

SECOND
DECLARATION OF
JUDITH
WASSERHEIT

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**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON**

STATE OF WASHINGTON and
STATE OF MINNESOTA,

Plaintiffs,

v.

DONALD TRUMP, in his official
capacity as President of the United
States; U.S. DEPARTMENT OF
HOMELAND SECURITY; JOHN F.
KELLY, in his official capacity as
Secretary of the Department of
Homeland Security; TOM SHANNON,
in his official capacity as Acting
Secretary of State; and the UNITED
STATES OF AMERICA,

Defendants.

CIVIL ACTION NO. 2:17-cv-00141-JLR

SECOND DECLARATION OF JUDITH
WASSERHEIT

I, Judith Wasserheit, hereby declare and affirm:

1. I have personal knowledge of the facts set forth in this declaration and I am
competent to testify about them.

2. I am a Professor of Medicine and Global Health and the William H. Foege
Endowed Chair of the Department of Global Health (“the Department”) at the University of
Washington (“University”).

1 3. The Department has been recognized an international leader in the
2 *interdisciplinary* field of global health. The Department’s mission is “to improve health for all
3 through research, education, training, and service; to understand and address the causes of
4 disease and health inequities at multiple levels; and to collaborate with partners to develop and
5 sustain locally-led, quality health systems, programs and policies.” Critical to the
6 accomplishment of this mission is our ability to attract and retain students and scholars from
7 around the world, who can share their knowledge and local expertise, and help us build strong
8 partnerships with health professionals both here and abroad. Our department sees the broad
9 diversity of student population as essential to the accomplishment of our mission. Our faculty
10 approved diversity statement expresses this view directly:

11 “The Department recognizes that disparities in health around the globe stem from
12 inequity. The Department encourages and supports the multiple identities of staff,
13 faculty and students including, but not limited to, socioeconomic status, race,
14 ethnicity, language, nationality, sex, sexual orientation, gender identity and
15 expression, culture, spiritual practice, geography, mental and physical disability
16 and age. The Department strives to become a local, national, and international
17 leader in developing and maintaining increased representation and recognition of
18 each of these dimensions of diversity among its faculty, staff, and students.”

19 4. Since the founding of Department 10 years ago, the Seattle area has emerged as
20 one of the world’s leading centers for global health scholarship and research through the on-
21 going collaborative efforts of the University and its local partners (including the Bill and
22 Melinda Gates Foundation), its national partners (including the Centers for Disease Control and
23 the National Institutes of Health) and its international partners. This has given us the ability to
24 attract outstanding students, scholars and researchers from all parts of the world.
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1 5. The Department routinely receives applications each year from students from at
2 least some of the six countries identified in Executive Order 13769, i.e., Syria, Libya, Iran,
3 Sudan, Somalia and Yemen. While the numbers vary year by year, we currently have two
4 students from listed countries enrolled at the graduate level, and two additional students who
5 have been admitted for the upcoming academic year. I believe that the presence of such students
6 in our programs strengthens the educational experience for all of our students, because each
7 enrolled student contributes to our collective understanding of cultural differences and differing
8 approaches to health care challenges in various parts of the world. The participation of students
9 from countries currently experiencing high levels of conflict brings a particular and very
10 valuable set of viewpoints and understandings that are directly relevant to learning about the
11 challenges of healthcare delivery under those circumstances.

12 6. Accordingly, I am deeply concerned about the prospect of students scholars and
13 researchers from specific (all majority Muslim) countries being singled out, based on their
14 country of origin, and being subject to blanket restrictions on or impediments to their ability to
15 join our academic community. Not only would our program be affected and impoverished
16 academically by the absence of such individual students, scholars and researchers, but I am also
17 very concerned that the implementation of a policy that targets majority Muslim countries in this
18 way will have an overall chilling effect on our ability to attract students, scholars and researchers
19 from such countries in the future. I have heard anecdotally from a number of students in our
20 program who share this concern. I see the potential drop in participation of students from Muslim
21 countries as major detriment to their own academic experience, as well as to the education and
22 training of all of our other global health students who benefit from the opportunity to learn about
23 the health challenges encountered by populations, providers and policy makers in these countries
24 through direct interaction with peers from these places.

