The Honorable Xavier Becerra Secretary Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20201

Dr. Rochelle Walensky Director Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329

July 1, 2021

Dear Secretary Becerra and Director Walensky:

We are writing to follow up again on our <u>January 28 letter</u> to Dr. Walensky to urge the CDC to rescind in its entirety the <u>order</u> issued under Title 42 in March 2020 and repeatedly extended since, that continues to unethically exploit the COVID-19 pandemic to expel, block, and return to danger asylum seekers and individuals seeking protection at the border. As you may know, we have led a large group of public health and medical experts who objected to the specious public health grounds that underpinned the CDC's original order in spring 2020, developed recommendations for safely processing asylum cases in May 2020, and provided the Biden transition team and the CDC with updated recommendations in <u>December 2020</u> and <u>January 2021</u>.

Despite the ongoing calls for its removal, the Title 42 order remains in effect, with profound consequences for the lives and well-being of asylum-seekers. Over 3.250 kidnappings, rapes, and other attacks on people expelled or blocked at the U.S.-Mexico border have been recorded since President Biden took office in January, and these numbers continue to increase daily. While reports indicate that families may be made exempt from the order in coming weeks, the Biden administration reportedly plans to extend the order for single adults. Not only does this singling out of individual adults fail to align with any public health rationale, it would also disparately block African, Caribbean, and LGBTQ+ individuals from asylum processes who are less likely to be fleeing with children. Additionally, this approach would continue to separate children from many non-parent caregivers as older siblings, their relatives, or grandparents would continue to be expelled. We call on the CDC and the Department of Health and Human Services (HHS) to protect the public's trust in the objectivity of public health, fulfill the public health principle of nondiscrimination, and respect national and international humanitarian laws and treaties by reversing this order in its entirety. We once again respectfully request an opportunity to meet with the CDC Director, HHS Secretary, and DHS officials charged with implementing public health measures to discuss our recommendations and the currently available scientific guidance.

The Title 42 order serves to weaponize public health and undermine the apolitical nature of the CDC.

<u>Public health and medical experts</u> have <u>repeatedly</u> called on the CDC to rescind the Title 42 expulsion policy which does not protect public health and was never intended to do so. Imposing restrictions on entering the United States based on immigration status alone is a discriminatory practice with no scientific basis as a public health measure. Moreover, the changes to this order reportedly under consideration would only serve to further demonstrate its baselessness. The <u>current science</u> that underpins our <u>understanding</u> of <u>COVID-19</u> transmission provides no public health rationale for disparate treatment between single adults and families.

The Title 42 order is based on political, rather than public health, considerations. The order itself was implemented despite the objections of <u>senior CDC experts</u> and <u>public health experts</u>. By allowing the order to remain in effect, the CDC is sanctioning the ongoing politicization of the institution, thereby weakening its authority and decreasing public trust in the agency. A recent poll conducted by the Robert Wood Johnson Foundation and Harvard T.H. Chan School of Public Health found only <u>52 percent of respondents</u> reported trusting the CDC, with its job performance rating dropping 5 percent from a decade ago. During a global public health emergency, the importance of objective, reliable, and scientifically-rigorous information is paramount. The politicization of the CDC's guidance has long-term and significant consequences, the beginnings of which are already visible in the language around vaccine hesitancy and the <u>lifting of mask mandates</u> for vaccinated individuals.

While the order has been presented by the U.S. Department of Homeland Security (DHS) as a "<u>public health imperative</u>," the actions of the department show little regard for recommended public health measures such as <u>social distancing</u> and routine <u>COVID-19 testing</u>, and instead appear to fixate on complicated and high-risk deportation strategies. For example, the administration continues to detain individuals in congregate settings for days to weeks prior to <u>flying them across the country</u> before <u>expelling them to Mexico</u> - measures which amplify risks to public health.

The proposed extension of the Title 42 order on asylum seekers arriving alone would disproportionately impact Black, LGBTQ+ and other asylum seekers.

Categorically denying individuals traveling alone the right to seek asylum violates the <u>non-discrimination clause</u> of the 1951 Refugee Convention and would disproportionately impact asylum seekers from African and Caribbean countries, LGBTQ+ individuals and others who are less likely to be traveling with children. Already, the Title 42 expulsion policy disparately affects Black asylum seekers from Africa, the Caribbean, and elsewhere who were <u>not subjected to the Migrant Protection Protocols</u> and therefore are not included in its phased elimination. They <u>continue</u> to experience <u>targeted discrimination</u> and violence in Mexico. LGBTQ+ asylum seekers also face greater risks of harm when returned to Mexico or are blocked from entering the United States. <u>Two thirds</u> of LGBTQ+ migrants in Mexico experience sexual and gender-based violence there. In addition, they face <u>stigma and discrimination</u> from authorities and

shelters, may lack access to necessary healthcare, and are less likely to find legal <u>employment</u>. Further restrictions on asylum for these communities only serve to increase these disparities.

Our Recommendations for a Just and Effective Approach

Rather than continuing to rely on a discriminatory and unjustifiable order, U.S. authorities should adopt <u>measures</u> that are based on sound science and public health practice, and that comply with U.S. law and treaty obligations towards refugees and asylum-seekers. As the <u>U.N. High</u> <u>Commissioner for Refugees</u> confirmed in a rare public statement directed at the United States, "protecting public health and protecting access to asylum, a fundamental human right, are fully compatible." We call on the CDC and HHS to fully rescind the Title 42 asylum expulsion order and implement appropriate protective measures in line with robust public health guidance, as the undersigned experts - as well as the many other epidemiologists and public health experts who have joined in letters to the CDC <u>last year</u> and <u>this year</u> - have repeatedly recommended.

Respectfully,

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