Exhibit 20

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

STATE OF NEW YORK, et al., Plaintiffs, v. TRUMP, et al., Defendants.	20-CV-5770 (JMF)

DECLARATION OF JESSIE HAMMOND

Pursuant to 28 U.S.C. § 1746(2), I, Jessie Hammond, hereby declare as follows:

1. I am over the age of eighteen and have personal knowledge of all the facts stated herein.

2. I am the Public Health Statistics Manager for the Vermont Department of Health (VDH). I oversee the Center for Health Statistics in the Health Surveillance Division. I oversee the collection and analysis of statistical information relating to public health as well as our vital records program. My duties include developing and implementing appropriate methodology and techniques for the analysis of collected data. I have been employed by VDH since 2002 and in my current role since 2018. Previously, I served VDH as a public health analyst and as the coordinator for VDH's Behavioral Risk Factor Surveillance System.

3. The Center for Health Statistics at VDH is responsible for accurately tracking health data and trends to assess the health of Vermonters. The Center oversees research planning, data collection and analysis, consultation and reports, and health data registry operations. This 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, understanding and accurately accounting for the total population is critical to VDH's work. In addition, public health data contributes to the State's efforts to allocate healthcare services to serve the populations who live

within the State, all of which inevitably utilize healthcare resources, regardless of immigration status. VDH relies on accurate census data to reflect the people who live within Vermont and is central to VDH's ability to carry out its mission to "protect and promote the best health for all Vermonters."

4. VDH relies on census data because it is one of the only measurements taken of the total population. In addition to census data, VDH uses intercensal population estimates for the years between each decennial census. The intercensal population estimates can only be accurate if the decennial census correctly measures the population. The Department also relies on data from the annual American Community Survey, which provides more detailed demographic information about our population. However, this survey is based on a representative population sample and utilizes census data in the calculation of its estimates. Without accurate base data from the decennial census, the estimates from the American Community Survey will be inaccurate.

5. Reduced census self-response rates will undermine the quality of the census data and will have a significant impact on VDH's data accuracy. This is particularly true in Vermont as it relates to data provided for race and ethnicity. Vermont is the second least populous state in the United States and has low percentages of racial and ethnic minority populations. When analyzing such small numbers, using census data that under-reports even a few individuals can significantly impact the accuracy of Vermont's demographic data.

6. Inaccurate census data would affect VDH in a multitude of ways. For example, grant eligibility and award amounts are based on overall state population or populations of demographic subgroups within the state. Underrepresenting the number of people in Vermont could impact the amount of public health funding Vermont receives and the amount of funding it provides to individual communities through sub-recipient grants. In addition, other data collection methods, such as the Behavioral Risk Factor Surveillance System,[1] seek to ensure accurate health indicators by using methodologies based upon census-based population estimates. Furthermore, Census data is also used to calculate morbidity and mortality rates for many diseases and conditions like heart disease, cancer, lead poisoning, and falls. It is vital that VDH be able to calculate these rates based on an accurate overall state population and to identify sub-groups (racial and ethnic, rural vs. urban, age, etc.) to best target preventions methods. Additionally, census data is used to determine healthcare service utilization estimates, particularly in underserved rural areas. Vermont

[1] *See.* https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/brfss.

is largely a rural and agricultural state and many of its communities risk underrepresentation with reduced accuracy in the census data.

7. VDH's ability to effectively respond to and report on infectious and communicable disease outbreaks like the current COVID-19 pandemic could also be impacted by a reduction in the census self-response rate. VDH has used census data to assist with calculating estimates for recommended testing rates necessary to safely reopen businesses and schools while still protecting the public's health. Census data will also be used to plan for and implement mass vaccination once a vaccine is made available. VDH has also used census data to calculate the impact of COVID-19 on population groups, such as racial and ethnic minorities, and to assist in planning for outreach materials in multiple languages. Outreach to the entire population is critical to Vermont's success at keeping people aware of how to best prevent disease spread. Census data has also been crucial for the accurate reporting of case counts and rates, particularly by providing reliable data needed to render information not individually identifiable as required by HIPAA, so that timely information can be provided to the public and federal partners.

I declare under penalty of perjury that, to the best of my knowledge, the foregoing is true and correct.

Executed on this 3rd day of August, 2020

Jessie Hammond

Jessie Hammond