

EXHIBIT 4

**UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION**

<p>Linquista White, <i>et al.</i>, Plaintiffs, v. Kevin Shwedo, <i>et al.</i>, Defendants.</p>	<p>Civil Action No. 2:19-cv-03083-RMG</p>
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DECLARATION OF DR. EDENA B. GUIMARÃES, Ph.D, MPH, CHES

I, Edena B. Guimarães, declare as follows:

I. Background and Qualifications

1. I am a Professor of Public Health at the University of South Carolina, where I have taught graduate and undergraduate courses in global and U.S. focused public health and community health development since 2011. I have more than 20 years of experience researching, evaluating, developing, and implementing programs to prevent transmission and reduce the spread of sexually transmitted infectious diseases. This includes experience with how infectious diseases affect vulnerable populations. Additionally, I have substantial experience evaluating South Carolina’s emergency disaster response plans and their efficacy in addressing the needs of vulnerable populations.
2. From 1999–2004, I worked in several capacities at the South Carolina Department of Health and Environmental Control (“SC DHEC”), including a role in which I developed and managed local implementation plans to prevent the incidence of HIV and other sexually transmitted infections among vulnerable populations throughout South Carolina’s 46 counties.

3. Since 2016, I have been a member of a committee tasked with working with SC DHEC and other state agencies, including the South Carolina Department of Emergency Preparedness, to assess existing state disaster response plans¹ and assist in the creation of improved disaster response plans, with a focus on limited English speaking people and vulnerable populations.
4. I have developed and executed empirical studies of South Carolina's emergency response readiness including a 2016 study that reviewed South Carolina's emergency response before, during, and after the historic South Carolina flood in 2015.² I am currently designing a study to assess South Carolina's emergency response to the needs of the Latinx population during the COVID-19 pandemic.
5. I have been awarded numerous public health research and program implementation grants and have authored scholarly publications on public health issues focused on communicable diseases. I have also peer-reviewed numerous articles for publication in public health and health disparities journals. My curriculum vitae, which sets forth my education, professional experiences, publications and awards, is attached as Appendix A.
6. I have been following the COVID-19 pandemic closely as it plays out globally, nationally, and especially in South Carolina. I am regularly reviewing articles and guidance from medical professionals about COVID-19, and data that is available within South Carolina on how COVID-19 is expected to continue spreading here.
7. I am being paid \$175 per hour for my work on this declaration.

¹ This includes infectious disease pandemics and environmental disasters.

² Conlon, Kevin, and Nick Valencia. "South Carolina governor calls deadly rain a 'thousand-year' event," *CNN*, 4 Oct. 2015, <https://cnn.it/3aY4Gjh>.

8. I have not testified as an expert by trial or deposition in the past four years.

II. Heightened COVID-19 Risk for Individuals Who are Unable to Drive Due to Driver’s License Suspensions

9. COVID-19 is an infection caused by the novel zoonotic coronavirus SARS-COV-2 that has been identified as the cause of a viral outbreak that originated in Wuhan, China in December 2019. The World Health Organization has declared that COVID-19 is causing a global pandemic. As of the morning of April 10, 2020, the Centers for Disease Control and Prevention (“CDC”) reports 427,460 confirmed COVID-19 cases and 14,696 COVID-19 related deaths in the United States.³ In South Carolina, there have been 2,792 confirmed cases and 67 deaths as of the morning of April 10, 2020.⁴ New cases and deaths are confirmed minute by minute, but these numbers are likely under-inclusive given the limited availability of testing and access to medical facilities.

10. COVID-19 is highly contagious and there is neither a vaccine to protect against the infection nor medication to cure it. COVID-19 is primarily spread through contaminated droplets expelled into the air by an infected person through coughing, sneezing, singing, or speaking.⁵ Droplets can infect someone by directly entering one’s eyes, nose, or mouth; or indirectly if someone touches a contaminated object (i.e., doorknob, cell phone, computer, or sink) and then touches their eyes, nose, or mouth. Recent data shows that COVID-19 can be spread through people who have no symptoms.⁶

³ “Coronavirus Disease 2019 (COVID-19): Cases in the US.” *Centers for Disease Control and Prevention*, 9 Apr. 2020, <https://bit.ly/34fft2h>.

⁴ “Testing & SC Data.” *S.C. Department of Health and Environmental Control*, 9 Apr. 2020, <https://bit.ly/39XXzWE>.

⁵ “Coronavirus Disease 2019 (COVID-19): How It Spreads.” *CDC*, 2 Apr. 2020, <https://bit.ly/2wrgAmD>.

⁶ *Id.*

11. According to the CDC, the only known methods of avoiding infection and avoiding infecting others are practicing social distancing, scrupulous hand hygiene, and staying home as much as possible. Social distancing involves staying at least six feet away from other people.⁷ In keeping with this social distancing guidance, several state governors, including South Carolina Governor McMaster, have issued stay at home orders.⁸ For example, Governor McMaster’s order instructs non-essential businesses to stay closed to non-employees, and requires anyone participating in outdoor or recreational activities to maintain a minimum distance of six feet from each other if they are not occupants of the same residence.

12. The CDC has also advised that certain populations have a higher risk of serious health consequences from contracting COVID-19. These include elderly adults or those of any age who suffer from underlying conditions such as lung disease, heart disease, diabetes, or who have compromised immune systems (including those who have HIV, cancer or autoimmune diseases).⁹ Additionally, vulnerable populations, including those who are homeless or impoverished, face considerable and distinct risks from the spread of the COVID-19.¹⁰

13. Adhering to public health guidance on social distancing is a major challenge for all people in South Carolina who have suspended driver’s licenses, and an even greater

⁷ “Coronavirus Disease 2019 (COVID-19): Protect Yourself.” *CDC*, 2 Apr. 2020, <https://bit.ly/2yQZYFT>.

⁸ S.C. Office of the Governor, Executive Order 2020-21, 6 Apr. 2020, <https://bit.ly/34rn0ij>; Andy Shain. “SC issues coronavirus stay-at-home order, limits number of shoppers in stores.” *Post and Courier*, 6 Apr. 2020, <https://bit.ly/3aXtc4b>.

⁹ “Coronavirus Disease 2019 (COVID-19): At Risk for Severe Illness.” *CDC*, 2 Apr. 2020, <https://bit.ly/2V0cPyd>.

¹⁰ “Coronavirus Disease 2019 (COVID-19): Others at Risk.” *CDC*, 2 Apr. 2020, <https://bit.ly/2XsARDt>.

challenge for those whose driver's license suspensions are due to inability to pay traffic tickets.

14. Driving one's own car to obtain food and other supplies allows people to meet basic needs while still social distancing. Taking public transportation, asking friends or family for a ride, or taking taxis or paid-car rides all increase exposure to people outside of one's household, and thereby increase the risk of COVID-19 infection. It is not possible to keep six feet of distance from others inside a car, and social distancing is extremely difficult on public transit, if public transit is even available. Additionally, attempting to carry essential supplies for oneself and one's family by hand will likely result in multiple trips to grocery and supply stores. Each additional trip creates an additional risk of human contact and transmission of COVID-19.
15. The COVID-19 pandemic has exacerbated pre-existing health inequities caused by socio-economic factors, including poverty. Impoverished and low-income populations, particularly in rural areas, often have limited access to supermarkets, stores carrying essential supplies, health care facilities, or specialists. Under these circumstances, people need to be able to legally drive themselves in order to safely practice social distancing and access essential supplies and healthcare.
16. South Carolina has many "food deserts." These are areas that do not offer access to grocery stores or offer only extremely limited access to nutritious food such as fresh vegetables and fruits. As a result, residents have to travel long distances to purchase food. According to the U.S. Department of Agriculture, South Carolina has 21 food

deserts throughout 14 counties and those most affected are from vulnerable, low-income communities.¹¹

17. Additionally, because schools in South Carolina are closed indefinitely, parents or guardians in some areas are required to drive to schools or other sites to pick up meals one or more times per week.¹² Being unable to legally drive to the meal distribution sites can affect the safety and welfare of young children. In addition, having to ask someone for a ride to the meal distribution site causes additional points of human contact that risk spreading COVID-19.

18. As COVID-19 spreads through South Carolina, it is vital that South Carolinians have access to healthcare and testing. Testing for SARS-COV-2 is an important prevention method to stop transmitting the virus that causes COVID-19. Because of limited health care resources in South Carolina, especially outside urban areas, most residents who need to be tested or treated for COVID-19 will have to travel 30 miles or more to see a doctor.

19. Although there are efforts to improve healthcare access during the pandemic through telemedicine, including telephone or web-based interactions with health professionals, this option is not accessible to many people who have suspended licenses due to inability to pay. Low-income or impoverished people may not have access to or know how to use the internet, a smartphone, or a computer. Thus, the only option for people in this predicament may be to drive themselves to the medical provider's office.

¹¹ “Growing Food & Opportunities in South Carolina: Economic and Community Development through Healthy Food Access.” *South Carolina Food Policy Council*, Jan. 2013, <https://bit.ly/3e8fq0o>.

¹² “South Carolina COVID-19 Resources & Response.” *South Carolina Appleseed Legal Justice Center*, n.d., <https://bit.ly/3a1yKsN>.

20. Under these circumstances, the freedom to drive lawfully is vital. If people do not seek out health care or essential supplies because they are prohibited from driving legally, they put themselves and others at risk. If they choose to drive on a suspended license because they have no other choice to protect their own health and safety and that of their families, they risk interactions with law enforcement.
21. Any traffic stop for driving on a suspended license for failure to pay a traffic ticket unnecessarily puts drivers and law enforcement officers at risk by creating an opportunity for exposure to COVID-19. Any additional law enforcement actions against people driving on suspended licenses, including arrests, taking people to a precinct or jail, or requiring people to come to court carry major risks of infection. Jails and detention facilities across the United States are known to be particularly dangerous sites of COVID-19 infection.¹³ Additionally, most courts and many public spaces across the United States and South Carolina are closing to avoid spread of COVID-19.¹⁴
22. The only available public health strategy to address COVID-19 is risk mitigation. This means giving people the resources they need to comply with social distancing and isolation protocols while accessing essentials for the health of their families. Failing to lift driver's license suspensions for failure to pay traffic tickets places hundreds of thousands of South Carolinians at risk of being unable to comply with COVID-19 health and safety guidance. As a result, these individuals and their families are put in greater risk of contracting or spreading COVID-19.

¹³ *See, e.g.*, German Lopez. "A coronavirus outbreak in jails or prisons could turn into a nightmare." *Vox*, 17 Mar. 2020, <https://bit.ly/2XqBg9l>.

¹⁴ Chief Justice Beatty. "S.C. Supreme Court Memorandum to Magistrates, Municipal Judges, and Summary Court Staff." *S.C. Supreme Court*, 16 Mar. 2020, <https://bit.ly/2Rq9KF8>.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and that this declaration was executed in Lexington, South Carolina on April 10, 2020.

Dr. Edena Guimarães, Ph.D, MPH, CHES

4/10/2020

Mail - Amreeta Mathai - Outlook

Unable to Print Out the COVID-19 and Driver's License Suspensions Declaration

GUIMARAES, EDENA <EDENAG@mailbox.sc.edu>

Fri 4/10/2020 4:48 PM

To: Amreeta Mathai <amathai@aclu.org>

Dear Amreeta,

I do not have a printer in my home. Due to the South Carolina stay-at-home order that has been issued in response to COVID-19 and because I am practicing social distancing, I am unable to go outside and find a printer. Consequently, I am unable to print out and sign my declaration regarding COVID-19 in South Carolina and the difficulty for people whose driver's licenses are suspended for failure to pay traffic tickets to follow the Center for Disease Control guidance on social distancing to slow and prevent the spread of COVID-19.

I affirm that the content of my declaration is true and correct.

Thank you,
Dr. Edena, Guimaraes

Attorney Declaration

I, Amreeta S. Mathai, certify under penalty of perjury under the laws of the United States that Dr. Edena B. Guimarães sent me a message via electronic mail indicating that she does not have access to a printer and so cannot print out and sign her declaration. She indicated that the content of her declaration is true and correct.

s/Amreeta S. Mathai

Amreeta S. Mathai, NY Reg. No. 5169479

Dated this 10th day of April, 2020.

APPENDIX A

Curriculum Vitae
Edena Guimarães, DrPH, MPH, CHES
April 10, 2020

Academic Background

Associate of Radiologic Sciences	Midlands Technical College- 1984
Bachelor of Health Sciences	Medical University of South Carolina- 1991
Master of Public Health	University of South Carolina- 1994
Doctor of Public Health	University of South Carolina- 2011

Work Experiences and Expertise

Richland Memorial Hospital, 1984–1987

Staff Radiologic Technologist—Performed radiologic procedures in various hospital settings such as emergency department, trauma, surgery and routine radiology rooms.

Byrnes Medical Center, 1987–1990

Staff Radiologic Technologist—Performed radiologic procedures in various hospital settings such as emergency department, trauma, surgery and routine radiology rooms.

Medical University of South Carolina and Roper Hospital, 1990–1991

Pediatric Staff Radiologic Technologist—Performed radiologic procedures in various hospital settings such as emergency department, trauma, surgery and routine radiology rooms.

Orangeburg-Calhoun Technical College, 1994–1998

Radiologic Sciences Clinical Instructor—Taught various didactic courses (i.e., Radiology Physics, Positioning I and II) and clinical courses.

Midlands Technical College, 1998–1999

Radiologic Sciences Clinical Instructor—Taught Medical Terminology course and clinical courses.

Palmetto Public Health District, 1999–2001

HIV Health Educator—Planned implemented and evaluated HIV prevention activities focusing on high risk individuals including Latinx migrant and seasonal farmworkers. Developed the first-ever HIV prevention plan for Latinxs that reside in the Palmetto Public Health District. Established partnerships with local government agencies and community-based organizations in order to address the HIV epidemic in South Carolina.

STD/HIV Division, 2001–2004

Consultant—Provided technical assistance to community-based organizations and health districts receiving state and federal HIV prevention funds. Monitored and evaluated HIV prevention and testing programs, conducted site visits to funded entities and participated in STD/HIV clinic audits for state health departments.

Cancer Division and Control’s Best Chance Network (BCN) Program, 2004–2005

Program Manager—Provided the day-to-day oversight of the BCN Program. Supervised BCN staff, monitored over 200 sub-contractors, conducted evaluations, submitted grants and reports to CDC as required. Facilitated and participated in program related meetings, monitored BCN and sub-contractors’ budget, developed position descriptions and conducted interviews.

Cardiovascular Health (CVH) Division, 2005–2006

Community Health Education Program Manager—Oversaw monitoring and evaluating CVH grants in four health districts, planning CVH and chronic disease related conferences, developing a Lay Health Advisor Program to conduct CVH and Stroke community presentations. Assisted the CVH Division staff plan, implemented and evaluated Capital Health, an employee wellness program.

University of South Carolina, 2006–2016

Research Associate and Principal Investigator and Co-Principal Investigator on grants working with Latinxs in SC—Oversaw the day-to-day activities for the grants, process and outcome evaluations, data collection, analysis, and reporting. Worked on the evaluation team for various Center for Health Services and Policy Research (CHSPR) projects. Also, taught undergraduate courses for the Department of Health, Promotion, Education and Behavior.

University of South Carolina, 2016–present

Full-time Faculty, Health Promotion, Education and Behavior (HPEB), Arnold School of Public Health—Responsible for planning teaching numerous undergraduate and graduate HPEB traditional, online, and study abroad courses in the Fall, Spring, and Summer semesters. Provide students assistance in identifying and planning for practical opportunities, serve as advisor to graduate students, and participate in multiple departmental and university-wide committees. Principal Investigator and Co-Principal Investigator on grants working with Latinxs in SC. Serve on various departmental and university-wide committees that address the needs of university students. Also, participate in community-based committees that addresses the needs of health disparate populations including individuals who are impoverished, limited in English proficiency, and at risk of being infected from a sexually transmitted disease.

Other Positions Held

2004–2015	PI and Program Manager, HIV Prevention Program, SC Hispanic Latino Health Coalition, Columbia, SC
2006–2007	Co-PI & Program Coordinator, Women’s Well Being Initiative, University of South Carolina, Columbia, SC
2011–2013	Evaluator for Every Woman Southeast Grant, Columbia, SC
2011–2013	Evaluator for numerous State Health Department grants, SC
2016–present	Member of the University of South Carolina’s Hispanic/Latino Faculty Caucus; Secretary 2019–2020
2017	Conducted data analysis and composed report for PASOs stakeholder data collected from Clemson University

Honors

1984	Honor Graduate
1994	Student Action with Farm Workers Internship (North and South Carolina)
2000	Associate of Public Manager Certificate
2000	Most Outstanding New Health Educator Award recipient
2001	SC Excellence in HIV Award recipient
2006	University of St. Louis Public Health Education Leadership Institute (PHELI)-Cycle VIII fellow
2006	Hispanic-Serving Health Professions Schools Professional Development Seminar Scholarship Recipient
2007	National Scholars Honor Society

- 2007 South Texas Environmental Education and Research (STEER) U.S. and Mexican Border Program
- 2008 Summer Research Scholarship Recipient-University of Notre Dame
- 2009 Delta Omega Society MU Chapter
- 2010 The Dennis de Leon Sustainable Leadership Institute-Latinos in the Deep South
- 2011 US Department of Health and Human Services Regional Health Equity Council Member
- 2014 John Hopkins University's Training and Learning Programs for Volunteer Community Health Workers certificate
- 2014 Center for Business and Industry, Minnesota State Colleges and Universities Systems-Community Health Worker Course
- 2015 Working with Latino/Latina LGBT Youth Certificate-SC Department of Juvenile Justice
- 2018 Centers for Teaching Excellence Online Training Certificate-University of South Carolina

Publications/Presentations

- **SC Public Health Association Annual Conference (2019)**—Presented on findings from 2015 SC Flood
- **SC HIV/AIDS Annual Conference (2003, 2017)**—Presented on findings from Latinx and HIV-focused grants (prenatal HIV testing and sexual practices)
- ***La Vida Noticias***—Author and editor of this Spanish health issues newsletter published statewide, biannually
- ***Addressing HIV/AIDS: Latino Perspectives and Policy Recommendations Document***—Published by the National Alliance of State and Territorial AIDS Directors' (NASTAD) Latino Advisory Committee. Contributed to the development of this NASTAD document that provides recommendations on how to develop programs and policies to effectively address the AIDS epidemic among Latinxs.
- Written numerous magazine and newspaper articles on HIV and Hispanic health issues (*Latino Newspaper, NASTAD Bulletin, Hispanic Online Articles! [HOLA!]*)
- Featured in *IMARA Magazine* and *DHEC Newsletter*

Program Implementation Grants

- HIV/STD Prevention Grants written and awarded for the South Carolina Hispanic/Latino Health Coalition (SCHLHC), 2003–2004, 2004–2005, 2006–2007, 2008–2009.
- National Breast and Cervical Early Detection Program Grants written and awarded for the South Carolina Department of Health and Environmental Control (SCDHEC), 2003–2004.
- Cardiovascular Grant awarded to the Cardiovascular Health Division of SCDHEC

Selected Peer-reviewed Publications (in chronological order)

Torres ME, Meetze E, Smithwick J. (2013). Latina Voices in Childhood Obesity: A Pilot Study Using Photovoice in South Carolina. *American Journal of Preventive Medicine*,44(3S3), S225-S231.

Myriam E. Torres, Ashley Murray, Edena G. Meetze, Zaneta Gaul, Madeline Y. Sutton (2015). HIV Knowledge and Testing Beliefs among Pregnant Latinas in Rural South Carolina. *Journal of Immigrant Minority Health*. 2016. DOI 10.1007/s10903-016-0455-6.

Meetze EG, Torres, ME, Messias, DH. (2016). Prenatal Care Providers' Perspectives and Practices: Informed Consent for HIV Screening among Latinas with Limited English Proficiency in South Carolina. *Journal of Health Disparities*. Vol 10, Issue 1, Article 10.

Grants

- Written and awarded numerous grants for the South Carolina Department of Health and Environmental Control (SCDHEC), 1999–2006 and the South Carolina Hispanic/Latino Health Coalition (SCHLHC), 2003–2009

Research Funds Awarded (in chronological order)

- Empowering Latinas to Lash-Out Against AIDS/STIs (ELLAS)
Project Dates: 9/30/2007–9/29/2012
Co-PI
Funding Agency: Centers for Disease Control and Prevention Minority AIDS Research Initiative
- Navegantes para Salud: Improving Health Care Access and Utilization among Hispanic Women and Children
Project Dates: 10/1/2011–9/30/2013
Co-PI
Funding Agency: Centers for Medicare and Medicaid Hispanic Health Services Research Grant Program
- Cuidate: Program to reduce HIV risk among Latino youth
Project Dates: 1/2011–12/2013
PI
Funding Agency: SC Campaign to Prevent Teen Pregnancy
- Study to Assess Beliefs and Evaluate Risks (SABER) among Latinos in SC
Project Date: 2013–2014
Co-PI
Funding Agency: NIH Supplement to P20 (Institute for Partnerships to Eliminate Health Disparities).
- Tomando Control de su Salud Program
Project Date: 2015–2016
Program Manager
Funding Agency: Lieutenant Governor's Office on Aging, Columbia, SC
- Experiences of Latinos during the SC Floods
Project Dates: 2016
Co-PI
Funding Agency: University of South Carolina
- Contra SIDA and Cuidate: Programs to reduce HIV risk among Latinos adults and teens
Project Dates: 1/1/2010–12/31/2015; 1/1/2018–12/31/2018
PI
Funding Agency: AIDS Benefit Foundation of South Carolina

- Latinx focus groups throughout South Carolina
Project Dates: 2017, 2018, 2019
PI
Funding Agency: Core for Applied Research and Evaluation, Office of Research
- Impact of the COVID-19 pandemic among Latinos in South Carolina
Project Dates: 5/2020–5/2021
Co-PI
Funding Agency: University of South Carolina