

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

CITY OF COLUMBUS, *et al.*,

Plaintiffs,

v.

No. 18-cv-2364

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

Defendants.

DECLARATION OF DR. ALLISON ARWADY

I, Dr. Allison Arwady, declare under penalty of perjury as prescribed in 28 U.S.C. § 1746:

1. The facts contained in this declaration are known personally to me and, if called as a witness, I could and would testify competently thereto under oath. I submit this sworn declaration in support of Plaintiffs' motion for summary judgment.

2. I started at the Chicago Department of Public Health (CDPH) in 2015 and served as Chief Medical Officer before being confirmed by the City Council as Commissioner in January, 2020. As Chief Medical Officer, I oversaw the disease control, environmental health, emergency preparedness, and behavioral health divisions. I have worked on disease outbreaks, immunization promotion, tuberculosis response, lead poisoning prevention, substance use and recovery, and more. Prior to CDPH, I worked for the U.S. Centers for Disease Control and Prevention as an Epidemic Intelligence Service officer. In that role, I focused on outbreak response, including international work on Ebola and Middle East Respiratory Syndrome. While based at the Illinois Department of Public Health, I responded to disease outbreaks across the

state. I have a bachelor's degree from Harvard University, a master's degree in public health from Columbia University, and I completed medical school and clinical training at Yale University. I am a board-certified internal medicine physician and pediatrician and continue to see primary care patients weekly

3. Plaintiff the City of Chicago, Illinois, is a municipal corporation and home-rule unit organized and existing under the constitution and laws of the State of Illinois. *See* Illinois Const. art. VII.

4. Chicago, located in Cook County, is the largest city in Illinois and the third largest city in the United States, with a population of nearly 2.7 million, according to 2019 Census estimates.¹

5. 2019 Census estimates for the proportion of Chicago's population without health insurance are unavailable. According to 2018 Census estimates, 11.9% of Chicago's population under the age of 65 lacks health insurance.²

6. Chicago provides a wide range of services on behalf of its residents, including health services, public assistance through human and social services, and emergency medical care.

7. Chicago has a Department of Public Health that seeks to promote and improve the health of city residents. The Department has an annual budget of around \$221 million and is staffed by over 600 full-time employees.³

¹ *QuickFacts*, U.S. Census Bureau, <https://www.census.gov/quickfacts/fact/table/philadelphiacitypennsylvania,baltimorecitymaryland,chicagocityillinois,cincinnatiandohio,columbuscityohio,US/PST045219>.

² *Id.*

³ *2020 Budget Overview*, City of Chicago 126, https://www.chicago.gov/content/dam/city/depts/obm/supp_info/2020Budget/2020BudgetOvervi

8. The Chicago Department of Public Health operates free clinics. Specifically, the Department operates five clinics that provide free vaccinations;⁴ five clinics that provide mental-health services at no cost for uninsured and underinsured Chicago residents;⁵ and three clinics that provide free testing and treatment for sexually transmitted infections.⁶ The City also provides certain at-home or in-field health programs, such as nursing home support for pregnant women and newborn babies and directly observed therapy for tuberculosis. Collectively, these clinics and services serve thousands of uninsured and underinsured city residents and, in particular, provide services that may not be covered by non-ACA-compliant health coverage.

9. Each of these clinics faces greater demand when there is an increase in either the health needs of Chicago residents or in the number of uninsured or underinsured individuals who cannot obtain those services or other forms of health care elsewhere.

10. The Chicago Department of Public Health also partners with, and provides funding to, community-based health centers to offer a wide array of medical services, including for uninsured and underinsured patients.⁷

ew.pdf. After the 2020 budget was developed, Chicago received additional grants for COVID-19-related purposes and that will enable it to hire additional employees.

⁴ *Walk-In Immunization Clinics*, City of Chicago, https://www.chicago.gov/city/en/depts/cdph/supp_info/health-protection/immunizations_walk-inclinics.html.

⁵ *Mental Health Centers*, City of Chicago, https://www.cityofchicago.org/city/en/depts/cdph/supp_info/behavioral-health/mental_health_centers.html.

⁶ *STI/HIV Testing and STI Treatment*, City of Chicago, https://www.cityofchicago.org/city/en/depts/cdph/provdrs/health_services/svcs/get_yourself_evaluatedforstihiv aids.html.

⁷ *Health Services*, City of Chicago, https://www.cityofchicago.org/city/en/depts/cdph/provdrs/health_services.html.

11. The higher the uninsured and underinsured rate, the more that the clinics operated by the Chicago Department of Public Health and its community-based partners will necessarily have to provide forms of free or reduced-cost care to patients. In that event, Chicago either must provide the Department and its partners with more funding, or the Department and its partners must decrease the services that they provide.

12. The Department of Public Health also partners with all hospitals and healthcare organizations in the City of Chicago through the Healthcare System Preparedness Program, which supports the Chicago Health System Coalition for Preparedness and Response.⁸ This program includes coordination of all thirty five acute care and specialty hospitals, 110 long term care facilities, 50 dialysis centers, all Federally Qualified Healthcare Centers, and other organizations that provide health care services within the City.

13. This program includes safety net hospitals which, as part of their participation, demonstrate their ability to react to patient surges and complete accreditation requirements. Safety net hospitals provide healthcare for individuals regardless of their insurance status or ability to pay, and typically serve a higher proportion of uninsured, low-income, and other vulnerable individuals than do other hospitals.

14. Chicago's partnership with these hospitals includes financial support such as situational awareness communication, support for data collection and reporting, disaster exercises, clinical trainings, and providing supplies, such as personal protective equipment, mechanical ventilators, and radios. In particular, this program benefits patients during surge events, like the novel coronavirus pandemic.

⁸ *Healthcare System Preparedness Program*, City of Chicago, https://www.chicago.gov/city/en/depts/cdph/supp_info/health-protection/healthcare-system-preparedness-program.html.

15. The Chicago Fire Department provides ambulance transportation services to its residents, including its uninsured and underinsured residents. The Department receives around \$94 million in annual funding for emergency medical services, employing more than 800 people to provide those services.⁹

16. Based on my review of the Department's records, the Department's paramedics provide ambulance-transportation services approximately 250,000 times per year, with over 260,000 in 2019.

17. The Chicago Fire Department provides ambulance services regardless of the patient's income or insurance status. Chicago generally seeks reimbursement for ambulance services from the patient or, if applicable, the patient's insurer.¹⁰

18. However, Chicago usually does not receive full reimbursement for ambulance services from its uninsured and underinsured residents. Based on my review of the Department's records, in 2018, for example, the Chicago Fire Department provided ambulance services to 60,007 patients for whom no insurance was identified. Chicago charged these patients \$63,717,638 for ambulance services but collected just \$1,028,713—a loss of \$62,688,925. These numbers increased in 2019, during which the Chicago Fire Department provided ambulance services to 61,377 patients for whom no insurance was identified. Chicago charged these patients \$65,970,368 for ambulance services but collected just \$1,564,799—a loss of \$64,958,819.¹¹

19. In Chicago's experience, the uninsured and underinsured disproportionately rely on ambulance service for transport to the emergency department. A higher number of uninsured

⁹ 2020 Chicago Budget Overview at 120.

¹⁰ Ambulance Bills, City of Chicago, https://www.cityofchicago.org/city/en/depts/fin/supp_info/revenue/ambulance_bills.html.

¹¹ Because efforts to collect for 2019 are ongoing, these figures may change with time.

and underinsured individuals or an increase in acute health needs will therefore result in more ambulance transports for which Chicago does not receive reimbursement and thus must make up for the shortfall in its budget.

20. Aside from these budgetary impacts, Chicago—a city of some 2.7 million people with a gross regional product exceeding \$600 billion— is harmed by the need to care for a population that is increasingly uninsured. When individuals cannot seek medical treatment, they are necessarily less healthy, less productive, and less able to participate in city life. That has ripple effects throughout the City’s programs and the community.

21. Chicago’s programs face even more strain as a result of the novel coronavirus pandemic. In response to the pandemic, Chicago has mounted a comprehensive effort to connect city residents to necessary health, food, housing, financial, and other resources.¹²

22. Specifically, Chicago has directed its uninsured and underinsured residents to its clinics and other community health centers to receive necessary health services during the pandemic.¹³ Where in-person services are not possible or are unnecessary, Chicago is committed to using telemedicine and technology to continue the health services it provides directly to Chicago residents (*e.g.*, mental health services, nursing home services, and WIC support).

23. Chicago also supports seven coronavirus testing sites within the City, operated by the nonprofit CORE Foundation, and which are available to symptomatic residents, asymptomatic residents with known exposure to the novel coronavirus, and asymptomatic frontline workers.¹⁴ The City provides the funding for all testing kits and lab work for these sites.

¹² See *Coronavirus Response Center*.

¹³ *Managing Your Health*, City of Chicago, <https://www.chicago.gov/city/en/sites/covid-19/home/managing-your-health.html?#tab-shouldtest>.

¹⁴ *Id.*

24. Even though Chicago provides certain forms of care to its uninsured and underinsured residents, Chicago is concerned that those residents may be less likely to obtain necessary testing and treatment for the novel coronavirus. In the City's experience, uninsured and underinsured individuals are more likely to skip or postpone needed care due to cost.¹⁵

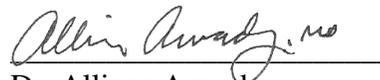
25. Such individuals may also wait until their conditions become more severe and then use ambulance services to receive necessary care.¹⁶ If those individuals are uninsured or underinsured, the City will provide transport but, for the reasons explained above, is unlikely to receive reimbursement for the expense.

26. Amidst the current pandemic, it is an absolute necessity that Chicago residents be able to obtain care, including testing and treatment for the novel coronavirus. The more uninsured and underinsured individuals that do not seek care, the more the novel coronavirus will spread, further harming the City, its budget, its economy, and its well-being.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: August 12, 2020

Chicago, IL


Dr. Allison Arwady

¹⁵ See, e.g., *The Chicago Health Care Access Puzzle*, City of Chicago 8 (Nov. 2008), https://www.chicago.gov/dam/city/depts/cdph/policy_planning/PP_ChgoHealthCareAccessRpt-1-.pdf.

¹⁶ See Mark Guarino, *This Hospital Was Built for A Pandemic*, Wash. Post (Apr. 9, 2020), <https://www.washingtonpost.com/health/2020/04/09/rush-hospital-coronavirus/>.