

United States District Court  
Southern District of Texas  
FILED

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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 )**

**MOTION TO EXPEDITE DUE TO EXIGENT CIRCUMSTANCES OF  
DEADLY EBOLA EPIDEMIC**

**MOTION TO EXPAND STAY/ INJUNCTION TO INCLUDE  
STAY/SUSPENSION OF ALL ARRIVALS FROM THE AREAS  
AFFECTED BY DEADLY EBOLA EPIDEMIC, QUARANTINE ALL  
INDIVIDUALS WHO VISITED COUNTRIES WITH EBOLA EPIDEMIC  
IN THE PAST TWENTY ONE (21) DAYS**

**MOTION FOR THIS COURT TO RETAIN JURISDICTION TO ASSURE  
COMPLIANCE**

**MOTION FOR PRO HAC VICE AND FOR CLASS CERTIFICATION**

**History of the case**

Plaintiff in the case at hand is a California Doctor of Dental Surgery and an attorney and president of Defend our Freedoms Foundation. Defendants are the Secretary of Health and Human Services, Secretary of Homeland Security, U.S. President, and Border Patrol. On July 14, 2014 Plaintiff, Dr. Orly Taitz, ESQ, filed an application for stay/injunction of transportation all over the country of illegal aliens, afflicted with infectious diseases, possessing criminal record in the countries of origin and having no identifications. Plaintiff sought a two months quarantine of such illegal aliens in order to stop transmission of infectious diseases, crime and financial devastation of communities. She also sought a stay in implementation of DACA, (Deferred Action on Child Arrivals) a memorandum by Barack Obama, issued in 2012 and renewed in 2014, which deferred deportation of all illegals, who claimed that they arrived to this country as minors. This memorandum became a magnet for an invasion of thousands of individuals, including 59,000, who possess no IDs and who claim to be minors, even though



many look like they are in their 20s or even 30s. Hon. Andrew Hanen ordered the defendants to respond by August 11, 2014 and show cause why shouldn't he grant the application. Due to recent developments and deadly Ebola epidemic, Plaintiff is seeking to expand the relief sought in the original application.

### **Argument**

#### **1. ILLEGAL ALIENS FROM 75 COUNTRIES, INCLUDING COUNTRIES WITH DEADLY EBOLA EPIDEMIC, CROSSED THE US BORDER**

Attached report, Intelligence Analysis for CBP (Customs and Border Protection) EXHIBIT 1, shows that individuals from 75 different countries illegally crossed US –Mexican border. Among them are individuals who came from countries sponsoring terrorism and 71 individuals, who came from countries and regions with deadly Ebola epidemics.

Ebola is a hemorrhagic fever disease without any known vaccination and without a cure. The treatment of Ebola patients consists of providing patients with hydration and electrolytes with the hope that the immune system of the patient will be strong enough to combat the disease. In the past few months 887 individuals in Western Africa: Sierra Leon, Liberia, Guinea and lately Nigeria have died of Ebola and 1600 are currently infected. Typically, death rate from Ebola is 90%. Currently,

with hydration and electrolyte palliative treatment, the death rate is lower, hovering around 50-60%.

Ebola is highly contagious. A hundred (100) doctors and other medical professionals who were wearing the full HazMat gear ended up contracting Ebola and sixty (60) of them died. Previously, it was believed that Ebola can be only contracted by contact with body secretions of an infected individuals, such as saliva, blood, sweat, urine. Currently, CDC suspects that the virus might have mutated and can be airborne and transferred by air.

At the moment, eight individuals are being tested for Ebola in the US. They came into contact with one individual who travelled to Western Africa.

In Nigeria, eight individuals were infected with Ebola after US-Liberian dual citizen travelled by plane three legs of a flight which originated in Liberia. This individual died shortly after his flight. He was en route to U.S.

A number of suspected Ebola cases are reported in the US, specifically WABC reported that an individual who recently came from Western Africa, is currently in isolation at Mount Sinai hospital due to suspected Ebola infection: "Mount Sinai Hospital is performing tests on a patient who had recently traveled to a West African country where Ebola has been reported, the hospital says"

A male patient with high fever and gastrointestinal symptoms came to the hospital's emergency room on Monday morning, officials said. “

<http://7online.com/health/mount-sinai-patient-tested-for-ebola-virus/239663/> Exhibit

4.

In Medieval times, countries were conquered when advancing hordes either sent individuals with the Small Pox (Black Plaque) into the cities or catapulted diseased animals inside the city walls. Today, we are seeing an explosion of terrorist organizations in the Middle East. A number of these organizations are involved in drug trade originating in Western Africa. These organizations are united by the hate of Western nations and Western values, they consider U.S. to be the Great Satan and eager to defeat the U.S. These organizations are using young children and women as suicide bombers. It is not out of realm of possibility that these organizations might use a “shahide,” a martyr, who instead of donning a suicide belt, will get into contact with an Ebola patient and travel to US, infecting hundreds, if not thousands of people at sports events, subways, theaters or clubs. BeforeTheNews.com reports:

“The drug trade in West Africa is tied to Hamas, the Muslim Brotherhood, al-Qaeda and now probably ISIS. This is an ominous discovery because it now opens the possibility that Ebola could be purposely sent to the United States with West African drug couriers. An organization, such as Hamas, could arrange to have a number of West Africans to become exposed to the virus and then fast track them across the southern border under the guise of trafficking in drugs.

In late June of this year, The [London Guardian](#) described the West Africans role in trafficking drug into Europe and South America (i.e. SANCHEZ-Peredes cartel). Therefore, this pathway has been established in the media.



## **OTHER COUNTRIES ARE SUSPENDING FLIGHTS TO AND FROM REGIONS AFFECTED BY EBOLA**

Exhibits 2, 3 provide reports of suspension of flights to the areas with deadly Ebola Epidemics. United Arab Emirates have suspended all flights to the nations with known Ebola cases.

"Dubai-based airline Emirates has suspended its flights to the West African nation of Guinea on concerns about the spread of the Ebola virus there.

The airline — the biggest in the Middle East and one of the world's top carriers of international passengers — suspended its service between Dubai and the Guinean capital of Conakry on Saturday. Emirates says the flights will remain grounded until further notice.

Guinea is one of several West African nations hit hard by an outbreak of Ebola. More than 700 deaths have been reported in the West African nations of Guinea, Liberia and Sierra Leone.

Fast-growing Emirates has become one of the world's busiest airlines, its hub in Dubai now a major global crossroads for air travel. Flights from the airport reach all corners of the globe as Emirates funnels connecting passengers through Dubai.

Emirates began flying to Guinea in October 2013.

Emirates tells The Associated Press it will continue to fly to Senegal, which borders Guinea to the north. The carrier tells the news agency it "will be guided by the updates from international health authorities."

Emirates' move comes after U.S. health officials issued a travel warning Thursday for Liberia, Guinea and Sierra Leone.

"Ebola is worsening in West Africa," Thomas Frieden, director of the Centers for Disease Control and Prevention, said in announcing the advisory against "non-essential" travel to those nations."

<http://www.usatoday.com/story/todayinthesky/2014/08/04/emirates-suspends-guinea-flights-on-ebola-concerns/13564029/>

Today, on August 4, 2014, British Airways announced that they suspended all of their flights to Sierra Leon and Liberia due to the danger to public health.

“British Airways has cancelled flights to Sierra Leone and Liberia, cutting off the only direct links between Britain and the Ebola-infected area of West Africa.

The airline, which operates a direct flight four times a week from London to Sierra Leone and on to Liberia, suspended the flight “due to the deteriorating public health situation in both countries”.

It follows warnings at the weekend from the World Health Organization that the outbreak, which has killed nearly 900 people since February, was spreading faster than it could be controlled. Health officials are believed to be particularly concerned about Liberia, where staff are understood to have fled hospitals in some areas because of fears that they themselves could become infected.

A statement from British Airways sent to travel companies said: “British Airways services from London Heathrow to Freetown and Monrovia will be temporarily suspended from tomorrow, 6 August until 31 August 2014, due to the deteriorating public health situation in both countries.”

The BA move follows some other international airlines serving the two countries, as well as neighbouring Guinea, which is also affected, though others are still operating to all three.



It comes as health officials revealed that an American who died of Ebola in Nigeria last month is now believed to have infected at least eight other people with the disease.

Patrick Sawyer, a Liberian finance ministry employee with joint American and Liberian citizenship, died in the capital, Lagos, shortly after arriving by air.

Nigeria's health commissioner, Jide Idris, said all of the eight suspected Ebola cases in Lagos involved people who had been in contact with Mr. Sawyer. So far, two were confirmed as having the disease, one of them a doctor who had looked after him.

Since Mr Sawyer's case emerged, health officials have tried to find and monitor anyone who came into contact with him, including fellow plane passengers at higher risk because of the enclosed environment.

Six others known to have made contact with Mr Sawyer have been put into quarantine but are not yet showing symptoms. It was not clear whether they had been in touch with Mr Sawyer before or after his plane journey.

A specially-equipped charter plane also transported Nancy Writebol, an Ebola-stricken American aid worker, to the disease hospital in Atlanta, Georgia, where her colleague Dr Kent Brantly was already receiving treatment. There is no cure or vaccine for Ebola, but both US patients have received an experimental serum.



Bruce Johnson, president of the missionary group for which Ms Writebol works, said it was having less effect on her than on Mr Brantly because of her “more weakened condition”.

Ms Writebol arrived at the hospital in Atlanta shortly before 1pm and was wheeled into the hospital strapped onto a gurney and dressed in a protective suit. She did not walk, as Dr Brantly had when he arrived at the hospital last weekend.

Separately, doctors in New York were testing a patient with symptoms similar to those of Ebola - vomiting, diarrhea, fever and sometimes bleeding - who had recently travelled to West Africa, but said it was not likely to be the disease.”

<http://www.telegraph.co.uk/news/aviation/11013996/Ebola-outbreak-BA-suspends-flights-to-Sierra-Leone-and-Liberia-over-virus.html>

**So far U.S. government did not suspend any travel to the nations affected by Ebola.**

**CONGRESSMAN GRAYSON WROTE AN OPEN LETTER TO  
DEFENDANT JEH JOHNSON, SECRETARY OF HOMELAND  
SECURITY, DEMANDING BAN ON FLIGHTS FROM AREAS  
AFFECTED BY EBOLA, NO KNOWN RESPONSE OR ACTION FROM  
JOHNSON SO FAR**

Exhibit 5 is a July 29, 2014 open letter sent by Congressman Alan Grayson to the Secretary of State, John Kerry and the Defendant, Jeh Johnson. Grayson states:

“Dear Secretary Kerry and Secretary Johnson,

I write to request the imposition of a travel ban on the citizens of Guinea, Liberia and Sierra Leon, and any foreign persons who visited one of these nations in the past 90 days prior to arriving in the United States. I also ask that this ban be expended to any other nation that reports originating a case of Ebola virus disease ( “Ebola”), and that travel restrictions be removed only when 90 days have passed without a newly reported case.

The current Ebola epidemic spreading throuout West Africa, is the worst in recorded history. According to the World Health organization, through July 23<sup>rd</sup> there have been 1,201 suspected cases, and 672 deaths attributed to those cases. Unfortunately, these numbers are a week old, they have likely grown. Additionally the ministry of Health of Nigeria reported the first probable Ebola case on Friday, which was attributed to a visiting U.S. citizen. Reportedly, Patrick Sawyer, of Coon Rapids, Minnesota, travelled by air to Lagos, Nigeria, became symptomatic while travelling, as admitted to the hospital on July 20<sup>th</sup> (upon arrival in Nigeria), and succumbed to the disease of July 25<sup>th</sup>. This latest development is particularly troubling because Murtala Muhammed International Airport in Lagos is the third busiest airport in Africa, and it offers direct flights to the United States. I urge you

to consider the enhanced danger Ebola now presents to the American people, and therefore request that appropriate travel restrictions be implemented immediately.

I believe that you have the legal authority to implement this request, but if you believe otherwise, please let me know immediately” *id* July 29.2014 letter from Congressman Grayson to the defendant, Secretary of Homeland Security Johnson.

From July 29, 2014 until today August 4, 2014, for approximately a week, there is no known response from the defendant, Secretary of Homeland security Johnson, and no travel restriction were implemented, which requires an action by this court to issue a travel ban on all individuals travelling from the nations with known Ebola cases.

Additionally, any individuals, who arrived in the U.S. legally or illegally, and who visited the nations with known Ebola cases, have to be quarantined for 21 days, which is an incubation period from the time of contraction of the disease to the onset of the symptoms of the disease. Without a ban on travel and quarantine thousands of U.S. citizens will be exposed to this deadly disease and 50-90% of them will die a terrible death.

**THERE ARE PRECEDENTS OF THE U.S. BANNING TRAVEL TO  
OTHER NATIONS, AMONG THEM RECENT BAN TO TRAVEL TO TEL**

**AVIV**



USA Today reported:

“For the first time in more than two decades, major international flights were suspended to Israel's main airport Tuesday because of rocket fire from the Gaza Strip, limiting Israel's access to allies around the world as the latest military confrontation with Hamas deepens.

The move by international carriers and the U.S. Federal Aviation Administration was a reflection of growing anxiety over the vulnerability of global air travel following Thursday's downing of Malaysia Airlines Flight 17 over eastern Ukraine, killing all 298 people aboard.

The FAA imposed a 24-hour ban on flights to Israel after several U.S. airlines acted. Germany's Lufthansa, Italian airline Alitalia and Air France made similar moves before the European Aviation Safety Agency issued an advisory. Israeli airline El Al maintained a regular flight schedule.

Not since 1991, during the Persian Gulf War, has travel from the west been so disrupted to Tel Aviv's Ben Gurion Airport, the primary international gateway to the Jewish nation.

The suspension of flights was at least a temporary victory for Hamas, which has threatened to shut down the airport in the past and, in the most recent fighting, has shown increasing range and prowess at firing rockets from positions in Gaza to disrupt life in Israel.”

<http://www.usatoday.com/story/news/world/2014/07/22/ben-gurion-airport/13015887/> Exhibit 7

Above article shows that the U.S. government and the U.S. President by and through different governmental agencies, ban travel to and from other nations in cases of a concern to public safety.

Similarly, a ban can be imposed by the defendants or the court on travel to nations with deadly diseases, which represent clear and present danger to public health.

The case at hand started with an application for stay/ injunction addressing porous borders and defendants instead of deporting, are transporting all over the U.S. illegal immigrants, many of whom are afflicted with multiple infectious diseases. Exhibits 6 "Illegal Aliens and American medicine" Madeline Pelter Cosman, PhD, Esq, Journal of American Physicians and Surgeons Volume 10, Number 1, Spring 2005, highlights an enormous danger represented by the open borders and lack of deportation of illegals, such as spread of resistant TB, Leprosy, Chagas disease, polio, Hepatitis A, B and C and others. While the court and the defendants were reviewing the original application for stay, DBP reported that 71 individuals from the nations with known Ebola epidemics crossed the U.S. -Mexican border illegally.

Due to grave danger to the public at large, there is good cause for this court to expand the scope of the stay/injunction, which was originally requested and seek not only a quarantine of ones who came here illegally and represent a danger to public health, but also to ban arrivals, illegal or legal, from the areas affected by a deadly Ebola epidemic.

**THE COURT IS REQUESTED TO RETAIN THE JURISDICTION  
OVER THIS CASE AFTER THE DECISION ON THE ORIGINAL  
STAY/INJUNCTION**

In case the court grants the original injunction, Plaintiff is asking this court to retain the jurisdiction over this case and not to close the case. This request is made for the purpose of the oversight of compliance and due to the fluid situation in relation to the deadly diseases, such as Ebola and resistant Tuberculosis.

This is a serious issue of public concern. Defendant Sylvia Burwell, Secretary of Health and Human Services, does not possess any medical education, training or background and was completely MIA (missing in action) during this whole development of proliferation of Ebola, Tuberculosis and other infectious diseases. Burwell's background and education is in political science. The same is true in regards to other defendants. So far there was no will and no attempt by the defendants to turn around and deport the illegals. The opposite is true, defendants made tremendous efforts to disperse the illegals, many of whom are affected by multiple infectious diseases, all over this nation, as far as Alaska, even though the flight to Alaska is two-three times longer than the flights to the countries of origin of these illegals.



We have seen either total incompetence or intentional violations of Title 18 by the defendants with a goal of flooding the nation with the cheap labor to satisfy the donors and campaign contributors and in order to create Democratic party voters as more than two thirds of the illegals and possibly as much as 90% , vote for the Democrats.

Regardless of the motivation: be it lack of knowledge or intentional action, we have a serious humanitarian crisis and the court supervision will be necessary to make sure the actions are taken and individuals are quarantined and ones, who are here illegally, are either deported or receive a “clean bill of health” from the law enforcement, a medical doctor and a deportation judge.

There are known precedents of the court retaining its’ jurisdiction:

**Anago Franchising, Inc. v. Shaz, LLC**

United States Court of Appeals, Eleventh Circuit. April 23, 2012 677 F.3d 1272 2012 WL 1380417

“...For district court to retain jurisdiction over settlement agreement where stipulation of dismissal, signed by all parties who have appeared, has been filed, either (1) court must issue order retaining jurisdiction prior to filing of stipulation, or (2) parties must condition effectiveness of stipulation on court's entry of order retaining jurisdiction. Fed.Rules Civ.Proc.Rule 41(a)(1)(A)(ii), 28 U.S.C.A....”

**In re Ashley Stewart Holdings, Inc.**

United States Bankruptcy Court, D. New Jersey. March 12, 2014 No. 14-14383-MBK.

...32. The Court retains jurisdiction with respect to all matters arising from or related to the implementation of this Order....

**Pamela Kincaid, individually and on behalf of those similarly situated v. City of Fresno,  
California Department of Transportation**

**United States District Court, E.D. California. July 25, 2008**

...The district court retained jurisdiction for five years to ensure compliance....

Retaining the jurisdiction is justified in this case and will be in furtherance of public interest.

Plaintiff requests the court to grant her pro hac vice and certify her as a representative of a class

Plaintiff herein filed the case at hand pro se. Plaintiff is a Doctor of Dental Surgery and an Attorney, licensed in the State of California and admitted to the bar of several federal courts, including Ninth Circuit Court of Appeals, Third Circuit Court of Appeals, Supreme Court of the United states and International Criminal bar in Hague.

In the state of Texas she was allowed to present oral argument pro hac vice without a local sponsoring attorney in Jody A. Brockhausen vs Esperanza Andrade, Office of the Secretary of State; Case: 08-1001-C368 (PDF); Filed in District Court for the 368th Judicial District, Williamson County, Texas.

Taitz is the President of "Defend Our Freedoms" Foundation, California foundation dedicated to the preservation of the Constitutional and Civil freedoms of the U.S. Citizens. Taitz is working pro bono and cannot afford to retain a local sponsoring attorney. However, due to her prior admittance and pro hac vice

allowance in several courts, as described above, she is requesting this honorable court to admit her pro hac vice in this case without a sponsoring attorney.

Should this court allow Taitz to act pro hac vice, she requests a class certification, as well as certification of her as a class representative and as an attorney representing the class. Such class certification is justified for following reasons:

1. There is a distinct class of individuals affected by the conduct of the defendants. Such class represents individuals who are in a close contact with patients carrying infectious diseases, who are being currently dispersed all over the nation by the defendants. This class consists of doctors, nurses, health care professionals and care givers. Taitz and other representatives of this class are in close contact with the patients and are likely to be infected with deadly diseases, such as Ebola and resistant Tuberculosis by doing surgery, handling patient's blood and tissues, being exposed to patient's cough, vomit, sweat, blood and so on.

As previously stated, 60 medical doctors and nurses died in the past several months handling infected patients. As such, there is a distinct class.

2. Class certification will serve judicial economy and will prevent multiple redundant legal actions.

3. Class certification will prevent conflicting legal findings and conflicting decisions by different courts.



4. ..In order to satisfy requirement for certification of class action that named parties will fairly and adequately protect interests of class, class representative must be part of class and possess same interest and suffer same injury as class members. Fed.Rules Civ.Proc.Rule 23(a)(4), 28 U.S.C.A.... Amchem Products, Inc. v. Windsor Supreme Court of the United States June 25, 1997 521 U.S. 591 117 S.Ct. 2231

Defendant, who is a licensed Doctor of Dental Surgery and a licensed attorney will fairly and adequately represent interests of the class, as well as interests of members of her foundation, Defend Our Freedoms Foundation, who happened to be members of the same class. Taitz is a member of the class and possesses the same interests and injury as the other members of the class, as being a doctor and a health care professional, she is exposed to a heightened risk of deadly infectious diseases, including Ebola and resistant Tuberculosis.

Based on all of the above class certification is justified.

### **CONCLUSION**

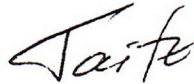
1. Due to the epidemic of deadly Ebola disease, which has 50-90% death rate and due to the epidemic of the resistant Tuberculosis, this court should expedite the stay/injunction in the above captioned case and expand stay/injunction as follows:

2. This court should stay/suspend any and all arrivals from the countries and regions with known Ebola cases, including, but not limited to Liberia, Sierra Leon, Ivory Cost, Guinea and Nigeria until twenty one (21) days from the last known Ebola patient in the aforementioned region has either passed away or has been cured and declared healthy.
3. This court should an order or a Writ of Mandamus for Defendant Jeh Johnson, Secretary of Homeland Security, to seek a manifest of all passengers arriving in the U.S. by planes, ships, buses or other modes of transportation and seek information from the carriers, whether any of the passengers visited countries or regions with known Ebola cases. Secretary of Homeland Security is to ban embarking on the U.S. bound carriers of any passengers who visited countries with known Ebola cases. Carriers, which fail to prevent embarkation for individuals who visited the Ebola regions in the past 21 days, should be turned back and refused landing rights and disembarkation in the U.S in order to prevent contamination and prevent spread of epidemics.
4. This court should retain jurisdiction over this matter after the ruling on the initial emergency stay and should conduct status/ compliance hearings to ascertain the progress in abating this large invasion of illegal aliens, transportation of illegal aliens by the defendants around the country, spread

of deadly and other infectious diseases, spread of crime and terrorism coming from the outside of the U.S. borders through illegal immigration and legal immigration by infected individuals.

5. This court should grant the plaintiff class action status and allow the plaintiff, California licensed attorney, to serve as an attorney for the class of affected individuals.

Respectfully submitted



/s/ Dr. Orly Taitz, ESQ

Plaintiff pro se

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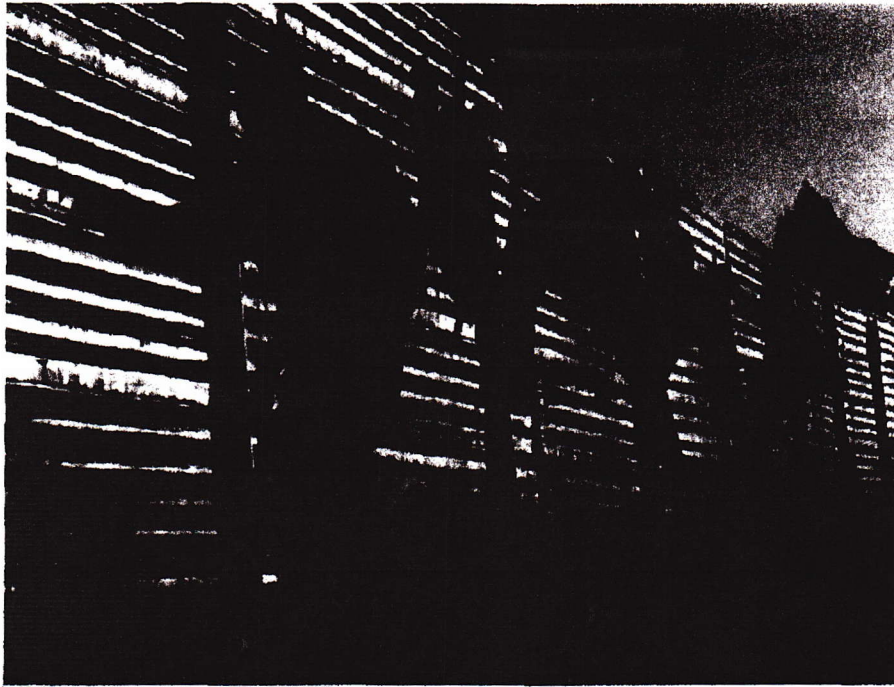
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Exhibit 1





by BRANDON DABBY 3 Aug 2014 POST A COMMENT



LUBBOCK, Texas — A leaked intelligence analysis from the Customs and Border Protection (CBP) reveals the exact numbers of illegal immigrants entering and attempting to enter the U.S. from more than 75 different countries. The report was obtained by a trusted source within the CBP agency who leaked the document and spoke with Breitbart Texas on the condition of anonymity. The report is labeled as "Unclassified//For Official Use Only" and indicates that the data should be handled as "Sensitive But Unclassified (SBU)."

The numbers provided are in graphics and are broken down into "OFO" and "OBP." The Customs and Border Protection agency is divided into the Office of Field Operations (OFO) and the Office of Border Patrol (OBP). The OFO numbers reflect anyone either turning themselves in at official U.S. points of entry, or anyone caught while being smuggled at the points of entry. The OBP numbers reflect anyone being caught or turning themselves in to Border Patrol agents between the points of entry, or anyone caught at interior checkpoints by Border Patrol agents. The "OFO Inadmissible" designation to any individual from a nation other than Mexico or Canada means that U.S. authorities took the individuals into custody. Whether they were deported or given a Notice to Appear is unknown. It is important to note these numbers do not include data from U.S. Immigration and Customs Enforcement (ICE). The unavailable ICE data are in addition to these numbers.

The report reveals the apprehension numbers ranging from 2010 through July 2014. It shows that most of the human smuggling from Syria and Albania into the U.S. comes through Central America. The report also indicates the routes individuals from North Africa and the Middle East take into the European Union, either to illegally migrate there or as a possible stop in their journey to the United States. The data are broken down further into the specific U.S. border sectors where the apprehensions and contact occurred.

Among the significant revelations are that individuals from nations currently suffering from the world's largest Ebola outbreak have been caught attempting to sneak across the porous U.S. border into the interior of the United States. At least 71 individuals from the three nations affected by the current Ebola outbreak have either turned themselves in or been caught attempting to illegally enter the U.S. by U.S. authorities between January 2014 and July 2014.

As of July 20, 2014, 1,443 individuals from China were caught sneaking across the porous U.S. border this year alone, with another 1,803 individuals either turning themselves in to U.S. authorities at official ports of entry, or being caught attempting to illegally enter at the ports of entry. This comes amid a massive crackdown by Chinese authorities of Islamic terrorists in the Communist nation.

Twenty-eight individuals from Pakistan were caught attempting to sneak into the U.S. this year alone, with another 211 individuals either turning themselves in or being caught at official ports of entry.

Thirteen Egyptians were caught trying to sneak into the U.S. this year alone, with another 168 either turning themselves in or being caught at official ports of entry.

Four individuals from Yemen were caught attempting to sneak into the U.S. by Border Patrol agents in 2014 alone, with another 34 individuals either turning themselves in or being caught attempting to sneak through official ports of entry. Yemen is not the only nation with individuals who pose terror risks to the U.S. that the report indicates travel from. The failed nation of Somalia, known as a hotbed of Islamic terror activity, was also referenced in the report. Four individuals from Somalia were caught trying to sneak into the U.S. by Border Patrol agents in 2014. Another 290 either turned themselves in or were caught attempting to sneak in at official ports of entry. This reporter previously covered the issue of illegal immigration into the U.S. from Somalia and other nations in the Horn of Africa. <http://www.breitbart.com/Breitbart-Texas/2014/08/03/Leaked-CBP-Report-Shows-Entire-World-Exploiting-Open-US-Border>

## West Africans Are Streaming Across the U.S. Southern Border Carrying the Ebola Virus

Sunday, August 3, 2014 6:09

Sadly, there is not one Politician in Washington who is Honest, Moral or Concerned enough to protect we, The Citizenry of the USA. On the Contrary, they are too concerned in placing the final touches upon the absolute Destruction of our Nation and their gaining yet more power and privilege in accomplishing that goal.

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110	107	94	76	57	9	10	6	4	4
111	106	70	97	45	17	4	5	7	4
76	71	58	110	81	13	6	8	0	7
92	105	70	63	44	9	2	12	4	2
98	74	70	76	45	6	6	4	5	6
76	68	53	81	59	6	7	2	7	5
87	74	63	53	45	5	9	8	1	7
62	59	57	76	52	12	5	2	4	2
82	60	52	54	44	6	7	3	5	7
98	62	64	41	25	4	6	7	6	4
75	63	48	49	37	8	11	0	3	1
61	55	57	57	39	10	5	8	1	0
53	60	54	44	43	5	4	6	3	13
50	73	46	55	28	11	6	2	3	4
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35	61	39	35	45	5	9	4	4	2
28	20	55	57	48	1	13	3	2	1
41	53	35	34	38	7	7	1	2	3
48	55	26	32	34	8	5	1	2	1
47	34	40	37	36	6	8	3	0	2
35	38	45	28	39	6	6	2	1	1
65	57	17	23	18	7	7	1	0	1
33	44	35	30	38	7	2	2	2	5
36	42	22	37	22	3	4	8	0	0
58	25	28	32	23	5	5	3	2	0
51	47	31	16	16	7	1	3	2	1
15	27	31	52	35	5	4	3	1	0
27	37	26	45	20	2	5	4	1	5
34	30	35	31	24	3	3	4	0	4
40	38	17	23	31	0	8	0	4	1
35	22	35	29	20	6	3	2	0	1
33	24	37	24	22	0	1	2	7	5
28	43	27	22	19	1	6	1	2	1
19	15	20	47	43	2	5	1	0	2
22	33	30	30	16	4	1	1	2	1
26	33	29	20	21	6	2	0	1	0
32	34	24	20	18	3	3	1	1	1
0	30	32	46	20	1	3	1	3	2

38 ZIMBABWE 20 22 21 12 LIBYA 3 3 2 0 0

28	24	18	27	22	7	0	1	0	2
28	28	24	15	18	3	1	0	1	1
28	21	20	30	13	3	2	0	1	0
31	23	19	19	11	1	4	0	0	0
17	23	26	16	16	3	1	0	0	1
18	9	21	21	28	0	1	0	0	0
23	13	15	18	15	3	1	0	3	0
12	28	19	14	9	1	0	0	0	0
11	31	22	15	3	2	1	0	1	0
11	17	12	19	19	0	3	0	0	2
18	11	14	16	13	2	1	0	0	0
27	13	9	4	10	0	2	1	0	0
11	15	6	6	24	0	1	1	0	1
12	15	9	12	13	1	1	0	1	1
23	14	6	8	6	1	0	1	1	1
12	10	11	10	13	1	1	0	1	0
0	1	15	16	18	1	1	0	1	0
7	6	6	16	9	0	2	0	0	0
13	6	10	6	18	0	1	0	0	1
5	16	5	8	5	0	1	1	0	0
9	2	4	5	18	1	0	0	1	0
9	4	9	5	10	0	1	1	0	0
4	3	4	8	18	0	1	0	1	1
0	5	10	13	6	1	1	0	0	1
7	5	9	4	8	0	1	0	1	0
8	5	6	4	6	0	1	0	1	1
7	2	11	3	2	1	0	0	1	2
9	3	7	2	4	0	1	0	0	0
5	4	7	3	3	1	0	0	0	0
6	4	6	2	1	0	0	0	0	0
1	5	2	2	4	0	0	0	1	0
7	2	1	4	1	1	0	0	0	1
3	2	1	2	6	0	1	0	0	0
2	3	2	2	5	0	0	0	0	0
3	3	1	3	2	0	0	0	0	0
3	1	1	2	4	0	0	0	0	0
3	1	1	2	4	0	0	0	0	0



BRUNEI	1	1	3	2	2	2	11	6	3	5	0
MOZAMBIQUE	0	4	1	2	1						
PAPUA NEW GUINEA	3	0	2	3							
NORTH KOREA	0	1	1	4							
KIRIBATI	0	5	0	0							
GUINEA-BISSAU	0	2	0	0							
MALDIVES	0	0	0	0							
LESOTHO	0	1	0	1							
<b>TOTAL:</b>	<b>17,431</b>	<b>14,680</b>	<b>13,191</b>	<b>17,294</b>			<b>4,513</b>	<b>5,520</b>	<b>3,988</b>	<b>4,111</b>	<b>4,951</b>

#### Forecast for Fiscal Year 2014 (India, China, Nepal, Bangladesh, Albania, Bulgaria and Romania)

Nationality	FY13 First Quarter *	FY14 First Quarter *	% Change
China	2,920	3,136	7.40%
India	2,521	2,190	-13.13%
Romania	176	194	10.23%
Bangladesh	91	131	43.96%
Albania	40	46	15.00%
Bulgaria	69	45	-34.78%
Nepal	19	16	-15.79%

\*Based on the total apprehension/inadmissible count by COC (10/01/12 to 12/31/12 and 10/01/13 to 12/31/13)

Nationality	FY13 First Quarter *	FY14 First Quarter *	% Change
China	213	515	141.78%
India	87	322	270.12%
Romania	89	167	87.64%
Bangladesh	22	148	572.73%
Albania	24	229	854.17%
Bulgaria	0	1	100.00%
Nepal	119	130	9.24%

Nationality	FY13 Second Quarter	FY14 Second Quarter	% Change
China	7,510	6,399	-14.79%
India	5,357	4,786	-10.66%
Romania	272	329	20.96%
Bangladesh	150	227	51.33%
Albania	34	37	8.82%
Bulgaria	110	68	-38.18%
Nepal	38	23	-39.47%

\*Based on the total apprehension/inadmissible count by COC (10/01/12 to 03/31/13 and 10/01/13 to 03/31/14)

Nationality	FY13 Second Quarter	FY14 Second Quarter	% Change
China	470	945	101.06%
India	201	803	299.50%
Romania	267	453	68.86%
Bangladesh	40	219	447.50%
Albania	88	287	226.14%
Bulgaria	1	1	0.00%
Nepal	189	199	5.29%

If the current trend continues for FY2014, we will see an estimated overall total increase in USBP TCN OTM apprehensions (FY13 - 59900, FY14 - 99901) of approximately 66.78%.  
If the current trend continues for FY2014, we will see an estimated overall total increase in OFO TCN OTM inadmissibles (FY13 - 74024, FY14 - 74315) of approximately 0.39%.

Nationality	FY13 Second Quarter	FY14 Second Quarter	% Change
China	10,274	10,672	3.87%
India	8,863	6,988	-24.28%
Romania	439	529	20.50%
Bangladesh	202	447	121.29%
Albania	61	67	-6.56%
Bulgaria	177	106	-40.67%
Nepal	55	31	-43.64%

Based on the total apprehension/inadmissible count by COC (10/01/12 to 06/30/13 and 10/01/13 to 06/30/14)

Nationality	FY13 Second Quarter	FY14 Second Quarter	% Change
China	688	1,407	104.51%
India	789	1,231	60.08%
Romania	409	745	82.15%
Bangladesh	100	266	166.00%
Albania	154	303	96.75%
Bulgaria	2	2	0.00%
Nepal	261	332	27.20%

If the current trend continues for FY2014, we will see an estimated overall total increase in USBP TCN OTM apprehensions (FY13 - 108509, FY14 - 206394) of approximately 90.21%.  
If the current trend continues for FY2014, we will see an estimated overall total increase in OFO TCN OTM inadmissibles (FY13 - 108979, FY14 - 119541) of approximately 9.69%.

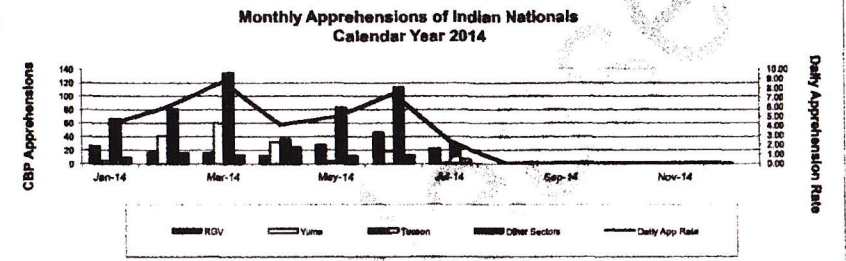
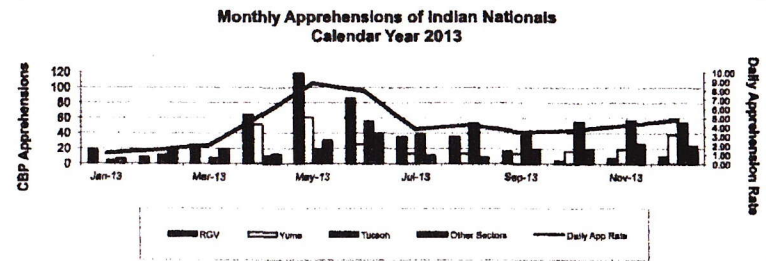
UPDATE: There has been a 35.21% decrease in UACs inadmissibles from El Salvador, Guatemala and Honduras from Weeks 23 to Week 25 (338) compared to Week 26 to Week 28 (219). Jun 01-Jul 12

There has been a 41.77% decrease in UACs apprehensions from El Salvador, Guatemala and Honduras for Week 25 to Week 26 (4654) compared to Week 27 to Week 28 (2710). Jun 15-Jul 12 it is to early to determine if this slow down will develop into a trend because of the multiple push-pull factors at play within the dynamics of the overall trend, which still is showing an increase in UACs entering the United States illegally.

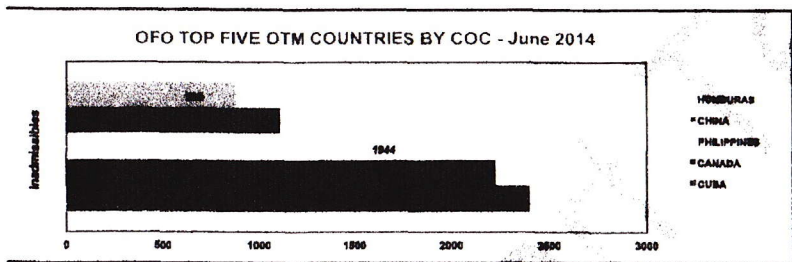
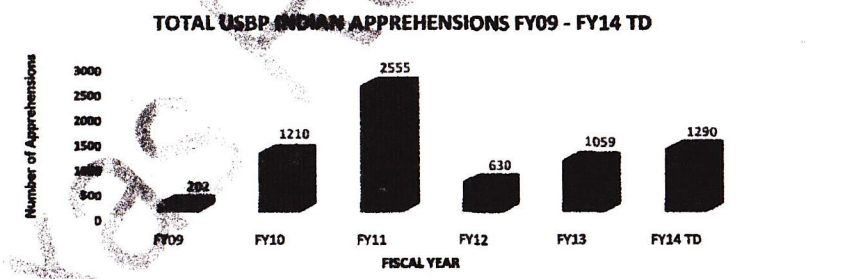
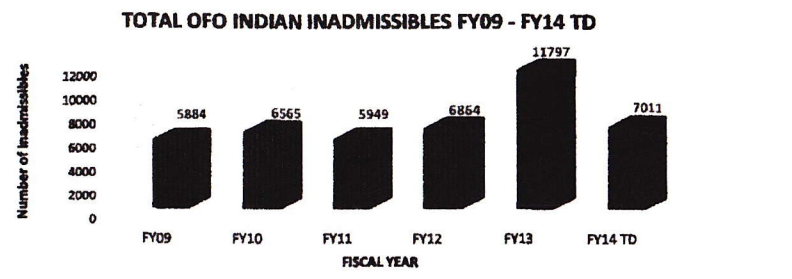
#### **GRAPHIC SNAPSHOTS**

DATA SOURCE: ATS-DW (July 16, 2014)

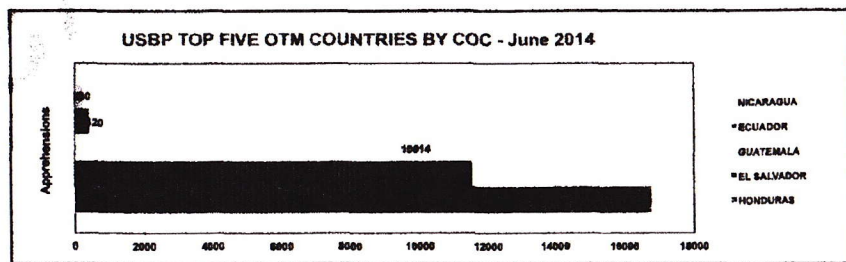
Data Pulled by OFO (Country of Citizenship) and USBP (Nationality)



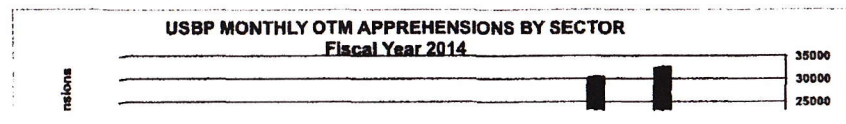
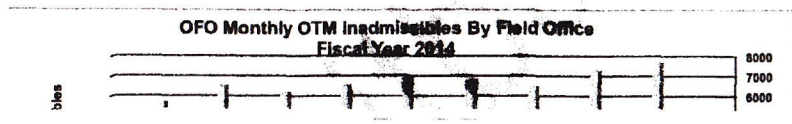
Since June 2013, a majority of Indian illegal migrants have shifted their route of entry from the Rio Grande Valley sector to the Tucson sector to enter into the United States.



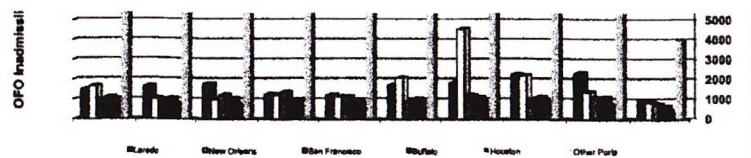
Of the total Philippines, 89.25% (1735) were detained on board vessels at the POEs and did not enter the U.S.



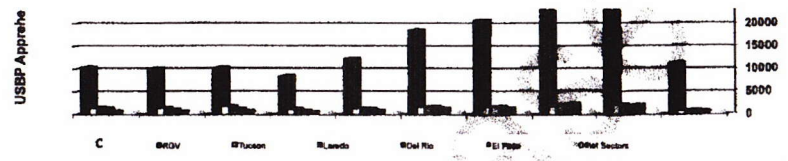
Honduras ranks in the top five in both the OFO inadmissible and USBP apprehensions





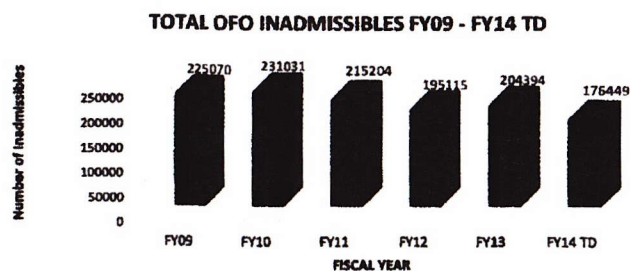


OFO	FY2013TD	FY2013 to FY2014 Change	FY2014TD
Inadmissible	150,660	10.52%	176,449
OTMs	115,997	9.59%	127,123
SIAs	23,628	9.18%	25,797

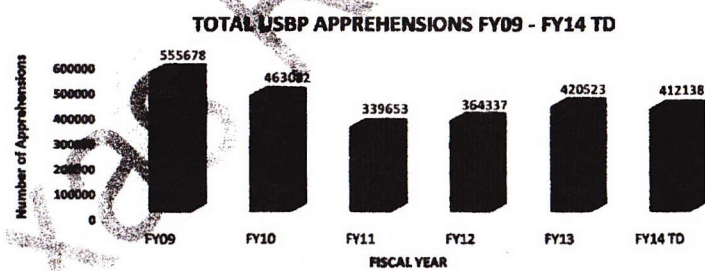


USBP	FY2013TD	FY2013 to FY2014 Change	FY2014TD
Apprehensions	339,615	21.35%	412,138
OTMs	117,400	89.21%	222,132
SIAs	313	51.44%	474

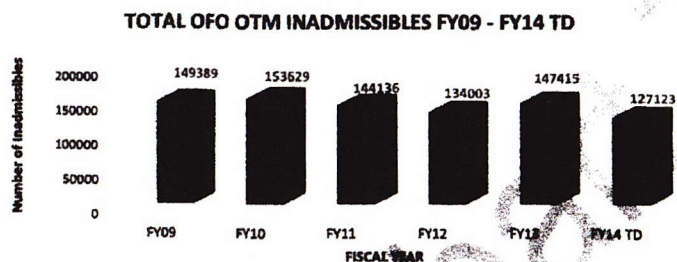
The current trend shows a major increase in OTMs for FY14, the vast majority of illegal migrants are coming from Honduras, Guatemala, and El Salvador.



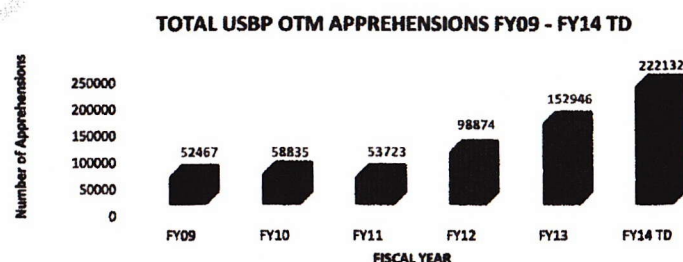
Estimated FY14 End of Year Total: 222,100



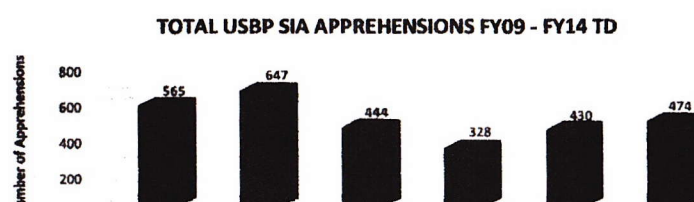
Estimated FY14 End of Year Total: 527,380

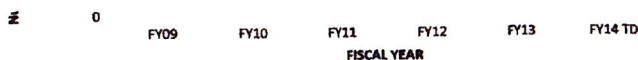


Estimated FY14 End of Year Total: 180,500

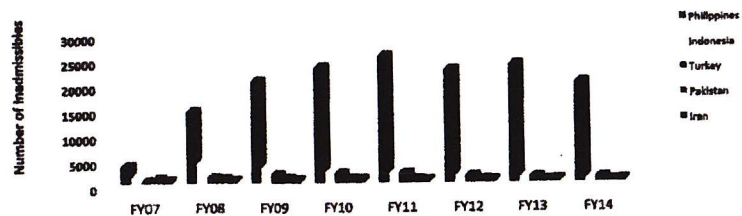


Estimated FY14 End of Year Total: 242,100

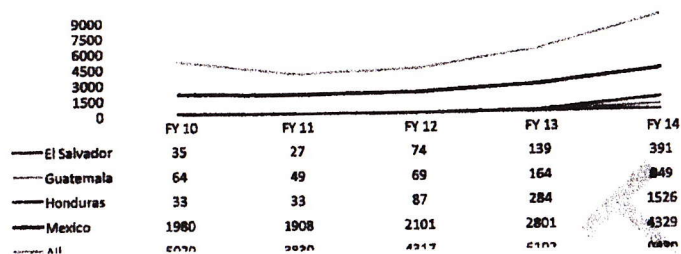




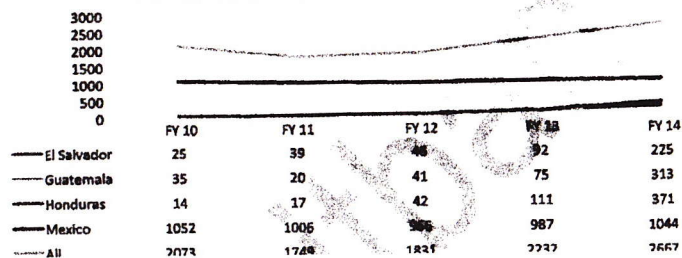
**TOTAL OFO SIA INADMISSIBLES BY NATIONALITY  
FY07 - FY14 TD**



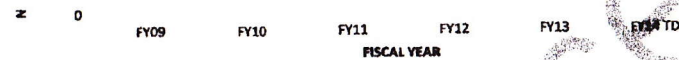
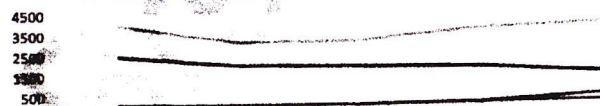
**OFO INADMISSIBLE MINORS 0 - 11 YEARS of AGE**



**OFO INADMISSIBLE MINORS 12 - 14 YEARS of AGE**



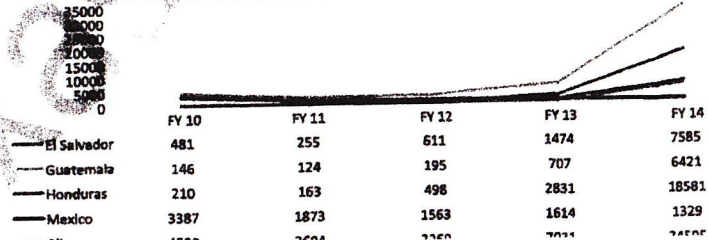
**OFO INADMISSIBLE MINORS 15 - 17 YEARS of AGE**



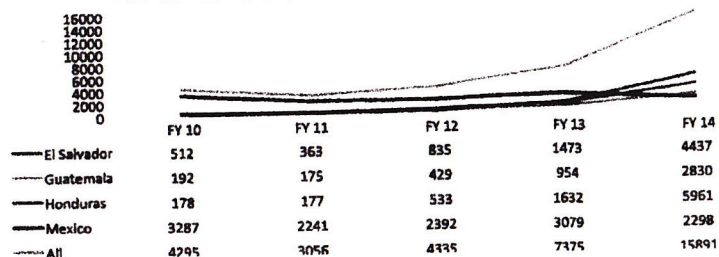
**TOTAL USBP SIA APPREHENSIONS BY NATIONALITY  
FY07 - FY14 TD**



**USBP APPREHENSIONS MINORS 0 - 11 YEARS of AGE**



**USBP APPREHENSIONS MINORS 12 - 14 YEARS of AGE**



**USBP APPREHENSIONS MINORS 15 - 17 YEARS of AGE**

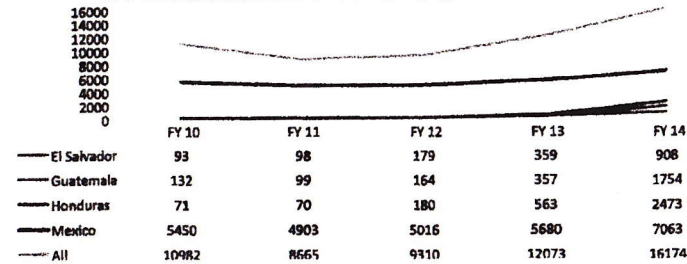


	FY 10	FY 11	FY 12	FY 13	FY 14
El Salvador	33	32	59	128	292
Guatemala	33	30	54	118	592
Honduras	24	20	51	168	576
Mexico	2418	1989	1949	1892	1690
All	2489	2085	2162	2239	2077

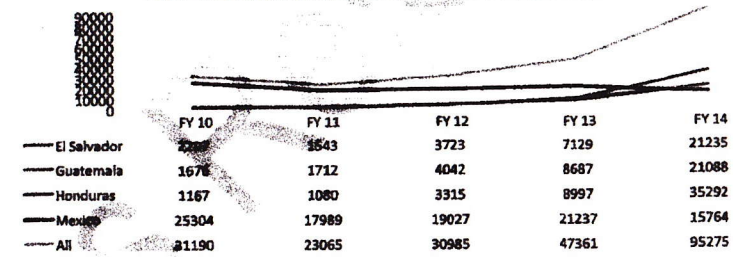
	FY 10	FY 11	FY 12	FY 13	FY 14
El Salvador	1214	925	2277	4182	9213
Guatemala	1338	1413	3418	7036	11837
Honduras	779	740	2284	4534	10750
Mexico	18630	13875	15072	16544	12137
All	22473	17315	20041	27096	44789

The major drivers for the increase in unaccompanied minors are 1) Notice to appear (NTA) acts as "permiso" to enter the US, 2) economic reasons, and 3) reunification with family members already residing in the United States.

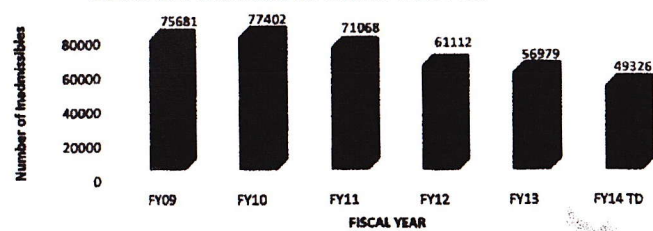
OFO INADMISSIBLE MINORS 0 - 17 YEARS of AGE



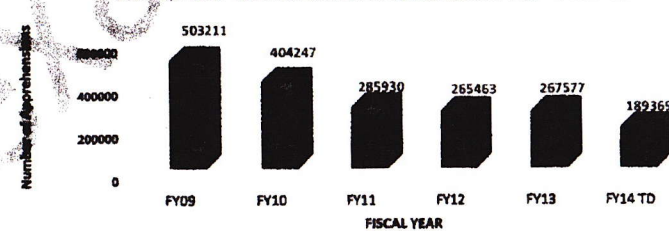
USBP APPREHENSIONS MINORS 0 - 17 YEARS of AGE



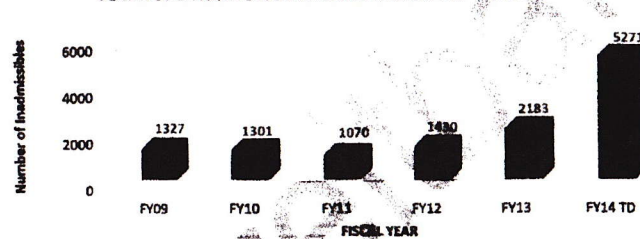
TOTAL OFO MEXICAN INADMISSIBLES FY09 - FY14 TD



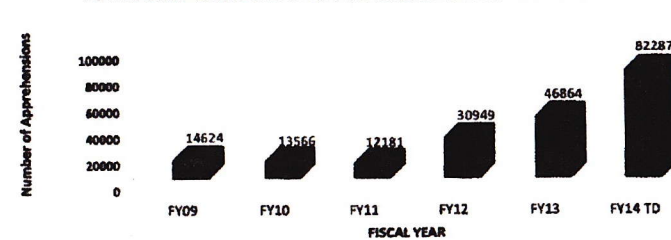
TOTAL USBP MEXICAN APPREHENSIONS FY09 - FY14 TD



TOTAL OFO HONDURAN INADMISSIBLES FY09 - FY14 TD



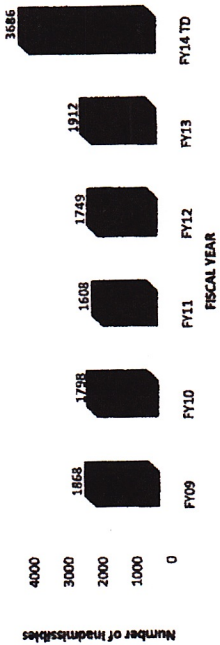
TOTAL USBP HONDURAN APPREHENSIONS FY09 - FY14 TD



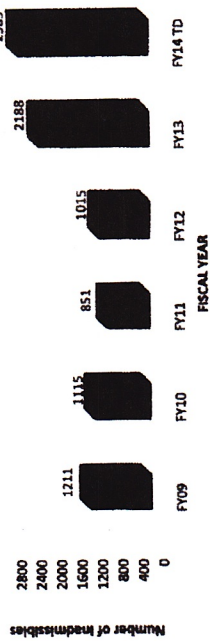
TOTAL OFO GUATEMALAN INADMISSIBLES FY09 - FY14 TD

TOTAL USBP GUATEMALAN APPREHENSIONS FY09 - FY14 TD

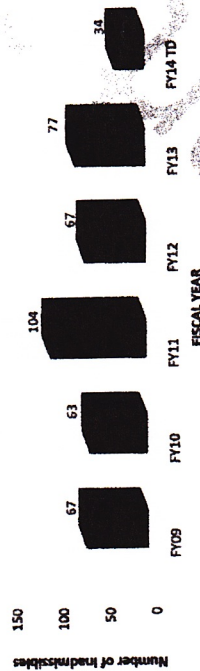




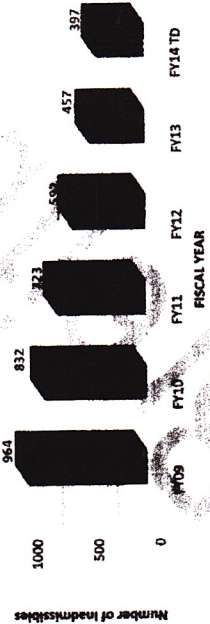
TOTAL OFO EL SALVADORAN INADMISSIBLES FY09 - FY14 TD



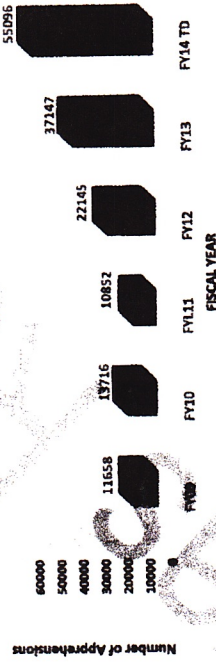
TOTAL OFO NEPALESE INADMISSIBLES FY09 - FY14 TD



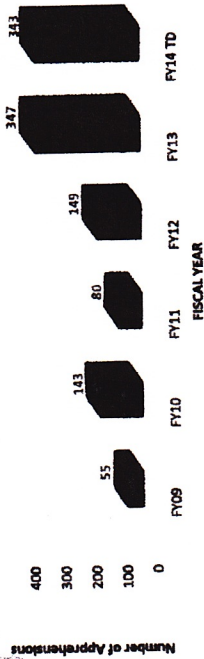
TOTAL OFO PAKISTANI INADMISSIBLES FY09 - FY14 TD



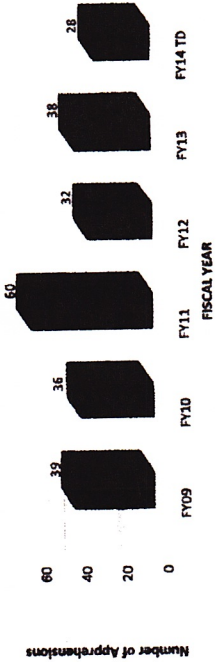
TOTAL USBP EL SALVADORAN APPREHENSIONS FY09 - FY14 TD



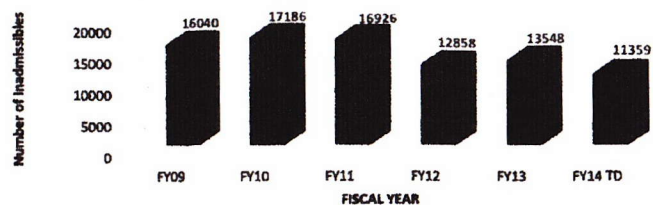
TOTAL USBP NEPALESE APPREHENSIONS FY09 - FY14 TD



TOTAL USBP PAKISTANI APPREHENSIONS FY09 - FY14 TD

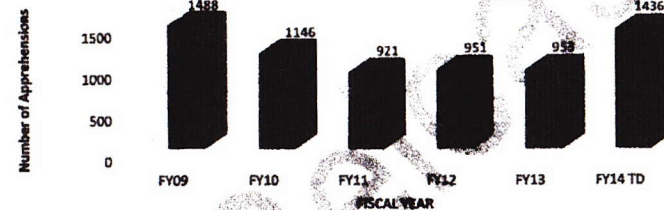


**TOTAL OFO CHINESE INADMISSIBLES FY09 - FY14 TD**

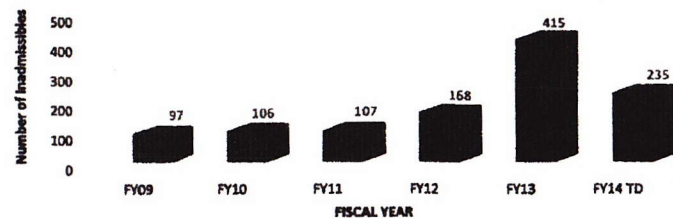


In FY14 the total inadmissible Chinese, 74.37% (8,448) were detained on board marine vessels at the POE did not enter into the United States.

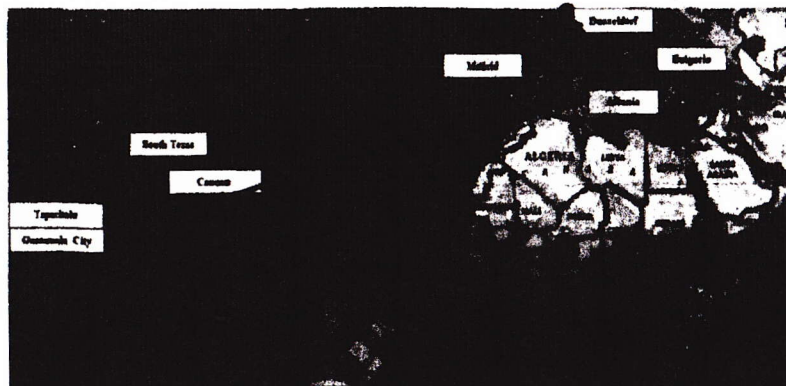
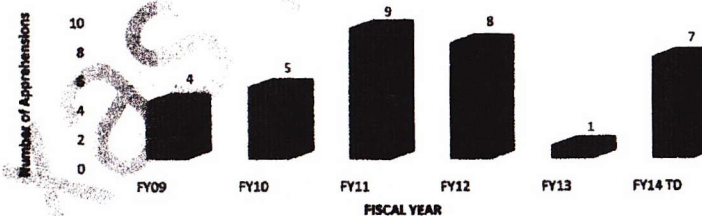
**TOTAL USBP CHINESE APPREHENSIONS FY09 - FY14 TD**



**TOTAL OFO SYRIAN INADMISSIBLES FY09 - FY14 TD**



**TOTAL USBP SYRIAN APPREHENSIONS FY09 - FY14 TD**



**ALBANIAN SMUGGLING ROUTES**



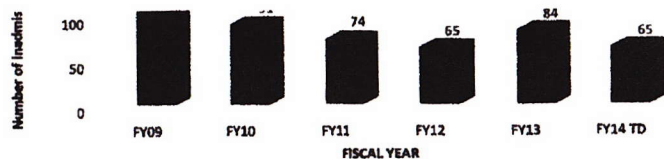
**SYRIAN SMUGGLING ROUTES**

**TOTAL OFO ALBANIAN INADMISSIBLES FY09 - FY14 TD**

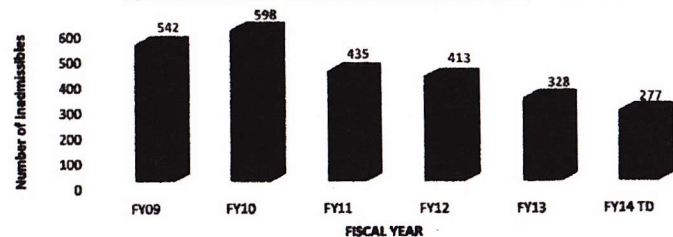


**TOTAL USBP ALBANIAN APPREHENSIONS CY09 - CY14 TD**

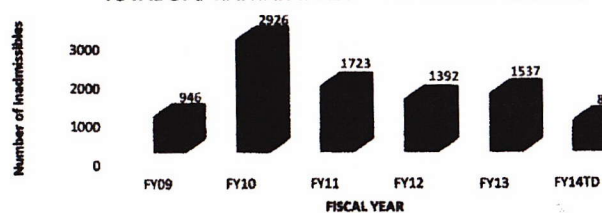




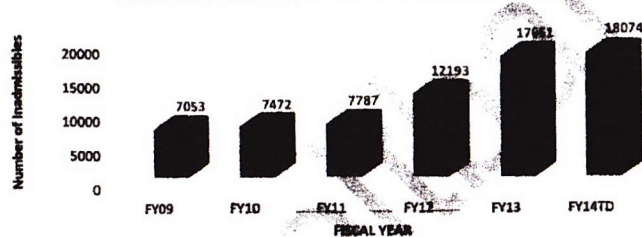
**TOTAL OFO EGYPTIAN INADMISSIBLES FY09 - FY14 TD**



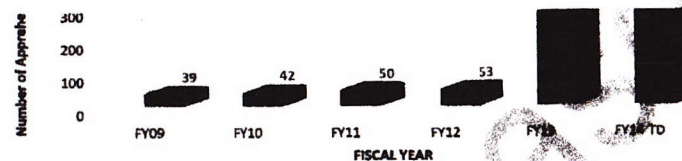
**TOTAL OFO HAITIAN INADMISSIBLES FY09 - FY14 TD**



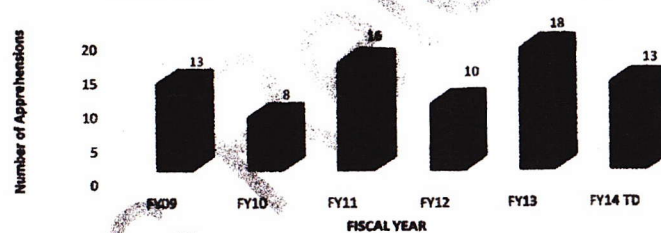
**TOTAL OFO CUBAN INADMISSIBLES FY09 - FY14 TD**



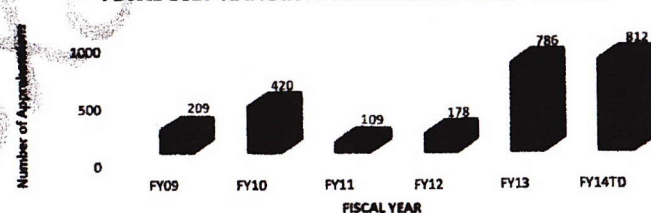
**TOTAL OFO ROMANIAN INADMISSIBLES FY09 - FY14 TD**



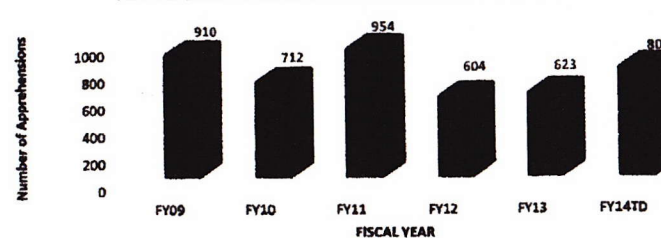
**TOTAL USBP EGYPTIAN APPREHENSIONS FY09 - FY14 TD**



**TOTAL USBP HAITIAN APPREHENSIONS FY09 - FY14 TD**



**TOTAL USBP CUBAN APPREHENSIONS FY09 - FY14 TD**



**TOTAL USBP ROMANIAN APPREHENSIONS FY09 - FY14 TD**

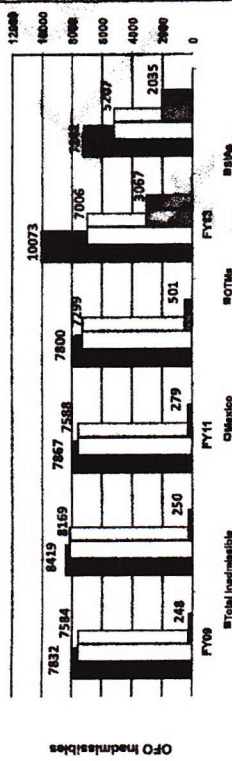




TOTAL OFO NIGERIAN INADMISSIBLES FY09 - FY14 TD

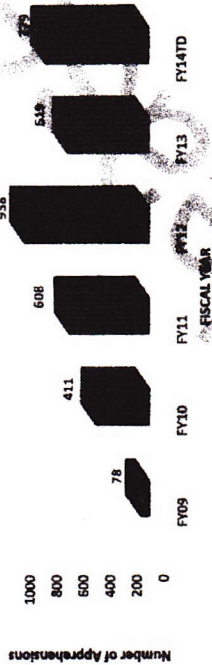


OFO INADMISSIBLE TUCSON FIELD OFFICE

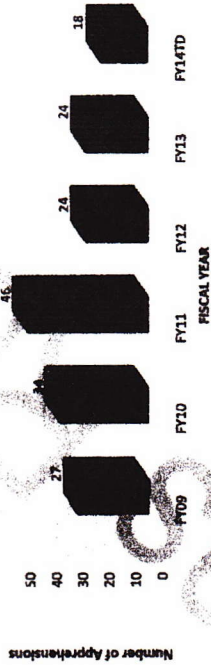


Calendar Year	Total Inadmissible	Mexico	OTMs	SIA's
FY09	7832	7864		
FY10	8419	8169		
FY11	7867	7867		
FY12	7588	7288		
FY13	10073	7008		
FY14	7006	6207		

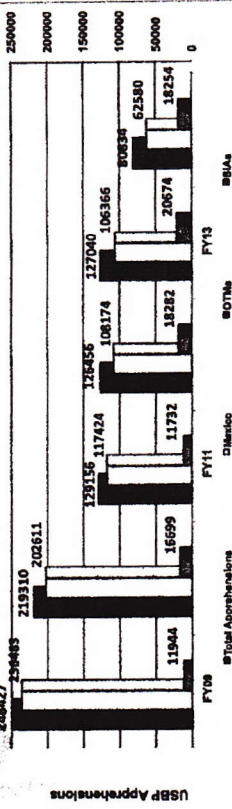
OFO INADMISSIBLE SAN DIEGO FIELD OFFICE



TOTAL USBP NIGERIAN APPREHENSIONS FY09 - FY14 TD

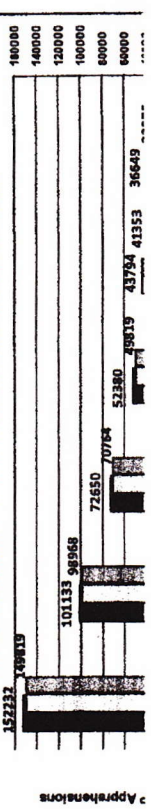


USBP APPREHENSIONS YUMA AND TUCSON SECTORS



Fiscal Year	Total Apprehensions	Mexico	OTMs	SIA's
FY09	248427	236483		
FY10	239485	202611		
FY11	219310	117424		
FY12	202611	108174		
FY13	129156	11732		
FY14	117424	106366		

USBP APPREHENSIONS EL CENTRO AND SAN DIEGO SECTORS

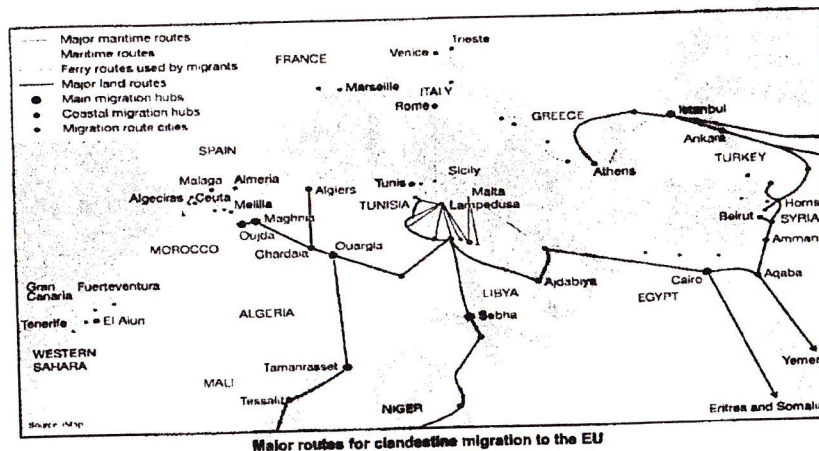




Calendar Year	Total Inadmissible	Mexico	OTMs	SIAs
FY09	40004	140	738	38626
FY10	26919	110	394	26715
FY11	24021	110	394	23817
FY12	25087	110	394	24583
FY13	21570	110	394	21066
FY14	20922	110	394	20418



Fiscal Year	Total Apprehensions	Mexico	OTMs	SIAs
FY09	14011	140	738	13133
FY10	10111	110	394	9807
FY11	7011	110	394	6707
FY12	8011	110	394	7507
FY13	6011	110	394	5507
FY14	5011	110	394	4507



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1 Did you find the information in this [PRODUCT] relevant/applicable/pertinent to you and/or other personnel at your location?

☐ Yes ☐ No

2 How will you and/or others use the information included in this [PRODUCT]?  
(please check any and all that apply)

- ☐ For general or increased knowledge of intelligence in general
- ☐ Not only for increased knowledge, but for briefing the director / assistant director
- ☐ Information for operational purposes (e.g. *Musters*)
- ☐ We don't use the information at all
- ☐ Other (please specify) \_\_\_\_\_

3 Did you find this issue of the [PRODUCT] to be useful? ☐ Yes ☐ No

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b. The [PRODUCT] was clear and logical in the presentation of information with supported judgments and conclusions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The product resulted in more informed decisions concerning interdiction or intelligence initiatives and/or resource allocation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The product identified new information associated with pending matters or offered insights into information that could change the working premise in a program or initiative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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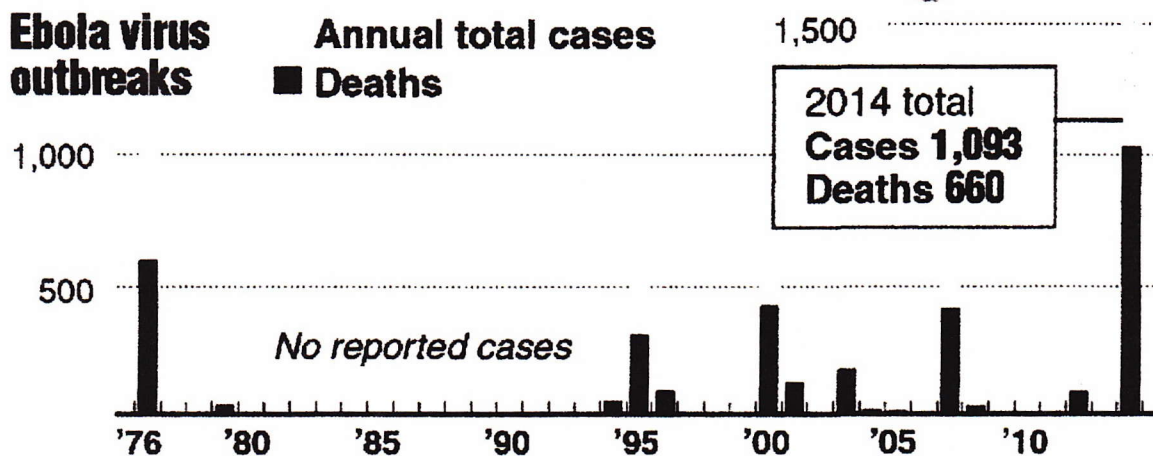
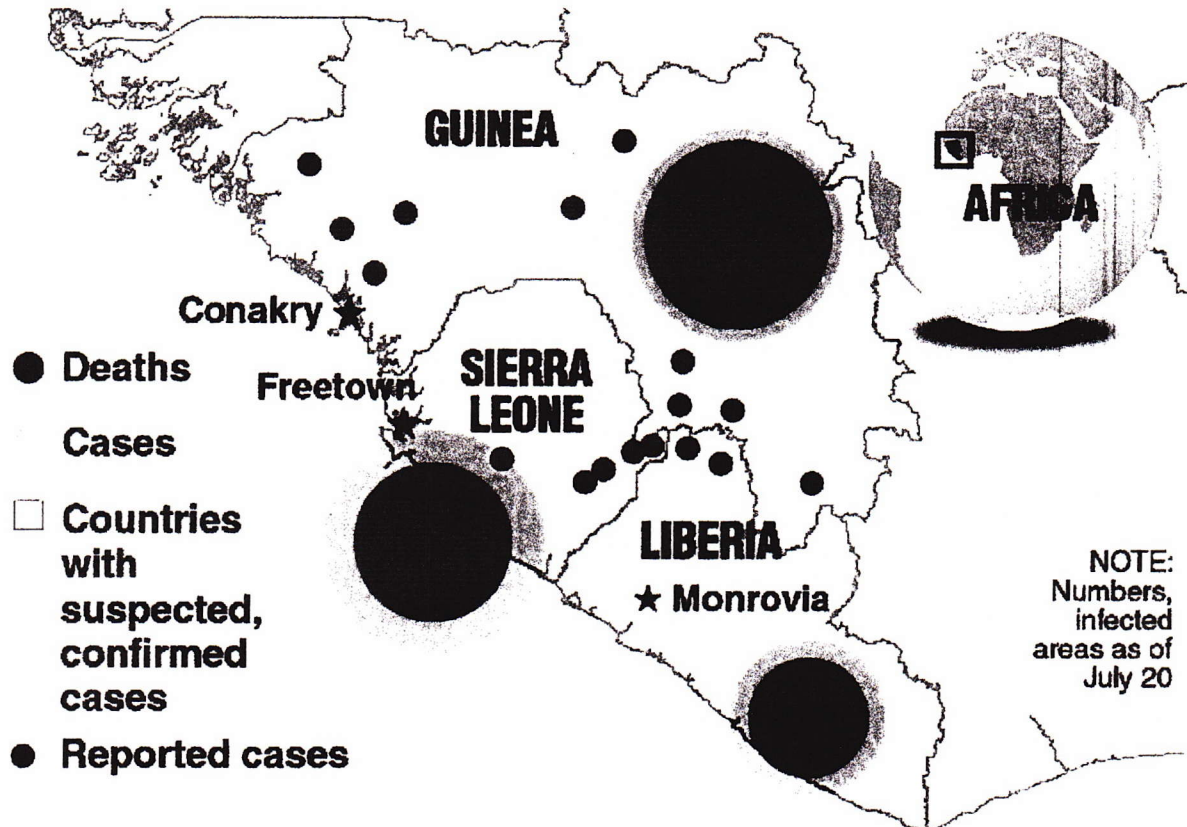
U.S. Department of Homeland Security  
U.S. Customs and Border Protection

**Office of Intelligence and Investigative Liaison**



# Closing borders

*Several border crossings in Liberia have been closed to try to halt the spread of the deadly ebola virus.*



Source: World Health Organization, BBC

Graphic: Melina Yingling

© 2014 MCT

*Why hasn't Obama closed the southern border in the same fashion?*

One of the most often asked questions that I am receiving today centers on how I know that West Africans are coming into the United States in significant numbers. Although some people will not believe something is so unless they see it on CNN, I am unequivocally stating that the arrival of Ebola through our southern border has already happened or is imminent.

What I have learned over the past three weeks about the path of Ebola into the United States is frightening and is not being discussed anywhere in the main stream media.

To those who have asked me about how we know that Ebola-exposed West Africans are coming into the country, this article will answer this question.

## West Africans Are Coming Across Our Southern Border



Dr. Jane Orient

While appearing on my talk show, Dr. Jane Orient, an internal medicine specialist and the Executive Director of the Association of American Physicians and Surgeons (AAPS), clearly stated that Border Patrol informants told her that as many 100,000 West Africans are in Central America, have been taught to speak Spanish and are coming across our Southern border. Dr. Orient further stated that Ebola screening practices had not been implemented at the border with immigrants that were being detained. Please note that the incubation period for Ebola is up to 21 days. In Arizona, state officials learned that Obama had ordered ICE to deliver unscreened illegal immigrants to bus terminals in Phoenix and Tucson AFTER their arrival. The same was true in several border state communities and there was no evidence that ANY health screening had taken place. Dr. Orient had also learned that the Border Patrol has taken to laundering their own clothing at their work site because of the risk to their families. As an aside, Dr. Orient had also learned that Halliburton type of organizations were springing up to construct FEMA camp type detention facilities for people with serious illnesses (i.e. Ebola, drug resistant TB). Later, I published proof of contracts being offered in 2011, to corporations such as KBR, to be able to construct such a camp in 72 hours.

A week after the Dr. Orient interview, I was traveling to San Diego for vacation and had a chance encounter with a Border Patrol agent in a convenience store in Yuma, AZ. I approached him, gave him my business card, promised not to use his name and proceeded to ask him questions about the border. In a short five minute conversation, he told me that Border Patrol officials are contracting drug resistant TB, Scabies and bacteriological pneumonia. When I told him of Dr. Orient's claim that Border Patrol officials had told her that they were concerned over West Africans were crossing our border, he said he was indeed aware that West Africans were crossing our border but he did not know in what numbers. Nearly 10 days later, the Border Patrol Agent contacted at the number on my business card and this time he had a partner on the phone. Both agents confirmed that the number of West Africans crossing our border matched Dr. Orient's revelation. Further, they confirmed the presence of UN and World Health Organization officials at the detention center that they were assigned to after they were taken off of actual field duty and assigned clerical duties.

This is called double sourcing the information originally presented by Dr. Orient. But wait, there are more confirmations.

## Retired Border Patrol Head Speaks Out

Adding fuel to this fire is a statement that comes from the chairman of the National Association of Former Border Patrol Officers (NAFBPO), Zack Taylor, who states that West African illegal immigrants are presently coming into the U.S. through Mexico. These West Africans have been apprehended in the Rio Grande Valley sector in the last few years. Some of these West African groups have been taught to speak Spanish in order to infiltrate into the United States posing as Central American immigrants. This speaks to planning and collusion that some of these groups were



taught to speak Spanish so they will "blend in" with other illegal immigrant groups. This is another piece of evidence that the coming series of pandemics has some governmental agency fingerprints on this invasion. Smart money would say that the CIA is involved.

## Confirmation From a DEA Source

Zack Taylor's revelation is confirmed by one of my DEA sources, through the revelation of circumstantial evidence. My insider DEA source has confirmed that the Sinoloa and Los Zetas Mexican drug cartels receive their weapons and drugs in Peru from a drug cartel known as the SANCHEZ-Peredes. This cartel has been around since 1976 and is protected by the Peruvian army. The SANCHEZ-Peredes have strong ties to Hamas and other terror organizations including the drug trafficking corridor coming out of West Africa. The West African drug operatives are often used as couriers for guns and drugs. The SANCHEZ-Peredes also use the West Africans to transport drugs into the United States. This latter fact clearly explains why the West Africans are being taught to speak Spanish. This is why I would submit that this is an Iran-Contra style affair being conducted by the CIA. Solely based upon these revelations, I agree with Dr. Orient's assertion that it is not just not a matter of if, but when Ebola comes across our Southern border with Mexico.

## Ominous Connections



The drug trade in West Africa is tied to Hamas, the Muslim Brotherhood, al-Qaeda and now probably ISIS. This is an ominous discovery because it now opens the possibility that Ebola could be purposely sent to the United States with West African drug couriers. An organization, such as Hamas, could arrange to have a number of West Africans to become exposed to the virus and then fast track them across the southern border under the guise of trafficking in drugs.

In late June of this year, The [London Guardian](#) described the West Africans role in trafficking drug into Europe and South America (i.e. SANCHEZ-Peredes cartel). Therefore, this pathway has been established in the media.

Amidst the cries of "conspiracy theorist", I suppose we should never believe that Hamas or the Muslim Brotherhood would do such a thing. On the contrary, it is likely that this has already happened.

## Revelations from Our Government

On Senator Dianne Feinstein's Senatorial website contains the copy of a 113 page senate report entitled "[Eight Steps to Counter the Drug Trade in West Africa](#)". The report details how prevalent West African is both in terms of the United States but also into Europe, transporting drugs into each both continents. The Senate report also discusses the terrorist connections between the West African drug trade and known terrorist organizations.

## Conclusion

While the country remains fixated on the delivery of Ebola patients to Emory hospital in Atlanta, we are still ignoring the spread of Ebola through air travel as evidenced by the fact that our government is doing next to nothing. Further, when one considers the growing body of evidence which shows that drug couriers coming West Africa into the United States as part of the drug trade, how could people like Dr. Orient conclude that it is not a matter of if, but when Ebola has a foothold on our country?

The government is fully aware of the threat whether they choose to make press releases to Wolf Blitzer or not!

### EXHIBIT 2

#### Emirates suspends Guinea flights on Ebola concerns

TODAY IN THE SKY



Ben Mitzabangh, USA TODAY





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TODAY IN THE SKY



Ben Mitzabaugh, USA TODAY

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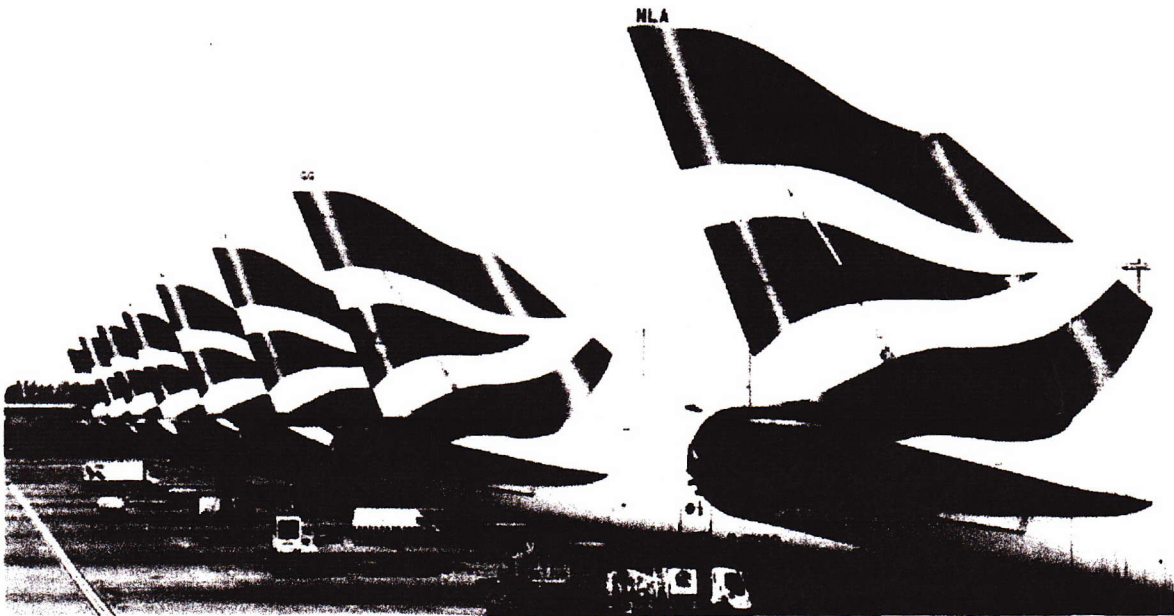
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### **EXHIBIT 3**

## **EBOLA OUTBREAK: BA SUSPENDS FLIGHTS TO SIERRA LEONE AND LIBERIA OVER VIRUS**

British Airways says the 'deteriorating public health situation' relating to the Ebola virus is why they have suspended flights until August 31



BA suspends flights to Sierra Leone and Liberia Photo: Alamy

**By Colin Freeman, and Raziye Akkoc**

4:23PM BST 05 Aug 2014

British Airways has cancelled flights to Sierra Leone and Liberia, cutting off the only direct links between Britain and the Ebola-infected area of West Africa.

The airline, which operates a direct flight four times a week from London to Sierra Leone and on to Liberia, suspended the flight “due to the deteriorating public health situation both countries”.

It follows warnings at the weekend from the World Health Organization that the outbreak, which has killed nearly 900 people since February, was spreading faster than it could be controlled. Health officials are believed to be particularly concerned about Liberia, where staff are understood have fled hospitals in some areas because of fears that they themselves could become infected.

A statement from British Airways sent to travel companies said: “British Airways services from London Heathrow to Freetown and Monrovia will be temporarily suspended from tomorrow, 6 August until 31 August 2014, due to the deteriorating public health situation in both countries.”

The BA move follows some other international airlines serving the two countries, as well as neighbouring Guinea, which is also affected, though others are still operating to all three.

It comes as health officials revealed that an American who died of Ebola in Nigeria last month is now believed to have infected at least eight other people with the disease.

Patrick Sawyer, a Liberian finance ministry employee with joint American and Liberian citizenship, died in the capital, Lagos, shortly after arriving by air.

Nigeria's health commissioner, Jide Idris, said all of the eight suspected Ebola cases in Lagos involved people who had been in contact with Mr Sawyer. So far two were confirmed as having the disease, one of them a doctor who had looked after him.

Since Mr Sawyer's case emerged, health officials have tried to find and monitor anyone who came into contact with him, including fellow plane passengers at higher risk because of the enclosed environment.

Six others known to have made contact with Mr Sawyer have been put into quarantine but are not yet showing symptoms. It was not clear whether they had been in touch with Mr Sawyer before or after his plane journey.

A specially-equipped charter plane also transported Nancy Writebol, an Ebola-stricken American aid worker, to the disease hospital in Atlanta, Georgia, where her colleague Dr Kent Brantly was already receiving treatment. There is no cure or vaccine for Ebola, but both US patients have received an experimental serum.

Bruce Johnson, president of the missionary group for which Ms Writebol works, said it was having less effect on her than on Mr Brantly because of her "more weakened condition".



Ms Writebol arrived at the hospital in Atlanta shortly before 1pm and was wheeled into the hospital strapped onto a gurney and dressed in a protective suit. She did not walk, as Dr Brantly had when he arrived at the hospital last weekend.

Separately, doctors in New York were testing a patient with symptoms similar to those of Ebola - vomiting, diarrhoea, fever and sometimes bleeding - who had recently travelled to West Africa, but said it was not likely to be the disease. However, David Reich, a spokesman for the Mount Sinai Hospital, said: "Odds are this is not Ebola. It's much more likely it's a much more common condition."

In Wales, health officials said an unnamed person believed to have come into contact with the virus in west Africa was in precautionary quarantine. Public Health Wales said: "The individual does not have symptoms of Ebola and there are no cases of Ebola in Wales."

The World Bank has pledged up to £120 million (\$200 million) to Guinea, Liberia and Sierra Leone to help those nations contain the outbreak

<http://www.telegraph.co.uk/news/aviation/11013996/Ebola-outbreak-BA-suspends-flights-to-Sierra-Leone-and-Liberia-over-virus.html>

#### **Ebola Fears in UK After Passenger Becomes Ill on Gangway and Dies**

Posted by Jim Hoft on Sunday, August 3, 2014, 5:25 PM

### **EBOLA TERROR AS PASSENGER DIES AT LONDON AIRPORT**

## **DRUDGE REPORT**

The UK is on red alert tonight after a 72 year-old passenger became ill and on the gangway and later died in the hospital. The Mirror reported:

*Airport staff tonight told of their fears of an Ebola outbreak after a passenger from Sierra Leone collapsed and died as she got off a plane at Gatwick.*

*Workers said they were terrified the virus could spread globally through the busy international hub from the West African country which is in the grip of the deadly epidemic.*

*The woman, said to be 72, became ill on the gangway after she left a Gambia Bird jet with 128 passengers on board. She died in hospital.*

*Ebola has killed 256 people in Sierra Leone. A total of 826 have died in West Africa since the outbreak began in February. Tests are now being carried out to see if the woman had disease.*

*The plane was quarantined as officials desperately tried to trace everyone who had been in contact with the woman.*

*Airport workers face an anxious wait to see if the woman had Ebola. One said: "Everyone's just petrified."*

**Related...** [Black Market Demand For Monkey Meat Could See Ebola Spread to Europe](http://www.thegatewaypundit.com) <http://www.thegatewaypundit.com>

## Ebola terror at Gatwick as passenger collapses and dies getting off Sierra Leone flight

- Aug 03, 2014 23:30
- By Rebecca Younger, [Andy Lines](#)

Staff tell of fears as jet from Africa is quarantined after the death of passenger who was 'sweating and vomiting' before she collapsed

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Ebola fears: A passenger died at Gatwick after getting off a flight from Sierra Leone

Airport staff tonight told of their fears of an Ebola outbreak after a passenger from Sierra Leone collapsed and died as she got off a plane at Gatwick. Workers said they were terrified the virus could spread globally through the busy international hub from the West African country which is in the grip of the deadly epidemic.

The woman, said to be 72, became ill on the gangway after she left a Gambia Bird jet with 128 passengers on board.

She died in hospital on Saturday.

Ebola has killed 256 people in Sierra Leone.

A total of 826 have died in West Africa since the outbreak began in February.

Tests were carried out to see if the woman had the disease.

The plane was quarantined as officials desperately tried to trace everyone who had been in contact with the woman.

Airport workers faced an anxious wait to see if the woman had Ebola. One said: "Everyone's just petrified.

"We've all seen how many people have died from Ebola, especially in Sierra Leone, and it's terrifying."





Speaking of the horrific moment the passenger collapsed, the shocked staff member added: "The woman was sweating buckets and vomiting.

"Paramedics arrived to try and help her. The next thing everybody was there... emergency crews, airfield operations, even immigration.

"They closed down the jet bridge and put the aircraft into quarantine.

"They took everyone's details, even the guy who fuels the aircraft."

The plane carrying the woman came from Freetown in Sierra Leone – a country with the highest number of victims from the disease.

GuineaLiberiaSierra LeoneNigeria0100200300400500600

It stopped at Banjul in The Gambia before landing in Gatwick at 8.15am on Saturday after a five-hour flight.

Public Health England tried to allay fears of an Ebola breakout in Britain.

It said the woman showed no symptoms during the flight.

One official added: "Public Health England is aware a passenger arriving on a flight from The Gambia that landed at Gatwick airport on Saturday fell ill shortly after disembarking.

"The passenger was taken to hospital and sadly died.

"In line with standard procedures, tests are being undertaken to determine the cause of death.

"The patient's symptoms suggest that Ebola is very unlikely but as a precaution this is one of the tests being undertaken.

"The patient was not symptomatic on the plane and therefore there is no risk of Ebola being passed on to either flight crew or other passengers.

"England has world class health care and disease control systems which are active permanently, regularly tested and proven to be effective.

"As such, if the UK does see a case of imported Ebola, this will not result in an outbreak in this country."

I'm interested but not worried

I'm wary and keeping an eye on things

I'm anxious - air travel could spread it so easily

I'm really worried

South East Ambulance Service confirmed it had dealt with the sick woman at the airport.

Communications chief Janine Compton said: "We attended Gatwick airport at 8.30am on Saturday to attend an adult female patient who was seriously ill.

"She was taken to East Surrey Hospital in Redhill where she subsequently died."

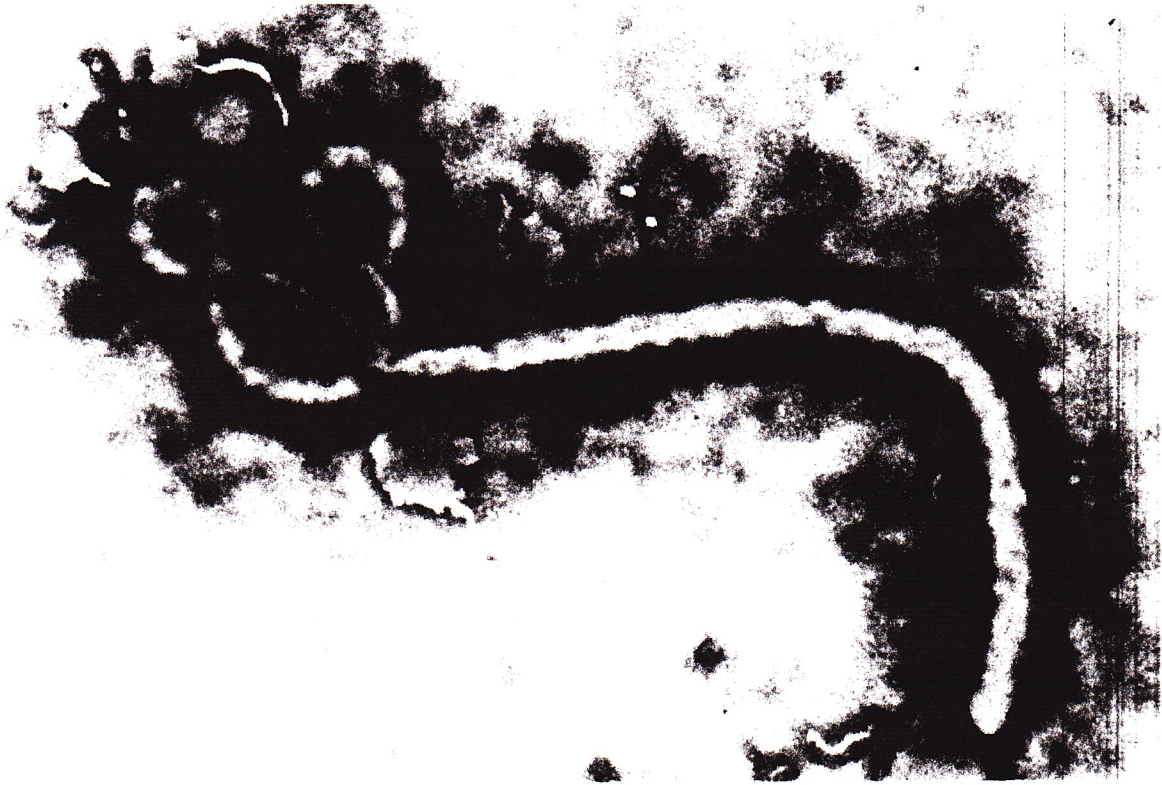
A Gatwick airport spokeswoman added: "A passenger collapsed after disembarking a flight from the Gambia.

"She was treated by airport medical staff at the scene but died later in hospital. The cause of death is yet to be confirmed."

At around 11pm on Sunday, the Department of Health said that tests for the deadly Ebola virus on the woman who died at Gatwick had proved negative.



There is no cure for Ebola. *Read our full factfile.*



Killer: The Ebola virus

Symptoms in the later stages include external and internal bleeding, vomiting and diarrhoea.

At this point the disease is highly contagious.

Victims have a 90% chance of dying, although doctors said in this epidemic the rate is 60%.

The outbreak began in the forests of eastern Guinea in February.

It quickly spread to Liberia and Sierra Leone.

A jump in the number of cases and the death toll has raised international concern and placed under-resourced health facilities in the West African nations under strain.



## EBOLA: KILLER VIRUS

An outbreak of the deadly Ebola virus is spread by close contact and kills between 25 and 90 percent of victims. There is no cure or vaccine

### SYMPTOMS

● Early stages

● Advanced stages

● Headache

● Fever

● Fatigue

● Bleeding from eyes, nose and mouth

● Muscle pain

● Sore throat

● Impaired liver and kidney

● Diarrhoea

● Vomiting

● Rash

### Preventative measures

■ Stop contact with infected animals and the consumption of their meat

■ Isolate the sick

■ Prompt disposal of victims' bodies

■ Disinfect homes of dead and infected

■ Protective clothing for healthcare workers

● Internal and external bleeding

Source: WHO

Last week, the Ebola crisis was described as out of control by World Health Organisation chief Margaret Chan and could be "catastrophic".

At the same time, Sierra Leone declared a state of emergency and called in troops to quarantine victims.

Liberia also imposed controls.

Ms Chan revealed 60 doctors, nurses and health care workers had now lost their lives trying to save others.

She said: "This outbreak is moving faster than our efforts to control it.

"If the situation continues to deteriorate, the consequences can be catastrophic in terms of lost lives but also severe socio-economic disruption as well as a high risk of spread to other countries."

Ms Chan met the presidents of Guinea, Liberia, Sierra Leone and Ivory Coast.

She told them: "This meeting must mark a turning point in the outbreak response."

<http://www.mirror.co.uk/news/uk-news/ebola-terror-gatwick-passenger-collapses-3977051/#ixzz39SqOsAzy>

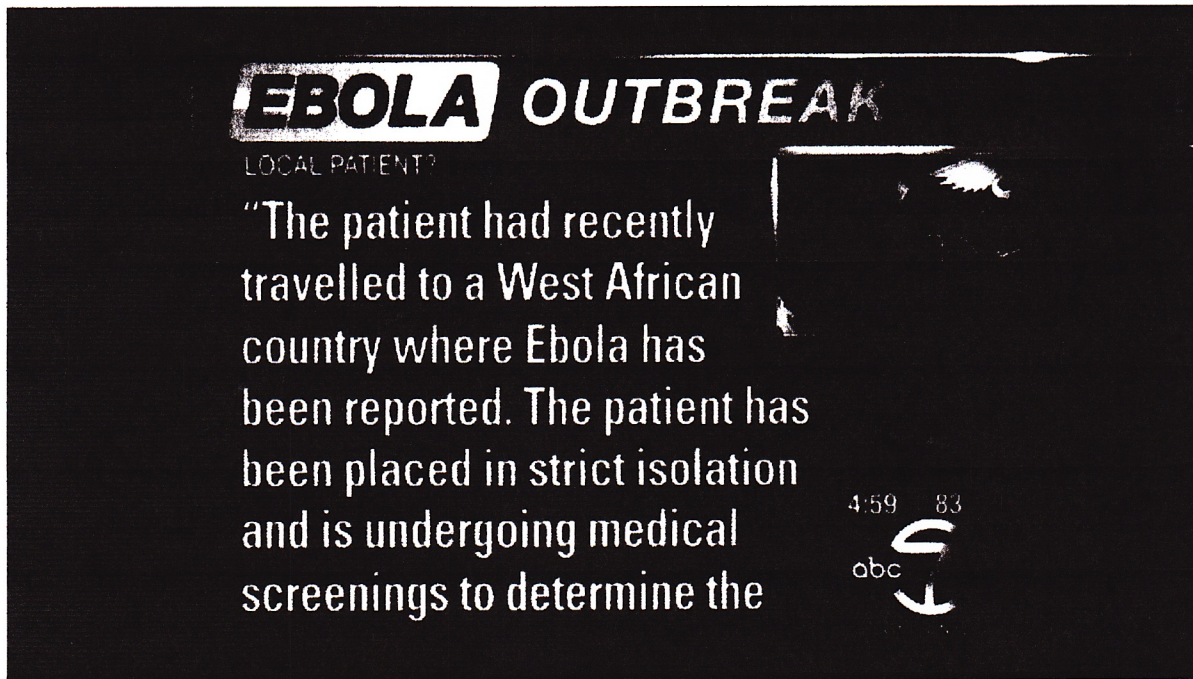
## EXHIBIT 4

- **BREAKING NEWS** Mount Sinai patient tested for Ebola virus

FULL STORY

### EBOLA

# MOUNT SINAI PATIENT TESTED FOR EBOLA VIRUS



Tim Fleischer reports from outside of the hospital.

EMBED



Monday, August 04, 2014

UPPER EAST SIDE (WABC) --

Mount Sinai Hospital is performing tests on a patient who had recently traveled to a West African country where Ebola has been reported, the hospital says.

A male patient with high fever and gastrointestinal symptoms came to the hospital's emergency room on Monday morning, officials said.

The hospital says the patient has been placed in strict isolation and is undergoing medical screenings to determine the cause of his symptoms.

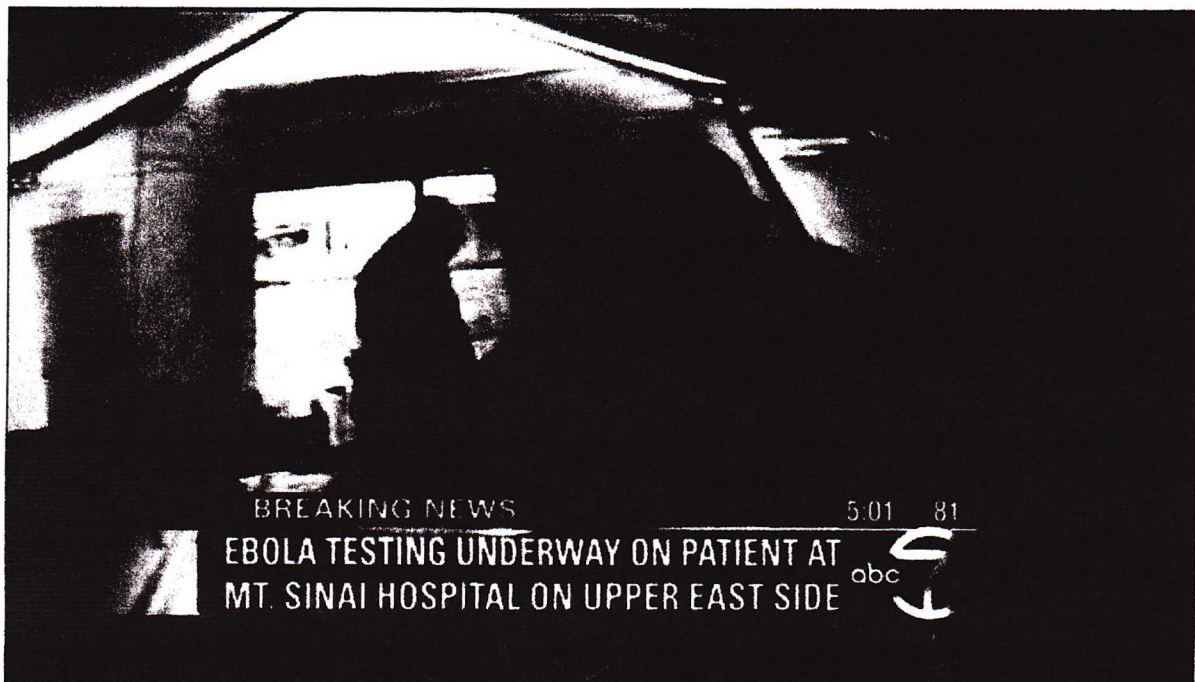
"All necessary steps are being taken to ensure the safety of all patients, visitors and staff. We will continue to work closely with federal, state and city health officials to address and monitor this case, keep the community informed and provide the best quality care to all of our patients," the hospital wrote in a statement.

Mt. Sinai is following what the Center for Disease Control recommended last week when they sent a Health Alert to doctors and hospitals.

Testing for Ebola is done at the CDC. According to a CDC spokesperson testing for Ebola takes 1-2 days after they receive the samples. The primary testing is PCR. This is performed on blood that has been treated to kill and live virus. So far CDC has tested samples from around 6 people who had symptoms consistent with Ebola and a travel history to the affected region.

ABC News' Dr. Richard Besser cautions, "Many things cause fever and gastrointestinal symptoms. The steps they are taking are wise given the travel history, but nothing about the symptoms is specific to Ebola."





The Ebola virus causes a hemorrhagic fever that has sickened more than 1,300 people in Africa, killing more than 700 mostly in Liberia, Guinea and Sierra Leone. It is spread through direct contact with bodily fluids, such as blood or urine, unlike an airborne virus like influenza or the common cold. A person exposed to the virus can take up to 21 days to exhibit any symptoms, making it possible for infected travelers to enter the U.S. without knowing they have it.

Federal agents at U.S. airports are watching travelers from Africa for flu-like symptoms that could be tied to the recent Ebola outbreak, as delegations from some 50 countries arrive in the nation's capital for a leadership summit this week. Border patrol agents at Washington's Dulles International and New York's JFK airport in particular have been told to ask travelers about possible exposure to the virus and to be on the lookout for anyone with a fever, headache, achiness, sore throat, diarrhea, vomiting, stomach pain, rash or red eyes.

"There is a screening process that individuals have to go through when they board aircraft departing the countries where this outbreak has been reported. There is additional screening that occurs when individuals who started in that region of the world arrive in this country," White House Press Secretary Josh Earnest told

reporters.

If a passenger is suspected of carrying the deadly virus, they would be quarantined immediately and evaluated by medical personnel, according to the Centers for Disease Control and Prevention, which provided the additional training to local airports.

"There is always the possibility that someone with an infectious disease can enter the United States," CDC spokeswoman Barbara Reynolds said Monday. "The public health concern is whether it would spread, and, if so, how quickly."

While the CDC says it is not screening passengers boarding planes at African airports - the job of local authorities there - the center said it has encouraged vulnerable countries to follow certain precautions. Outbound passengers in the countries experiencing Ebola are being screened for fevers and with health questionnaires, Reynolds said.

Health officials say the threat to Americans remains relatively small, even with the uptick in travel this week between Africa and the United States. In the past decade, five people have entered the U.S. known to have a viral hemorrhagic fever, including a case last March of a Minnesota man diagnosed with Lassa Fever after traveling to West Africa.

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<http://7online.com/health/mount-sinai-patient-tested-for-ebola-virus/239663/>

## EXHIBIT 5



ALAN GRAYSON  
9TH DISTRICT, FLORIDA

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WASHINGTON, DC 20515  
(202) 225-9889

COMMITTEE ON FOREIGN AFFAIRS  
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July 29, 2014

The Honorable John F. Kerry  
Secretary  
U.S. Dept. of State  
2201 C Street, NW  
Washington, DC 20520

The Honorable Jeh Johnson  
Secretary  
U.S. Dept. of Homeland Security  
3801 Nebraska Avenue, NW  
Washington, DC 20528

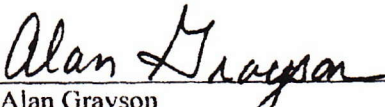
Dear Secretary Kerry and Secretary Johnson:

I write to request the imposition of a travel ban on the citizens of Guinea, Liberia, and Sierra Leone, and any foreign person who has visited one of these nations 90 days prior to arriving in the United States. I also ask that this ban be expanded to any other nation that reports originating a case of Ebola virus disease ("Ebola"), and that travel restrictions be removed only when 90 days have passed without a newly reported case.

The current Ebola epidemic spreading throughout West Africa is the worst in recorded history. According to the World Health Organization, through July 23<sup>rd</sup> there have been 1,201 suspected Ebola cases, and 672 deaths attributed to those cases. Unfortunately, those numbers are now a week old, and have likely grown. Additionally, the Ministry of Health of Nigeria reported the first probable Ebola case on Friday, which was attributed to a visiting U.S. citizen. Reportedly, Patrick Sawyer of Coon Rapids, Minnesota travelled by air to Lagos, Nigeria, became symptomatic while travelling, was admitted to the hospital on July 20<sup>th</sup> (upon arrival in Nigeria), and succumbed to the disease on July 25<sup>th</sup>. This latest development is particularly troubling because Murtala Muhammed International Airport in Lagos is the third busiest airport in Africa, and it offers direct flights to the United States. I urge you to consider the enhanced danger Ebola now presents to the American public, and therefore request that appropriate travel restrictions be implemented immediately.

I believe that you have the legal authority to implement this request, but if you believe otherwise, please let me know immediately. I look forward to your response to this letter, and welcome any questions you may have. Should either of your staffs require further clarification, they may contact Shilpa Finnerty of my staff at (202) 225-9889 or [shilpa.finnerty@mail.house.gov](mailto:shilpa.finnerty@mail.house.gov).

Sincerely,

  
Alan Grayson  
Member of Congress

## **EXHIBIT 6**



# Illegal Aliens and American Medicine

**Madeleine Pelner Cosman, Ph.D., Esq.**

## The Seen and the Unseen

The influx of illegal aliens has serious hidden medical consequences. We judge reality primarily by what we see. But what we do not see can be more dangerous, more expensive, and more deadly than what is seen.<sup>1</sup>

Illegal aliens' stealthy assaults on medicine now must rouse Americans to alert and alarm.<sup>2</sup> Even President Bush describes illegal aliens only as they are seen: strong physical laborers who work hard in undesirable jobs with low wages, who care for their families, and who pursue the American dream.

What is unseen is their free medical care that has degraded and closed some of America's finest emergency medical facilities, and caused hospital bankruptcies: 84 California hospitals are closing their doors.<sup>3</sup> "Anchor babies" born to illegal aliens instantly qualify as citizens for welfare benefits and have caused enormous rises in Medicaid costs and stipends under Supplemental Security Income and Disability Income.<sup>4,5</sup>

What is seen is the illegal alien who with strong back may cough, sweat, and bleed, but is assumed healthy even though he and his illegal alien wife and children were never examined for contagious diseases.

By default, we grant health passes to illegal aliens. Yet many illegal aliens harbor fatal diseases that American medicine fought and vanquished long ago, such as drug-resistant tuberculosis, malaria, leprosy, plague, polio, dengue, and Chagas disease.<sup>6,7</sup>

What is seen is the political statistic that 43 million lives are at risk in America because of lack of medical insurance.<sup>8</sup> What is unseen is that medical insurance does not equal medical care. Uninsured people receive medical care in hospital emergency departments (EDs) under the coercive Emergency Medical Treatment and Active Labor Act of 1985 (EMTALA), which obligates hospitals to treat the uninsured but does not pay for that care. Also unseen is the percentage of the uninsured who are illegal aliens. No one knows how many illegal aliens reside in America. If there are 10 million, they constitute nearly 25 percent of the uninsured. The percentage could be even higher.

## EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) requires every ED to treat anyone who enters with an "emergency," including cough, headache, hangnail, cardiac arrest, herniated lumbar disc, drug addiction, alcohol overdose, gunshot wound, automobile trauma, human immunodeficiency virus (HIV)-positive infection, mental problem, or personality disorder.

The definition of emergency is flexible and vague enough to include almost any condition. Any patient coming to a hospital ED requesting "emergency" care must be screened and treated until ready for discharge, or stabilized for transfer—whether or not

insured, "documented," or able to pay. A woman in labor must remain to deliver her child.

The hospital must have specialists on call at all times for all departments that provide medical services and specialties within the hospital's capabilities. EMTALA is an unfunded federal mandate. Government imposes viciously stiff fines and penalties on any physician and any hospital refusing to treat any patient that a zealous prosecutor deems an emergency patient, even though the hospital or physician screened and declared the patient's illness or injury non-emergency.<sup>9,10</sup> "But government pays neither hospital nor physician for treatments. In addition to the fiscal attack on medical facilities and personnel, EMTALA is a handy truncheon with which to pummel politically unpopular physicians by falsely accusing them of violating EMTALA.

High-technology EDs have degenerated into free medical offices. Between 1993 and 2003, 60 California hospitals closed because half their services became unpaid. Another 24 California hospitals verge on closure. Even ambulances from Mexico come to American EDs with indigents because the drivers know that EMTALA requires accepting patients who come *within 250 yards of a hospital*. That geographic limit has figured in many lawsuits.<sup>11</sup>

Los Angeles County Trauma Care Network, built in 1983, was one of America's finest emergency medical response organizations. Consisting of 22 hospitals, state-of-the-art equipment, superior emergency physicians, surgeons, specialists, nurses, technicians, it offered 365-day, round-the-clock emergency care for people suffering life-threatening car crashes, industrial accidents, urban crime, natural disasters such as earthquake and wildfire, or terrorism. Now most trauma hospitals have left the network, and so have many emergency physicians and surgeons.<sup>12</sup> EMTALA contributed to the Trauma Care Network's loss of focus and loss of money.<sup>13</sup>

Illegal aliens perpetrate much violent crime, the results of which arrive at EDs.<sup>14,15</sup> "Dump and run" patients, often requiring tracheotomy or thoracotomy for stab or gunshot wounds, are dropped on the hospital sidewalk or at the ED as the car speeds away. Usually such incidents are connected to drugs and gangs. Even if the hospital is not exclusively dedicated to trauma care, EMTALA still governs treatment.<sup>12</sup>

While most people coming to EDs throughout the United States are not poor and have medical insurance,<sup>16</sup> cities such as Los Angeles with large illegal alien populations, high crime, and powerful immigrant gangs are losing their hospitals to the ravages of unpaid care under EMTALA. In Los Angeles, 95 percent of outstanding homicide warrants are for illegal aliens, as are 66 percent of fugitive felony warrants. The notorious 18<sup>th</sup> Street Gang has 20,000 members, of whom 60 to 80 percent are illegal aliens, according to the California Department of Justice and the Los Angeles Police Department, respectively. The Lil' Cycos Gang, notorious for murder, racketeering, and drugs in Los Angeles's MacArthur Park, was thought to be 60 percent illegals in 2002, and the percentage is higher now. Francisco Martinez of the Mexican mafia ran the gang while imprisoned for felonious reentry after deportation.<sup>17</sup>



Illegal aliens move freely in crime sanctuary cities.<sup>14</sup> In Los Angeles, San Diego, Stockton, New York, Chicago, Miami, Austin, and Houston, no hospital, physician, city employee, or police officer is permitted to report immigration violators to the Department of Homeland Security's Bureau of Immigration and Customs Enforcement (the old INS or Immigration and Naturalization Service). Los Angeles Police Department *Special Order 40*, begun in 1979 by Chief Daryl Gates, prohibits police officers from "initiating police action where the objective is to discover the alien status of a person."

As many as 10,000 illegals cross the 1,940-mile-long border with Mexico each day.<sup>16</sup> About 33 percent are caught. Many try again, immediately. Authorities estimate about 3,500 illegal aliens daily become permanent U.S. residents—at least 3 million annually.<sup>19, 20</sup> EMTALA rewards them with extensive, expensive medical services, free of charge, if they claim an emergency need for care. Government welcomes illegal aliens by refusal to police our borders, by reluctance to prosecute people who violate basic American law, and by fervor to please those who abuse our generosity and cynically ply our compassion against us.

### Anchor Babies

American hospitals welcome "anchor babies." Illegal alien women come to the hospital in labor and drop their little anchors, each of whom pulls its illegal alien mother, father, and siblings into permanent residency simply by being born within our borders.<sup>21, 22</sup> Anchor babies are *citizens*, and instantly qualify for public welfare aid.<sup>23</sup> Between 300,000 and 350,000 anchor babies annually become citizens because of the Fourteenth Amendment to the U.S. Constitution: "All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and the State wherein they reside."

In 2003 in Stockton, California, 70 percent of the 2,300 babies born in San Joaquin General Hospital's maternity ward were anchor babies, and 45 percent of Stockton children under age six are Latino (up from 30 percent in 1993).<sup>24</sup> In 1994, 74,987 anchor babies in California hospital maternity units cost \$215 million and constituted 36 percent of all Medi-Cal births. Now they account for substantially more than half.

Consider the story of one illustrative family to show how reality is the sum of the seen and the unseen. The Silverios from Stockton, California, are illegal aliens seen as hard-laboring fruit-pickers with family values. Cristobal Silverio came illegally from Oxtotilan, Mexico, in 1997 and brought his wife Felipa, plus three children aged 19, 12, and 8.<sup>24</sup> Felipa, mother of the bride Lourdes (age 19), gave birth to a new daughter, her anchor baby, named Flor. Flor was premature, spent three months in the neonatal incubator, and cost San Joaquin Hospital more than \$300,000. Meanwhile, Lourdes plus her illegal alien husband produced their own anchor baby, Esmeralda. Grandma Felipa created a second anchor baby, Cristian.

Anchor babies are valuable. A disabled anchor baby is more valuable than a healthy one. The two Silverio anchor babies generate \$1,000 per month in public welfare funding. Flor gets \$600 per month for asthma. Healthy Cristian gets \$400. Cristobal and Felipa last year earned \$18,000 picking fruit. Flor and Cristian were paid \$12,000 for being anchor babies. This illegal alien family's annual income tops \$30,000.

Cristobal Silverio, when drunk one Saturday night, crashed his van. Though he had no auto insurance or driver's license, and owed thousands of dollars, he easily bought another van. Stockton Police say that 44 percent of all "hit and runs" are by illegal aliens.<sup>2</sup> If Cris

had been seriously injured, the EMTALA-associated entitlement would provide, as it did for the four-year rehabilitation of a quadriplegic neighbor illegal alien. Rehabilitation costs customarily do not fall under the title "emergency care," but partisans clamor to keep paraplegics in America rather than deport them to more primitive facilities south of the border.

My mechanic employs an illegal I shall call Umberto, who said when I came for my truck, "Dr. Cosman, my children lost their shadows! Help me!"

What does this mean? Umberto has five disabled children: two are autistic, two have attention deficit hyperactivity disorder, and one has oppositional defiant disorder, with additional obsessive-compulsive disorder. All take California government-supplied medications, including Ritalin.<sup>25-28</sup> The autistic children had "shadows" or personal attendants, one per child, under the federal Individuals with Disability Education Act of 1975 (IDEA).<sup>29</sup> The program provides a shadow, plus an "individual education program" that cost about \$30,000 per year per child. Umberto and his wife dine out alone each week, thanks to California-provided respite-care babysitters.

Illegal aliens have translators, advocates, and middlemen supplied by immigrants' civil rights groups or by Medicaid.<sup>30-33</sup> Medi-Cal in 2003 had 760,000 illegal aliens, up from 2002 when there were 470,000. Supplemental Security Income is a non-means-tested federal grant of money and food stamps. People qualify easily. Scams, frauds, and cheats are rampant. In one clinic, 300 people diagnosed as "mildly mentally retarded" all had the same translator, same psychiatrist, same symptoms, and similar stipend.<sup>34</sup> Fraud is an equal-opportunity employer that flouts America's generosity to the feeble, the crippled, and the poor. Illegal aliens have powerful legal facilitators who litigate and lobby for "Open Borders" and for welfare benefits for all who cross onto America's soil. Open Borders proponents imperil America's sovereignty by obliterating distinctions between legal immigrants and illegal aliens, and between American citizens and all other people of the hungry world.<sup>35</sup>

Among the organizations directing illegal aliens into America's medical systems are the Ford Foundation-funded Mexican American Legal Defense and Education Fund; the National Immigration Law Center; the American Immigration Lawyers Association; the American Bar Association's Commission on Immigration Policy, Practice, and Pro Bono; the Immigrant Legal Resource Center; the National Council of *La Raza*; George Soros's Open Society Institute; the Migration Policy Institute; the National Network for Immigration and Refugee Rights; and the Southern Poverty Law Center. And there are more.<sup>33, 34</sup>

Cases of "permanent disability" have burgeoned because its definition is vague [a 12-month problem that interferes with work: see Disability Income, 42 U.S.C. 423(d)-(1)(A), and Supplemental Security Income, 42 U.S.C. 1382c(a)(3)(A)];<sup>35</sup> flexible, thanks to the *Sullivan* case;<sup>37-39</sup> and individualistic, thanks to government regulations.<sup>39, 42</sup> Mental, social, behavioral, and personality disorders are included. More than 500,000 "mentally disabled" children on psychotropic drugs for ADHD and ODD have incentives to bad, bizarre behavior.<sup>31-34</sup> Children's disability stipends are called "crazy money," for crazy behavior.

Drug addiction and alcoholism are classified as diseases and disabilities. Disability Code DA&A had in 1983 only 3,000 stipend recipients, but in 1994 exploded to 101,000. In 2003, between 250,000 and 400,000 got lump-sum grants of disability money via SSI.<sup>40-42</sup> When Linda Torres was arrested in Bakersfield, California, with about \$8,500 in small bills in a sack, the police originally



thought it was stolen money.<sup>4</sup> It was her SSI lump sum award for her disability: heroin addiction.

Immigrants on SSI, including legal aliens, refugees, and illegals with fraudulent Social Security cards, numbered a mere 127,900 aliens (3.3 percent of recipients) in 1982.<sup>49-51</sup> By 1992 the numbers expanded to 601,430 entitled (10.9 percent of recipients).<sup>4</sup> In 2003, this figure was several million (about 25 percent of recipients).

The National Immigration Law Center (NILC) proudly announced that it garnered for immigrants expensive cancer treatments, prenatal care, and critical health services by means of its litigation. Sometimes NILC worked in collaboration with lawyers from the American Civil Liberties Union and the Mexican American Legal Defense and Education Fund. Though the 1996 Welfare Reform Legislation reduced all welfare payments to all recipients nationwide, NILC cleverly managed to restore to its constituency of legal and illegal immigrants: \$12 billion in Supplemental Security Income, and more than \$800 million in food stamps.<sup>33</sup> For many illegal aliens, America is land of the victim and home of the entitled.

### Contagious Diseases

When my grandfather came to America, he first kissed the ground of New York's Ellis Island, then he stripped naked and coughed hard. Every legal immigrant before 1924 was examined for infectious diseases upon arrival and tested for tuberculosis. Anyone infected was shipped back to the old country. That was powerful incentive for each newcomer to make heroic efforts to appear healthy. Today, *legal* immigrants must demonstrate that they are free of communicable diseases and drug addiction to qualify for lawful permanent residency green cards. Illegal aliens simply cross our borders medically unexamined, hiding in their bodies any number of communicable diseases.

Many illegals who cross our borders have tuberculosis. That disease had largely disappeared from America, thanks to excellent hygiene and powerful modern drugs such as isoniazid and rifampin.<sup>54</sup> TB's swift, deadly return now is lethal for about 60 percent of those infected because of new Multi-Drug Resistant Tuberculosis (MDR-TB).<sup>6</sup> Until recently MDR-TB was endemic to Mexico.<sup>55,56</sup> This *Mycobacterium tuberculosis* is resistant to at least two major antitubercular drugs. Ordinary TB usually is cured in six months with four drugs that cost about \$2,000. MDR-TB takes 24 months with many expensive drugs that cost around \$250,000, with toxic side effects.<sup>57</sup> Each illegal with MDR-TB coughs and infects 10 to 30 people, who will not show symptoms immediately. Latent disease explodes later.

TB was virtually absent in Virginia until in 2002, when it spiked a 17 percent increase, but Prince William County, just south of Washington, D.C., had a much larger rise of 188 percent. Public health officials blamed immigrants. In 2001 the Indiana School of Medicine studied an outbreak of MDR-TB, and traced it to Mexican illegal aliens. The Queens, New York, health department attributed 81 percent of new TB cases in 2001 to immigrants. The Centers for Disease Control and Prevention ascribed 42 percent of all new TB cases to "foreign born" people who have up to eight times higher incidence.<sup>58</sup> Apparently, 66 percent of all TB cases coming to America originate in Mexico, the Philippines, and Vietnam. Virulent TB outbreaks afflicted schoolteachers and children in Michigan,<sup>6</sup> adults and children in Texas,<sup>6</sup> and policemen in Minnesota. Recently TB erupted in Portland, Maine, and Del Rey Beach, Florida.

Chagas disease, also called American trypanosomiasis or "kissing bug disease," is transmitted by the reduviid bug, which prefers to bite the lips and face. The protozoan parasite that it carries, *Trypanosoma cruzi*, infects 18 million people annually in Latin America and causes 50,000 deaths.<sup>54-56</sup> This disease also infiltrates America's blood supply. Chagas affects blood transfusions and transplanted organs. No cure exists. Hundreds of blood recipients may be silently infected.<sup>6</sup> After 10 to 20 years, up to 30 percent will die when their hearts or intestines, enlarged and weakened by Chagas, burst.<sup>6</sup> Three people in 2001 received Chagas-infected organ transplants. Two died.

Leprosy, a scourge in Biblical days and in medieval Europe, so horribly destroys flesh and faces it was called the "disease of the soul."<sup>70</sup> Lepers quarantined in leprosaria sounded noisemakers when they ventured out to warn people to stay far away. Leprosy, Hansen's disease, was so rare in America that in 40 years only 900 people were afflicted.<sup>71,72</sup> Suddenly, in the past three years America has more than 7,000 cases of leprosy. Leprosy now is endemic to northeastern states because illegal aliens and other immigrants brought leprosy from India, Brazil, the Caribbean, and Mexico.<sup>54,73,74</sup>

Dengue fever is exceptionally rare in America, though common in Ecuador, Peru, Vietnam, Thailand, Bangladesh, Malaysia, and Mexico.<sup>75,76</sup> Recently there was a virulent outbreak of dengue fever in Webb County, Texas, which borders Mexico.<sup>77</sup> Though dengue is usually not a fatal disease, dengue hemorrhagic fever routinely kills.

Polio was eradicated from America, but now reappears in illegal immigrants,<sup>7</sup> as do intestinal parasites.<sup>78-80</sup> Malaria was obliterated, but now is re-emerging in Texas.<sup>81-83</sup> About 4,000 children under age five annually in America develop fever, red eyes, "strawberry tongue," and acute inflammation of their coronary arteries and other blood vessels because of the infectious malady called Kawasaki disease. Many suffer heart attacks and sudden death.<sup>84-86</sup>

Hepatitis A, B, and C, are resurging.<sup>87-91</sup> Asians number 4 percent of Americans, but account for more than half of Hepatitis B cases. Why inoculate *all* American newborns for Hepatitis B when most infected persons are Asians?<sup>92</sup>

### CRAG: A Proposal to Prevent Medical Cataclysm

Tough medicine could end the cataclysm in American medicine.<sup>9</sup> I suggest the acronym CRAG for four critical actions to reclaim America's EDs; to restore medicine's proud scientific excellence and profitability; and to protect Americans against bacterial, viral, parasitic, and fungal infectious diseases that illegal aliens carry across our borders.

Close America's borders. Prevent illegal entry with fences, high-tech security devices, and troops re-deployed from Germany and South Korea. Deport illegal aliens. Homeland Security's Immigration and Customs Enforcement has a division of Detention and Removal dedicated to deportation. It is hobbled by the powerful Executive Office for Immigration Review (EOIR), the Department of Justice court system that consists of the U.S. Immigration Court (USIC) plus an appellate court, the Board of Immigration Appeals (BIA). The equation EOIR = USIC + BIA usually provides amnesty for the illegal alien, plus another level of appeal against deportation in federal circuit court.

Internment and deportation are politically incorrect.<sup>1,3,33</sup> But America's inadequate federal border enforcement permits massive daily border penetrations that violate the integrity of our medicine and our national security.



Rescind the citizenship of anchor babies. We must overturn the misinterpretation of the Fourteenth Amendment to the U.S. Constitution. The Constitution grants citizenship to all persons born or naturalized in the United States and "subject to the jurisdiction thereof." An illegal alien mother is subject to the jurisdiction of her home country. The baby of an illegal alien mother also is subject to that home country's jurisdiction.

When the Fourteenth Amendment was ratified, its purpose was to assure rights of freedom and citizenship to newly emancipated Negro citizens. American Indians, however, were excluded from American citizenship because of their tribal jurisdiction. Also not subject to American jurisdiction were foreign visitors, ambassadors, consuls, and their babies born here. For citizenship, the person was required to submit to complete, exclusive American jurisdiction, owing allegiance to no other nation.<sup>4</sup>

Long ago the Supreme Court correctly confirmed this restricted interpretation of citizenship in the so-called "Slaughter-House cases" [83 US 36 (1873)] and in *Elk v. Wilkins* [112 US 94 (1884)]. In *Slaughter-House*, the phrase "subject to its jurisdiction" excluded from its operation "children of ministers, consuls, and citizens of foreign states born within the United States." In *Elk*, the American Indian claimant was born in America, but considered not an American citizen because the law required him to be "not merely subject in some respect or degree to the jurisdiction of the United States, but completely subject to their political jurisdiction and owing them direct and immediate allegiance." To obtain citizenship, an American Indian had to separate from his tribe and be accepted by the United States as a citizen. A special act of Congress was needed to grant full citizenship to American Indians. The Citizens Act of 1924, codified in 8 USCS §1401, provides that:

The following shall be nationals and citizens of the United States at birth:

- (a) a person born in the United States and subject to the jurisdiction thereof;
- (b) a person born in the United States to a member of an Indian, Eskimo, Aleutian, or other aboriginal tribe....

Congress by legislation has the right to create uniform rules on naturalization, and to create dual citizenship and similar variations upon "jurisdiction." We must be vigilant against congressmen voting to extend the list of those born here to include illegal aliens or other lawbreakers, conferring American citizenship and its generous social and medical benefits on babies born to criminals. It is irrelevant that some lawbreakers are hard-working women willing to do hard jobs for low pay, or that they are wives, daughters, cousins, lovers, or concubines of men willing to do America's hard work. Gravid wombs should not guarantee free medical care and instant infant citizenship in America. We must reestablish the original limits on citizenship, and remove incentives for indigent Mexicans and others to break America's immigration law. Proud legal immigrants applaud order, reason, and law.

Aiding and abetting illegal aliens is a crime. Punish it. This will anger devotees of illegal aliens who believe that the Constitution guarantees them civil rights that trump American administrative, civil, and criminal laws.<sup>5</sup>

Grant no new amnesties.<sup>6</sup> "We must choose either to surrender medicine to illegal aliens, or to fight illegal aliens."<sup>7,8</sup> Surrender to illegal aliens is surrender to collectivist America: land of moral ambiguity and home of pacifist appeasement. Fighting against

illegal aliens is fighting for individualistic America: land of moral strength, and home of responsible liberty.

As we fight to reclaim medicine, so we defend our nation.

**Madeleine Pelter Cosman, Ph.D., Esq.**, is a medical lawyer, who formerly taught medical students at the City University of New York. Contact: MEDLAWMC@aol.com.

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## EXHIBIT 7

### Tel Aviv flight ban cuts off Israelis

2014-07-22 10:00 AM ET | Updated on 2014-07-22 10:00 AM ET | By William M. Welch, USA TODAY

William M. Welch, USA TODAY



(Photo: Julio Cortez AP)

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For the first time in more than two decades, major international flights were suspended to Israel's main airport Tuesday because of rocket fire from the Gaza Strip, limiting Israel's access to allies around the world as the latest military confrontation with Hamas deepens.

The move by international carriers and the U.S. Federal Aviation Administration was a reflection of growing anxiety over the vulnerability of global air travel following Thursday's downing of Malaysia Airlines Flight 17 over eastern Ukraine, killing all 298 people aboard.

The FAA imposed a 24-hour ban on flights to Israel after several U.S. airlines acted. Germany's Lufthansa, Italian airline Alitalia and Air France made similar moves before the European Aviation Safety Agency issued an advisory. Israeli airline El Al maintained a regular flight schedule.

Not since 1991, during the Persian Gulf War, has travel from the west been so disrupted to Tel Aviv's Ben Gurion Airport, the primary international gateway to the Jewish nation.

The suspension of flights was at least a temporary victory for Hamas, which has threatened to shut down the airport in the past and, in the most recent fighting, has shown increasing range and prowess at firing rockets from positions in Gaza to disrupt life in Israel.

<http://www.usatoday.com/story/news/world/2014/07/22/ben-gurion-airport/13015887/>

I, Lila Dubert, attest that the defense in the above captioned case was served on 08.05.2014 by the first class mail with the attached pleadings and will be additionally served on 08.06.2014 via PACER.

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A handwritten signature in black ink, appearing to read 'Lila Dubert', is written over a horizontal line.