AFFIDAVIT OF EPIDEMIOLOGIST VERA F. DOLAN

My name is Vera F. Dolan. My business address is 454 Beltrami Dr., Ukiah, California 95482-8745. I am over eighteen years old, I do not suffer from any mental diseases or impairment, and I can competently testify to the following:

I am a graduate of University of North Carolina at Chapel Hill, Master of Science in Public Health (MSPH) in Epidemiology, 1981.

I am a graduate of the John Hopkins University, BA in Public Health, 1979.

I have over 30 years of experience of work as an epidemiologist, including conducting cohort mortality studies and publishing their results in peer-reviewed medical journals. My experience writing underwriting and risk assessment manuals for the life and health insurance industries gives me ongoing and current familiarity with communicable diseases and their risks. I have made several presentations to the Society of Actuaries as an epidemiologist concerning pandemics and their implications for the insurance industry and general population.

As an expert in epidemiology, I have been retained in the following three cases:

1. Defense; Littler Mendelson, San Jose, California; attorney Joan Wakeley. Dennis Loubal vs. City of Half Moon Bay and the Cities Group. Wrote reports analyzing and rebutting the presumption of industrial causation of Hodgkin's disease in a 41-year-old police officer who attributed his Hodgkin's disease to occupational exposure to benzene while pumping gasoline for his police vehicle during the 14 years of his employment with the Half Moon Bay police department.

2. Defense; Shook Hardy & Bacon, Kansas City, Missouri; attorney James T. Newsom. Engle class action cases in the state of Florida against tobacco manufacturers. Provided trial exhibits, data analysis, investigative notes and a review of medical literature in preparation for testimony on the diminishing risk of lung cancer after quitting smoking.

3. Plaintiff; Law Offices of Michael J. Green, Honolulu, Hawaii; attorney Brian Mackintosh. Reviewed and analyzed employment records, medical records and medical literature for plaintiff pesticide worker occupationally exposed to the insecticide Dursban for possible link between that exposure and plaintiff's lung cancer.

Additionally, I have been an expert since 2006 for cases requiring expertise in calculating life expectancies, life insurance bad faith, life insurance underwriting and risk assessment. My testimony as a life expectancy expert has been accepted in both federal and state court, having passed a Daubert challenge for calculating life expectancies using generally accepted life underwriting and life settlement methodology. My retention has been 50% for plaintiff and 50% for the defense.

Facts of the case

I consulted with Dr. Orly Taitz on September 2, 2014. Her case history and statements to me reveal the following:

- Dr. Taitz is a Doctor of Dental Surgery in Rancho Santa Margarita, California.
- Dr. Taitz is a doctor-provider for a number of government programs which provide care for new immigrants.
- A number of such immigrants showed up for treatment in Dr. Taitz's office with persistent cough and upper respiratory diseases. Patients showed up with multiple relatives, who also suffered from upper respiratory infections and persistent cough.
- After treating these patients and being in close contact with these patients, Dr. Taitz developed a persistent cough.
- Dr. Taitz sought medical treatment from her Internal Medicine doctor, which includes taking antibiotics, undergoing chest X-ray examination to check her lungs for tuberculosis, as well as a sputum test for tuberculosis.
- Due to this persistent cough, Dr. Taitz developed oxygen insufficiency and was ordered by her doctor to use a positive pressure oxygen machine during sleep for the rest of her life.

According to Kenneth J. Rothman, Professor of Epidemiology at Boston University School of Public Health, in his introductory textbook on epidemiology, "Often considered the core science of public health, epidemiology involves the study and determinants of disease frequency, or, put even more simply, the study of the occurrence of illness."[1] Like other epidemiologists, my opinions rely on the facts related to a case or group of cases in which illness occurs in order to determine the likely causation mechanism and component cause/factors of that illness.

Such facts do not require my direct medical examination of any patient or patients, as the diagnosis provided by a medical professional is sufficient in itself as evidence for my consideration, just as the epidemiologists at the Centers for Disease Control rely on the diagnoses reported to them by direct examining medical professionals across the U.S. for their facts. I have no reason to believe that Dr. Taitz's statements are untrue; I rely on her statements and her Internal Medicine doctor's diagnosis as an epidemiologist normally does in such cases.

The causal chain of events and factors that leads me as an epidemiologist to conclude that Dr. Taitz was infected during close contact with infected immigrant patients is that:

1. Infected immigrant detainees are being transported by DHS without quarantine or treatment for existing communicable diseases to California, as per documents cited in my affidavit dated September 3, 2014;
2. Dr. Taitz has treated such immigrant detainees and had herself developed illness;
3. The U.S. is experiencing a nationwide wave of serious respiratory infection outbreaks among children with impaired immune systems, particularly the uncommon enterovirus D68, which arose immediately after the widespread transportation by DHS of immigrant detainees who were not quarantined or medically treated.

1. Rothman KJ. Epidemiology, An Introduction. Oxford University Press, New York, 2002. p 1.

4. The close association in time between the widespread dispersal of these immigrant detainees, Dr. Taitz's treatment of such detainees, and the respiratory illnesses experienced by Dr. Taitz and enterovirus D68 outbreak patients are sufficient to be considered likely component causes and factors in an epidemiologic chain of causation.

In a search of the peer-reviewed medical literature, I investigated the possibility of the transmission of the Ebola virus through aerosols or fomites produced by coughing and sneezing. It is this type of transmission that would have a strong likelihood of infecting doctor-providers for a number of government programs which provide care for new immigrants like Dr. Taitz.

- In 1995, 316 people became ill with Ebola hemorrhagic fever (EHF) in Kikwit, Democratic Republic of the Congo. After extensive epidemiologic evaluation, the routes of transmission of Ebola for these patients were assessed.[2] There were a group of infected patients who reported no physical contact with someone with suspected EHF. The investigators stated, "Although close contact while caring for an infected person was probably the major route of transmission in this and previous EHF outbreaks, the virus may have been transmitted by touch, droplet, airborne particle or fomite; thus, expansion of the use of barrier techniques to include casual contacts might prevent of mitigate future epidemics."
- A series of research experiments in Canada exposing pigs carrying Zaire-Ebola virus (ZEBOV) to uninfected macaque monkeys showed that the Ebola virus can be transmitted within a room in which these animals were in cages separated by a wire barrier.[3] The investigators stated, "Under conditions of the current study, transmission of ZEBOV could have occurred either by inhalation (of aerosol or larger droplets), and/or droplets generated during the cleaning of the room. Infection of all four macaques in an environment, preventing direct contact between the two species and between the macaques themselves, supports the concept of airborne transmission."

In September, 2014, the United States brought two infected charity workers from Africa to the United States homeland to be treated for Ebola with an experimental cocktail of 3 monoclonal antibodies. The U.S. government and the world media announced that these two relief workers were cured of Ebola with this new treatment. As of today, October 10 , 2014, there are world media reports of several patients being treated in the United States with other experimental drugs to achieve a cure.

Jesse L. Goodman, MD, MPH, formerly the chief scientist at the U.S. Food and Drug Administration, and currently founding director of the Georgetown University Medical Center's Center on Medical Product Access, Safety and Stewardship, in a recent article in the New

2. Roels TH, et al. Ebola Hemorrhagic Fever, Kikwit, Democratic Republic of Congo, 1995: Risk Factors for Patients without a Reported Exposure. *J. Infectious Diseases*. 1999;179(Suppl 1):S92-7.

3. Weingartl HM, et al. Transmission of Ebola virus from pigs to non-human primates. *Scientific Reports*. 2012;2:811. doi: 10.1038/srep00811

England Journal of Medicine stated that "using unproven therapies during emergencies, without adequately evaluating their effectiveness, may result in misleading, even harmful conclusions."[4]

Conclusions

An African national was able to fly from Africa to the United States, knowing that he was exposed to Ebola. It is my belief that this individual thought that he would receive the cure for Ebola if he arrived in the United States and showed up for treatment in any hospital or emergency room. It is my belief that because of the international media coverage of the cure for Ebola that is only available in the United States, that African nationals will attempt to travel to the United States in any way possible, once they believe they have been exposed to Ebola. I believe these African nationals believe that they will receive the cure for Ebola if they come down with the Ebola disease in the United States.

As of today, the United States does not restrict air travel from Africa to the United States. As of today, Mexico and many Central American countries do not restrict air travel from Africa to their countries. It is my belief that African nationals who know they have been exposed to Ebola will try to come to the United States, directly through air travel to the United States or through air travel to Mexico or Central America and then attempt to cross the U.S. border with Mexico, in the belief that they will be cured once they appear in any U.S. hospital. As Dr. Goodman indicated, these individuals can come to the harmful conclusion that there are sufficient resources in the United States to cure their Ebola illness, yet there is no evidence that this conclusion is accurate.

It is my belief that some of the African nationals who attempt to cross the border into the U.S. from Mexico will become infectious while still in Mexico during the time they are moving from Mexico into the United States, and will pass the Ebola virus on to other immigrant patients who also are seeking entrance into the United States by crossing the border. This likely infection of immigrants is only enhanced by the potential transmission of Ebola from aerosols and fomites caused by coughing and sneezing, as indicated by the previously cited peer-reviewed medical literature.

The potential of a threat of an Ebola epidemic arriving via illegal immigration from Mexico is serious and grave, and needs to be addressed by the closure of the Mexican border, and strict quarantine and isolation procedures for all immigrants crossing the Mexican border. In my opinion, any individual who crosses the Mexican border and in particular has visited the Ebola-affected countries of Guinea, Sierra Leone and Liberia should be quarantined for 21 days.

The potential for Ebola arriving into the United States through air travel is now well established. It is urgent that air travel is restricted from Africa, and the most strict quarantine and isolation procedures for all travelers arriving from Africa's Ebola-affected regions are put into place. In my opinion, any individual who has visited the Ebola-affected African countries of Guinea,

4. Goodman JL. Studying "secret serums" – Toward safe, effective Ebola treatments. *New Engl J Med*. 2014;371:1086-1089.

Sierra Leone and Liberia should be quarantined for 21 days. Such individuals should be put on a "no-fly" list, to be kept in force until the officially declared end of the current Ebola epidemic.

Merely screening air travelers from Ebola-affected regions for elevated body temperature is an inadequate measure, as these individuals can be early in their incubation period before fever appears, or may take over-the-counter analgesics that reduce fever and mask the presence of infection with Ebola. As of today, countries such as Great Britain, South Korea and the United Emirates suspended all flights to Ebola-affected countries. Several African countries, such as Kenya, Namibia and Zambia banned all travel from Ebola-affected regions. The suspension/ban of travel from Ebola-affected regions is a far more prudent public health barrier to the spread of Ebola from Africa to the United States than the current proposal to simply screen travelers seeking to fly into the United States.

The risk of infection with Ebola from immigrant patients will be the highest among those U.S. medical professionals who are tasked to be the first people to treat these immigrant patients for any reason. The possible transmission of Ebola through aerosols or fomites in addition to direct personal contact as indicated in the peer-reviewed medical literature presents a dangerous hazard to doctor-providers like Dr. Taitz, who are treating immigrant patients exposed to Ebola who come to the U.S. seeking treatment.

In my opinion, Dr. Taitz is in imminent danger from Ebola and other communicable diseases from any immigrant patient who is not adequately screened, evaluated, isolated or quarantined for Ebola and other communicable diseases at the time of entry into the United States illegally or legally.

I declare that my assessments are true and correct based on my current knowledge.

Vera F. Dolan, MSPH
October 10, 2014

State of California, County of Mendocino
Subscribed and sworn to (or affirmed) before me this
10 day of October, 2014
by Vera F. Dolan
proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

JER-1 M. FITZSIMMONS JER-1
COMM. #1972094
NOTARY PUBLIC - CALIFORNIA
MENDOCINO COUNTY
My Comm. Expires Mar. 15, 2016