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UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
SAN JOSE DIVISION

CITY OF SAN JOSE, CALIFORNIA, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as President of the United States, et al.,

Defendants.

CASE NO. 5:20-cv-05167-LHK-RRC-EMC

DECLARATION OF UMAIR A. SHAH, M.D., M.P.H. IN SUPPORT OF PLAINTIFFS' REPLY IN SUPPORT OF MOTION FOR PARTIAL SUMMARY JUDGMENT AND IN OPPOSITION TO DEFENDANTS' MOTION TO DISMISS, OR IN THE ALTERNATIVE, MOTION FOR PARTIAL SUMMARY JUDGMENT

Date: October 8, 2020
Time: 1:30 p.m.
Place: Courtroom 8, 4th Floor
Judge: Honorable Richard R. Clifton
Honorable Lucy H. Koh
Honorable Edward M. Chen

DECLARATION OF UMAIR A. SHAH, M.D., M.P.H.

I, UMAIR A. SHAH, M.D., M.P.H, hereby declare:

1. I am over the age of 18, have never been convicted of a crime of moral turpitude and am of sound mind and qualified to make this affidavit. I am personally familiar with the facts contained in this affidavit.

2. I received a medical degree from the University of Toledo Health Science Center in 1996 and a Master of Public Health Management from The University of Texas Health Science Center at Houston in 2001. I have also completed an Internal Medicine internship, residency, and fellowship at The University of Texas Health Science Center in Houston. I have been an Emergency Department physician for Houston's Michael E. DeBakey Veteran's Health Administration Hospital since 1999. In 2003-2004, I served as Chief Medical Officer for the Galveston County Health District. In 2004, I joined Harris County Public Health, the local health department for Harris County, Texas. Since 2013, I have served as the Executive Director of Harris County Public Health, a nationally recognized and fully accredited $100 million agency serving the nation's third largest county. I also serve as the Local Health Authority for Harris County.

3. I have presented nationally and globally and have sat on numerous boards and advisory groups, including with the National Academies of Sciences, Engineering, and Medicine, U.S. Centers for Disease Control & Prevention, Network for Public Health Law, Trust for America's Health, Texas Department of State Health Services, and the Texas Medical Association. I am the past president of the National Association of County and City Health Officials, which represents nearly 3,000 local health departments, and its Texas affiliate, which represents approximately 45 local health departments in Texas. I have participated in leadership trainings at the World Health Organization in Geneva, the National Public Health Leadership Institute, American Leadership Forum, and Kresge Foundation, and others. I have responded to large emergencies such as infectious disease responses to novel H1N1, Ebola, and Zika, and in the aftermath of large-scale natural disasters such as earthquakes and several hurricanes. I am currently leading Harris County Public Health's response to COVID-19.

4. As part of my duties, I set departmental policies and oversee activities for Harris County Public Health (HCPH) using a variety of health and non-health data, including census statistics. I am familiar with, and competent to testify about, the importance of accurate census counts to the delivery and funding of public health services to Harris County's approximately 4.7 million residents.

5. Harris County Public Health's work frequently relies on census data to determine how to promote evidence-based policies, allocate public health resources, work with researchers, and collaborate with community partners. Because public health focuses on population-based health indicators, it is crucial that we understand and accurately account for both the total population in our County, and the population of various subgroups, factoring in demographic information such as gender, age, race, ethnicity, and geographic location within the County. Not only is accurate census data important to Harris County's understanding of the health of its population, but also to the allocation of health resources within the County. This also applies to a similar understanding of the State of Texas's allocation of health resources for Harris County as well as the 254 counties within the State.[1]

6. Census data remains a key tool for public health to make data-driven decisions. *Harris Cares 2020*[2], a 300-page report with over 150 maps and figures, offered insight into the health of the community through population health indicators, and was released in late 2019. In this assessment, HCPH underscored the relationship between health and social factors, such as education and race/ethnicity, through trend analysis and geospatial mapping.[3] Population health projections additionally require accurate counts to identify focus areas for public health prevention measures and investment. Using this data, and others, *Harris Cares 2020* provides major policy recommendations and outlines partnership needs for the next 10 years. It simply

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[1] *Harris County Public Health relies not only on the decennial census, but also on intercensal population estimates. Those estimates are likely to be inaccurate if the decennial census undercounts, or miscounts, populations.*

[2] *Harris County Public Health (HCPH) Harris Cares: A 2020 Vision of Health in Harris County (TX), November 2019. https://publichealth.harriscountytx.gov/Resources/Harris-Cares.*

[3] *Cohen, Gregory H et al. "Census 2020-A Preventable Public Health Catastrophe." American journal of public health vol. 109,8 (2019): 1077-1078. doi: 10.2/05/AJPH.2019. 305074.*

would have been an incomplete assessment without accurate demographic information for Harris County including information demarcated from census data.

7. The COVID-19 pandemic illustrates how crucial census data is to public health and its response in protecting our communities. Census data provides a necessary dataset for calculations regarding both the impact of COVID-19 and for focusing future public health prevention and response measures. Census data allows us to estimate the impact of COVID-19 to specific communities at a granular level. This helps public health focus communications in multiple languages with audience and age-specific prevention messaging and share information about availability of testing or vaccine sites. Inaccurate or incomplete datasets increase risk of misinterpreting the prevalence of the disease in disproportionately impacted communities. The health and safety of communities such as Harris County rely on such data in making key response decisions and the importance of this cannot be minimized.

8. Lastly, sustainable financing of local health departments is of vital importance, now more than ever. Financing formulas, including with the federal and local governments alike, rely heavily on census data to allocate resources and build public health capacity. An inaccurate or incomplete picture of Harris County increases risk of major revenue losses for public health and potentially inhibiting HCPH's ability to prepare, respond, and recover from future disasters. Further, census data is used to determine funding of safety net resources such as Medicaid, Supplemental Nutrition Assistance Program, FQHCs, and other programs vital to the community. These safety net resources are crucial to lowering the rates of chronic disease, food insecurity, delays in accessing healthcare, preventable hospitalizations, infectious diseases, and many more negative public health consequences.

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

Executed on September 21, 2020 in Houston, Texas.

Umair A. Shah, M.D., M.P.H.

SWORN TO AND SUBSCRIBED before me on September 21, 2020

LAURA CAMILA GARCIA
Notary Public, State of Texas
Comm. Expires 12-05-2022
Notary ID 131816702

Notary Public, State of Texas
Printed Name: Laura Camila Garcia
My Commission Expires: 12/05/2022