so would invade their privacy, so it was impossible to examine the details of their cases.

Morton, who resigned last year, told Congress that the more than 2,200 immigrants ICE released included 629 people with criminal records, all of them people who had been charged with misdemeanors "or other criminals whose prior conviction did not pose a violent threat to public safety."

That accounting did not include 144 other detainees whose release ICE records attribute to "special issues." Most often, that meant the detainees were let go because the agency had little chance of deporting them in the near future. The Supreme Court has said the government generally cannot hold immigrants for more than six months if it has no prospect of deporting them. To save money, ICE freed some detainees before the six-month clock ran out.

Homeland Security officials have acknowledged that ICE handled the detainee release badly. The department's inspector general concluded in August that the cost-cutting efforts were so rushed and mismanaged that top officials never informed the White House or then-Homeland Security Secretary Janet Napolitano. Nonetheless, its audit concluded that officials acted "appropriately" in selecting which undocumented immigrants should be released.

The former head of ICE's detention operation, Gary Mead, said that if officials provided incorrect information to the public, they did not do so deliberately. Rather, he said, the release happened so quickly that ICE managers in Washington did not know precisely who had been released until after the episode had been reported by the news media.

"We had been asking for some time whether we would have enough money to sustain the level of detention we had, and we didn't get an answer," Mead said. "When we did get an answer, it was that we had to start releasing people today."

<http://www.usatoday.com/story/news/nation/2014/10/22/immigration-detainees-released-criminal-records/17714925/>