

EXHIBIT B

1 I, Dr. Julie DeAun Graves, declare as follows:

2
3 1. This declaration is based on my personal knowledge, except as to those matters
4 based on information and belief, which I believe to be true. If called to testify in this case,
5 I would testify competently about these facts.

6 2. My name is Julie DeAun Graves. I am a physician licensed to practice medicine in
7 the states of Florida, Maryland, New Jersey, Texas, Virginia, Wisconsin, and in the
8 District of Columbia. I am currently working in family medicine and public health private
9 practice as the Associate Director of Clinical Services at Nurx. I have been certified by
10 the American Board of Family Medicine since 1989.

11 3. I am a public health physician, previously serving as Regional Medical Director for
12 the Texas Department of State Health Services for the Houston region, as Medical
13 Services Coordinator for the Texas Department of Aging and Disability Services, and as
14 a medical consultant to the Texas Medical Board. I managed the H1N1 influenza
15 outbreak for the Texas State Supported Living Centers and oversaw public health efforts
16 for the Houston region (population seven million) for Ebola virus, Zika virus, West Nile
17 virus, highly pathogenic avian influenza, tuberculosis outbreaks, and natural disasters.

18 4. I obtained my medical degree and completed a surgical internship then family
19 medicine residency at the University of Texas Southwestern Medical School in Dallas,
20 Texas, then completed a fellowship in faculty development at the McLennan County
21 Medical Education and Research Foundation in Waco, Texas. I earned a Master's degree
22 in Public Health and a Doctor of Philosophy in Management, Policy, and Statistics at the
23 University of Texas School of Public Health. I have practiced family medicine and public
24 health since 1989, and in 2018-2019 I was Associate Professor and Vice-Chair for
25 Education at Georgetown University School of Medicine. At Nurx I care for patients
26 seeking contraception, HIV (human immunodeficiency virus) prevention, sexually
27 transmitted infection diagnosis and treatment, cervical cancer screening, and coronavirus
28 (SARS-CoV-2, the virus that causes COVID-19) testing and treatment. I am a former

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1 member of the Public Health Committee of the Texas Medical Association and a former
2 member of the Executive Board and current Governing Councilor of the American Public
3 Health Association.

4 5. During my over 30 years of medical practice I have cared for immigrant
5 populations in Florida, Maryland, Texas, Wisconsin, and Washington, DC, and I am co-
6 author of a research journal article about migrant workers' health. While serving as
7 Regional Medical Director for the Texas Department of State Health Services I
8 collaborated with Department of Health and Human Services Office of Refugee
9 Resettlement (ORR) facilities on investigations and control of tuberculosis and measles
10 cases among detainees and provided public health services to those detainees and their
11 families. I am familiar with ORR facilities and the conditions faced by detained children
12 and by the staff members who work there. In August of 2019 I volunteered with a
13 Catholic Charities facility in Laredo, Texas and provided medical care to people just
14 released from detention in Customs and Border Patrol (CBP) facilities. I observed the ill
15 health, exhaustion, and malnutrition evident in these people. Additionally, because of my
16 work as Medical Services Coordinator for the Texas Department of Aging and Disability
17 Services overseeing health care in the State Supported Living Centers, which are
18 congregate living settings, I am familiar with the risks to residents and staff from any
19 infectious disease, and particularly those with high infectivity, such as this coronavirus
20 SARS-CoV-2. I attach a copy of my curriculum vitae.

21
22 COVID-19

23 6. COVID-19 is an illness caused by the SARS-CoV-2 virus, which is a novel
24 coronavirus that was first detected in humans during the outbreak (now a pandemic) we
25 are experiencing now. The Centers for Disease Control and Prevention reports that as of
26 March 24, 2020 at 6:00 a.m, there are 46,481 cases reported in the United States, with
27 cases reported in every state, and there are 593 reported deaths so far. See

28

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1 www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6.

2 On March 18, 2020, there were 7,038 cases reported and 150 deaths.

3 7. The United States is in the early stages of the pandemic, and because there has
4 been insufficient testing for cases, the reported cases numbers are lower than actual cases,
5 despite the high probability that there are many more infected individuals in the
6 population. The spread of the virus is faster and more dangerous when people are in close
7 quarters. People with health conditions such as diabetes, asthma, emphysema, heart
8 disease, kidney disease, pregnancy, diabetes, cancer, HIV, and autoimmune diseases such
9 as lupus and rheumatoid arthritis are at higher risk for severe illness, complications, and
10 death from COVID-19. People over age 60 have higher death rates, but severe cases of
11 illness and deaths are reported in people of all ages, including children. The ratio of cases
12 of COVID-19 to deaths from this illness is much higher than for other contagious
13 diseases such as influenza. The SARS-CoV-2 virus damages the lung tissue, which
14 means that even those who recover need prolonged medical care and rehabilitation. They
15 are likely to have permanent disability from loss of lung capacity. The heart itself can be
16 infected, and kidneys and the nervous system can also be impacted and damaged
17 permanently.

18 8. There is no vaccine and no treatment for COVID-19. We only have prevention as a
19 tool to stop the pandemic. If people remain in congregate settings, most of them plus the
20 staff who work with them will become infected, and many will die or have permanent
21 disability. COVID-19 is transmitted from person to person by breathing in expired air
22 that contains the droplets an infected person has coughed or the virus they have shed, or
23 by touching a surface with the virus on it, unless there is full personal protective
24 equipment: mask, gloves, gown, plus thorough hand washing before putting on the
25 equipment and after removing it. The only way to avoid transmission is for people to
26 distance themselves at least six feet from others (commonly referred to as “social
27 distancing” or “physical distancing”). People should not be in large buildings full of
28 many people, and people must practice frequent and thorough hand washing with

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1 adequate soap and water. If we do not implement these two steps – physical distancing
2 and hand washing – the pandemic will only continue to spread and the number of deaths
3 will continue to increase.

4 9. There is a national shortage of COVID-19 tests. Medical providers cannot test
5 everyone who they believe should be tested, and so are presuming that people with a
6 certain set of symptoms are positive. This is an appropriate and common situation with
7 new infectious diseases and is a widely recognized strategy in public health disease
8 control. Individuals and communities should not rely solely on the criteria of a positive
9 COVID-19 test to implement precautions or quarantine symptomatic persons. A public
10 health response requiring widespread preventive measure of physical distancing and
11 appropriate hand washing is our only tool to slow the spread of the virus.

12
13 HHS Facility Conditions

14 10. I am advised that Department of Health and Human Service Office of Refugee
15 Resettlement (ORR) typically houses many dozens, and in some cases hundreds, of
16 children in congregate facilities, where they share toilets, sinks, and showers, eat
17 together, participate in recreation and classroom instruction together, sleep in common
18 rooms, and have inadequate space to permit recommended physical distancing. In my
19 opinion, under current pandemic conditions such congregate settings are inherently
20 unsafe and unsanitary, and they become increasingly dangerous in proportion to the
21 number of children whom ORR places in such facilities. Other commonly reported
22 conditions, such the frequency of rotating staff members, further increase the risk that
23 children will contract COVID-19.

24 11. Congregate care facilities holding large numbers of people are particularly
25 dangerous during a pandemic. Physical distancing of six feet between all people is
26 essential to preventing the spread of COVID-19 disease. The virus is transmitted in
27 respiratory droplets and can hang in the air for several minutes – due to its tiny size (one
28 micron diameter) and its very light weight. The virus also can live on metal, glass,

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1 plastic, concrete, and other surfaces for up to ten days and maintain its infectivity.
2 Consistently maintaining the appropriate distance of six feet in addition to adequate
3 cleaning of all surfaces is not possible in such facilities.
4

5 Immigrant Population Vulnerabilities

6 12. Immigrants, particularly recently arrived children, are at particular risk of
7 contracting COVID-19. Common health problems afflicting children in different forms
8 of immigration custody (CBP, ICE, and ORR) include malnutrition, asthma, heart
9 disease, immunosuppression, inadequate vaccination, diarrheal illness, sleep disorders,
10 post-traumatic stress disorder, exhaustion, and seizure disorders. People with these
11 health issues are among those at high risk for serious illness and death if they contract
12 COVID-19. People with post-traumatic stress disorder have weakened immune systems
13 and increased vulnerability to infection.
14

15 ORR Guidance re: COVID-19

16 13. I have read and analyzed the March 13, 2020 “COVID-19 Interim Guidance for
17 ORR Programs” (ORR Guidance). While the document states that it “is based on the
18 Centers for Disease Control and Prevention (CDC) recommendations,” the policies
19 contravene multiple CDC recommendations and are inadequate to protect children
20 forced to live in congregate settings against COVID-19 illness.

21 14. Most importantly, the ORR Guidance makes no mention of social or physical
22 distancing between children or staff, nor of limiting the gathering of groups of children
23 or staff. As discussed above, there is widespread consensus in the public health
24 community that social distancing is critical to preventing the further spread of COVID-
25 19.

26 15. The CDC has repeatedly called for the American public to limit social interactions
27 and avoid gatherings in groups of more than 10 people.
28

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1 16. The ORR Guidance nowhere mentions that children should have independent
2 access to hand washing and sanitizing supplies. As discussed above, regular
3 handwashing with water and soap is critical to preventing the further spread of COVID-
4 19.

5 17. The ORR Guidance sets out no plan to manage spread of the disease when more
6 children need to be quarantined than isolation rooms can accommodate.

7 18. The ORR Guidance does not provide information on managing the spread of
8 disease among particularly vulnerable children, such as those with heart disease,
9 diabetes, asthma or other chronic respiratory disease, or those with compromised
10 immune systems. The Guidance directs no special measures to protect these populations.
11 The same protocols apply to all children whether or not they have an increased risk of
12 serious illness or death.

13 19. The ORR Guidance does not provide a screening or testing protocol for children
14 not deemed to be “at risk” but still exhibiting COVID-19 symptoms. If a child has a
15 fever, this would likely be caught by ORR’s twice-daily temperature check requirement.
16 However, if a child has a cough or shortness of breath and is not defined as “at risk” due
17 to no known COVID-19 exposure, then that may be a missed case that allows the virus
18 to spread.

19 20. It is my expert opinion that the policies expressed in the ORR Guidance are
20 inadequate and contrary to current CDC guidelines as well as public health practice
21 being adopted during the current pandemic. We are currently in an emergency situation.
22 Even if ORR issues more stringent guidance in the upcoming days or weeks, it will
23 likely be too late, especially for facilities located in areas of high community
24 transmission, such as New York and California.

25 CDC COVID-19 Guidance for Correctional and Detention Facilities

26 21. I have reviewed the CDC “Interim Guidance on Management of Coronavirus
27 Disease 2019 (COVID-19) in Correctional and Detention Facilities” (CDC Detention
28

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1 Facility Guidance) issued March 23, 2020, [https://www.cdc.gov/coronavirus/2019-](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)
2 [ncov/community/correction-detention/guidance-correctional-detention.html](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html). The CDC
3 Detention Facility Guidance highlight many ways in which people in detention facilities
4 and congregate environments are at a higher risk of contracting COVID-19.

5 22. The CDC Detention Facility Guidance acknowledges that “(i)ncarcerated/detained
6 persons live, work, eat, study, and recreate within congregate environments, heightening
7 the potential for COVID-19 to spread once introduced.” Further, it states that “(t)here
8 are many opportunities for COVID-19 to be introduced into a correctional or detention
9 facility, including daily staff ingress and egress; transfer of incarcerated/detained
10 persons between facilities and systems, to court appearances, and to outside medical
11 visits; and visits from family, legal representatives, and other community members.”

12 23. The CDC Detention Facility Guidance instructs facilities to “implement social
13 distancing strategies to increase the physical space between incarcerated/detained
14 persons (ideally six feet between all individuals, regardless of the presence of
15 symptoms,” but acknowledges that “not all strategies will be feasible in all facilities.”
16 Social distancing does not work when it is only followed part of the time. The CDC’s
17 “Interim U.S. Guidance for Risk Assessment and Public Health Management of
18 Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with
19 Coronavirus Disease (COVID-19)” issued on March 7, 2020 states that “(d)ata are
20 insufficient to precisely define the duration of time that constitutes a prolonged
21 exposure. However, until more is known about transmission risks, it is reasonable to
22 consider an exposure greater than a few minutes as a prolonged exposure. Brief
23 interactions are less likely to result in transmission; however, clinical symptoms of the
24 patient and type of interaction (e.g., did the patient cough directly into the face of the
25 HCP) remain important” and “(e)amples of brief interactions include: briefly entering
26 the patient room without having direct contact with the patient or their
27 secretions/excretions, brief conversation at a triage desk with a patient who was not
28 wearing a facemask.” Repeated interactions, even brief, that occur throughout the day in

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1 these facilities, are each an independent opportunity for transmission of infection.
2 Because it is not known whether people who have recovered from infection develop
3 immunity to subsequent infections with COVID-19, and because transmission may occur
4 when the infected person has no symptoms, each interaction between a staff member and
5 a detainee and each interaction between two individual detainees or two individual staff
6 members is an independent opportunity with the same risk of infection. The risks are
7 additive with each interaction.

8 24. The CDC Detention Facility Guidance states that “The ability of
9 incarcerated/detained persons to exercise disease prevention measures (e.g., frequent
10 hand washing) may be limited and is determined by the supplies provided in the facility
11 and by security considerations.” Facilities are instructed to provide no-cost access to
12 liquid soap (or bar soap), running water, and hand drying supplies.

13 25. Detention facilities are instructed to “(o)ffer the seasonal influenza vaccine to all
14 incarcerated/detained persons (existing population and new intakes) and staff throughout
15 the influenza seasons.” Preventing influenza cases in these facilities can speed the
16 detection of COVID-19 cases and reduce pressure on healthcare resources.

17 26. Even if all of the recommendations made in the CDC Detention Facility Guidance
18 are followed, the conditions of detention are such that detained children in ORR custody
19 would still be at high risk of contracting COVID-19. Because this virus is transmitted
20 through droplets, through the air, and on surfaces, and because people who do not have
21 symptoms but are infected transmit the virus to others, even one infected person in a
22 facility, either a detainee or a staff member, can infect the majority of people in the
23 facility. This is worsened by the crowded conditions in the facilities.

24 27. If we are to contain the spread of the COVID-19 virus, we must relocate as many
25 people as possible out of congregate settings. If we prevent people from practicing
26 adequate physical distancing from others and the other steps outlined above, institutional
27 centers will become clusters in which high percentages of persons are infected with
28

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1 COVID-19. Such clusters not only endanger those who are immediately infected, but the
2 health of those residing in the communities in which congregate facilities are located.

3
4 **Recommendations**

5 28. It is my professional opinion that all children held in ORR facilities should be
6 moved immediately to settings with adequate opportunity for safe distance and adequate
7 hand washing and sanitation, and be afforded a seasonal influenza vaccine immediately.
8 Even if ORR facilities intend to meet the guidance put forth by the CDC on March 23,
9 2020, they are not uniformly meeting it now, and so people are at risk for serious illness,
10 death, and disability today.

11 29. The Office of Refugee Resettlement should immediately expedite the release of
12 detained children to their sponsors. Once released, children should self-quarantine for 14
13 days in order to ensure that they are not exhibiting symptoms of COVID-19 and to
14 ensure the safety of their new communities. Reducing the population of children in ORR
15 facilities is critical to minimizing the risk for outbreaks in facilities and preventing the
16 spread of the virus to children, ORR staff members, and communities across the United
17 States.

18 30. To the extent there is absolutely no other option but for children to remain detained
19 in congregate settings, basic principles of public health require HHS to:

- 20 a. Allow each child enough space to maintain a distance of at least six feet from
21 others;
- 22 b. Ensure that all children have free and consistent access to water, soap, and
23 cleaning products;
- 24 c. Transfer children from high-density placements (facilities with 10 or more
25 children) to low-density placements;
- 26 d. Ensure that symptomatic children are immediately removed from the general
27 population and have prompt access to single-occupancy negative pressure
28 rooms plus adequate medical care;

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- 1 e. Ensure that facilities have plans in place if they have to quarantine more
- 2 children than there are single-occupancy rooms;
- 3 f. Provide staff and children with adequate personal protective equipment
- 4 including fit-tested N-95 masks and adequate instruction regarding proper
- 5 donning and doffing procedures. Require appropriate measures for children
- 6 who are not “at-risk” under ORR’s definition but are still exhibiting symptoms
- 7 consistent with COVID-19 and those who are at high-risk for serious illness due
- 8 to pre-existing conditions or compromised immune systems.

9 31. A principal objective of physical distancing and self-quarantine requirements is to
10 slow the spread of COVID-19 illness so as not to overwhelm available medical care
11 resources. I am advised that ORR may contract with congregate detention facilities in
12 rural areas, which typically have fewer medical resources than are to be found in large
13 towns and cities. An outbreak of COVID-19 disease in such facilities would quickly
14 overwhelm local health care resources, requiring ORR either to leave children untreated
15 or else transport them to distant hospitals and clinics, where they would risk spreading
16 the infection to more health care workers and the community in regions in which the
17 disease has yet to become prevalent. It is therefore in the public’s interest to remove as
18 many children from congregate care as soon as possible.

19 32. Even if all of the above recommendations for HHS facilities are followed, the
20 inherent conditions of congregate detention are such that detained children would still be
21 at high risk for exposure to COVID-19. In order to contain the spread of the COVID-19
22 virus, and to protect children, the government must relocate as many people as possible
23 out of HHS facilities.

24 33. I declare under penalty of perjury that the foregoing is true and correct. Executed
25 on March 24, 2020 in North Bay Village, Florida.

26 
27
28 Julie DeAun Graves

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Julie D. Graves, M.D., M.P.H., Ph.D., F.A.A.F.P.

Current positions:

Family medicine and public health physician in private practice

Associate Director of Clinical Services, Nurx

Education:

06/1979 Bachelor of Arts, Rice University, Houston, Texas

Majors: Biology, Health and Physical Education

06/1983 Doctor of Medicine

The University of Texas Southwestern Medical School, Dallas, Texas

12/1992 Master of Public Health

The University of Texas Health Science Center (UTHealth) School of Public Health, Houston, Texas

Concentration: Health Services Organizations

Thesis: Preferences for Perinatal Health Decisions: A Critical Appraisal

12/2011 Doctor of Philosophy

The University of Texas Health Science Center (UTHealth) School of Public Health, Houston, Texas

Division of Management, Policy, and Community Health

Major: Health Policy

Minors: Management, Biostatistics

Dissertation: Analysis of Policy Issues Surrounding the Electronic Medical Record

Medical licensure:

State: Texas

License No: G5110

Initial Date: 08/23/1983

Renewal/Expiration Date: 02/28/2020

State: Wisconsin

License No: 53273

Initial Date: 06/23/2009

Renewal/Expiration Date: 10/31/2021

State: Alabama

License No: 12408

Initial Date: 10/22/1985

Renewal/Expiration Date: 12/31/1986

State: Nebraska

License No: TX-G5110

Initial Date: 07/20/1985

Renewal/Expiration Date: 07/26/1985

State: Florida

License No: ME134326

Initial Date: 10/25/2017

Renewal/Expiration Date: 01/31/2022

State: District of Columbia

License No: MD045899

Initial Date: 02/26/2018

Renewal/Expiration Date: 12/31/2020

State: Maryland

License No: D84791

Initial Date: 02/16/2018

Renewal/Expiration Date: 09/30/2020

Certifications:

American Board of Family Medicine: Certificate Number 1070893973

Date certified: 07/1989

Dates of Re-certification:

Jul 14, 1989 - Jul 13, 1995

Jul 14, 1995 - Jul 12, 2001

Jul 13, 2001 - Aug 01, 2008

Aug 02, 2008 - Apr 09, 2017

Apr 10, 2017 -12/2027

Advanced Cardiac Life Support 5/1983-12/94, 01/1997-12/2001, 01/2003-12/2018

Advanced Trauma Life Support 01/2003-12/2019

Pediatric Advanced Life Support 01/2004-12/2017

Languages Spoken

English – mother tongue

Spanish – basic medical

German – basic

Previous Academic Appointments and Activities

03/2018-03/2019

Vice-Chair for Education, Department of Family Medicine, Georgetown University School of Medicine

05/2017-12/2017

Associate Professor of Epidemiology, University of Medicine and Health Sciences, St. Kitts and Nevis

06/2015-08/2019

Adjunct Associate Professor of Management, Policy, and Community Health, The University of Texas Health Science Center (UTHealth) School of Public Health

Lecturer: PH 3620, Principles and Practice of Public Health

Lecturer: PH 5220, Gender and Leadership

Preceptor: Occupational Medicine Residency program

Dissertation Committee member: PhD student Stella Okoroafor, MD, MPH (in process)

06/2015-05/17

Faculty, Texas Department of State Health Services Preventive Medicine Residency program

Infectious Diseases and Chronic Disease Preventive Lectures Series Coordinator

06/2014

Visiting Faculty, Tanzania Training Center for International Health

03/2013-08/2014

Associate Professor of Behavioral and Clinical Medicine and Public Health, University of Sint Eustatius School of Medicine

Course director: Epidemiology, Medical Ethics, Biostatistics

09/2012-08/2013

Adjunct Assistant Professor of Epidemiology, The University of Texas Health Science Center (UTHealth) School of Public Health

Dissertation Committee Member, DrPH student Christina Socias (completed)

Associate Professor of Behavioral and Clinical Medicine, American University of the Caribbean School of Medicine, Sint Maarten

Course director and principal faculty, Medical Ethics

Faculty, Introduction to Clinical Medicine

01/2012-09/2012

Assistant Professor of Family and Community Medicine, The University of Texas Health Science Center at San Antonio, Texas

06/2009-08/2009

Graduate Teaching Assistant, The University of Texas Health Science Center (UTHealth) School of Public Health

PH 3620 Principles and Practice of Public Health (on-line course)

11/2002-05/2005

Faculty physician, Austin Medical Education Programs, Family Medicine residency program, Austin, Texas

01/1995-12/1999

Clinical Assistant Professor of Family Medicine, Texas A&M University Brazos Valley Family Medicine residency program, College Station, Texas

11/1992-05/1995

Clinical Assistant Professor of Family Medicine, Baylor College of Medicine, Houston, Texas

Obstetrics fellowship co-coordinator

08/1989-08/1991

Assistant Professor of Family and Community Medicine, The University of Texas Houston Health Science Center

Founding course director, Family Medicine Clinical Clerkship

Co-author, HRSA Primary care training grant

Research Activities

01/2012-09/2012

ReACH Scholar, Center for Research to Advance Community Health, University of Texas Health Science Center at San Antonio

Project: Quality assurance using electronic health records

Principle Investigator: Barbara J. Turner, MD, MSED, MSCP

Internal funding.

01/2007-12/-2009

Research Associate, Health Policy Institute, University of Texas School of Public Health

Projects: Translational research applications of public policy analysis; Food oases

Principle investigators: Stephen Linder, PhD and Eduardo Sanchez, MD, MPH

Internal funding

01/1991-12/1992

Research Associate, Center for Health Policy Studies, University of Texas School of Public Health

Project: Health manpower analysis for primary care in Texas

Principle investigators: Virginia Kennedy, PhD and Frank Moore, PhD

Funding: Texas Higher Education Coordinating Board

08/1989-08/1991

Project staff, University of Texas Houston Health Science Center

Project: Cholesterol reduction with high rice fiber diets

Principle investigator: Mark E. Clasen, MD, PhD

Funding: National Rice Council

09/1988-06/1989

Principle investigator, McLennan County Medical Education and Research Foundation

Project: Obstetrical Practice by Texas Family Physicians

Funding: Texas Higher Education Coordinating Board

Governmental Public Health Practice

06/2017-3/2019

Consultant to Ministry of Health, St. Kitts and Nevis, for disaster preparedness and cannabis health effects

02/2015-05/2017

Regional Medical Director, Texas Department of State Health Services, Health Services Region 6/5S (Houston area, population 7 million)

01/2009-12/2011

Medical consultant, Texas Medicaid Office of Inspector General, Austin, Texas

01/2005-12/2012

Quality monitor and investigator, Texas Medical Board, Austin, Texas

09/2009-05/2011

Medical Services Coordinator for State Supported Living Centers, Texas Department of Aging and Disability Services, Texas (statewide)

Member, Institutional Review Board

05/2001-22/2002

Medical Consultant, Texas Department of Health, Children's Health and Infectious Disease Epidemiology and Surveillance, Austin, Texas (statewide)

Chair, Institutional Review Board, Texas Department of Health

06/1995-12/1999

Educational consultant, Texas WIC (Women, Infants, and Children) nutrition program

01/1994-12/1995

Utilization Review Physician, Lone Star Texas Medicaid managed care program

Clinical Experience

04/2005-02/2015 and 06/2017 – 3/2018

Private practice of family, hospitalist, and emergency medicine, Texas, Sint Maarten, Croatia, Carnival Cruises

09/2005 - 11/2005

Emergency Room Physician, U.S. Army MEDDAC, Wuerzburg, Germany Combat Support Hospital

01/2000-12/2001

Medical Director, Mother's Milk Bank at Austin (volunteer, co-founder)

09/1991-08/1992

Family physician, University of Houston student health service

09/1988-06/1989

Fellowship in Faculty Development, McClennan County Medical Education Research Foundation, Waco, Texas

06/1986-09/1988

Residency in Family Medicine, St. Paul Medical Center, Dallas, Texas

06/1985-05/1986

Locum tenens primary care and emergency medicine physician, CompHealth, Inc., Florida, Alabama, Nebraska, Texas

07/1984-05/1985

Residency training in Anesthesiology, University of Florida Shands Hospital, Gainesville, Florida

07/1983-06/1984

Internship in General Surgery, Parkland Memorial Hospital, Dallas, Texas

Private Sector

01/2009-12/2012

Principal, InGenius Strategies, LLC (health information technology consulting)

01/2005-12/2009

Consultant, Texas Medical Foundation Health Quality Institute (Medicare Quality Improvement Organization for Texas)

05/2005-08/2009

Chief Medical Officer, Practice IT, LLC (health information technology vendor)

01/1995-12/1996

Public policy advocacy, Texas Tobacco Education Project

Honors and Awards:

Outstanding Faculty, Texas Department of State Health Services Preventive Medicine Residency, 06/2017

Team Spirit Award, Texas Department of Health, 11/2002

C. Frank Webber Award for Excellence in Oncology, M.D. Anderson Cancer Center and the Texas Academy of Family Physicians, 05/1998

Fellow of the American Academy of Family Physicians, granted 09/1996

Bibliography

Textbook chapters

1. **Moy, Julie Graves.** “Cardiac Arrest”, in Swanson’s Family Practice Review, 6th Edition. Philadelphia: Elsevier Mosby, 2008.
2. **Moy, Julie Graves.** “Advanced Trauma Life Support”, in Swanson’s Family Practice Review, 6th Edition. Philadelphia: Elsevier Mosby, 2008.
3. **Moy, Julie Graves.** “Domestic Violence”, in Swanson’s Family Practice Review, 6th Edition. Philadelphia: Elsevier Mosby, 2008.
4. **Moy, Julie Graves.** “The Limping Child”, in Swanson’s Family Practice Review, 6th Edition. Philadelphia: Elsevier Mosby, 2008.
5. **Moy, Julie Graves.** “Sickle Cell Anemia”, in Swanson’s Family Practice Review, 6th Edition. Philadelphia: Elsevier Mosby, 2008.
6. **Moy, Julie Graves.** “Lymphomas and Leukemias”, in Swanson’s Family Practice Review, 6th Edition. Philadelphia: Elsevier Mosby, 2008.
7. **Moy, Julie Graves.** “Common Problems in the Newborn”, in Swanson’s Family Practice Review, 6th Edition. Philadelphia: Elsevier Mosby, 2008.
8. **Moy, Julie Graves, Pfenninger, John.** “Peripheral Nerve Blocks and Field Blocks,” in Pfenninger JL, Fowler GC (eds.). Procedures for Primary Care Physicians. St. Louis, Missouri: Mosby, 1994, 2002.
9. **Moy, Julie Graves.** “Induction of Labor,” in Rakel RE. Conn’s Current Therapy. WB Saunders, 1997.
10. **Moy, Julie Graves.** “Development of Clinical Guidelines,” in Mengel M, Fields S (eds.). Guide to Clinical Expertise. New York: Plenum Press, 1996.
11. **Moy, Julie Graves.** “Bites and Stings,” in Taylor RB (ed.). Family Medicine: Principles and Practice. New York: Springer-Verlag, 1994.
12. **Moy, Julie Graves.** “Nasogastric Tube and Salem Sump Insertion,” in Pfenninger JL, Fowler GC (eds.). Procedures for Primary Care Physicians. St. Louis, Missouri: Mosby, 1994.
13. **Moy, Julie Graves.** “Informed Consent,” in Pfenninger JL, Fowler GC (eds.). Procedures for Primary Care Physicians. St. Louis, Missouri, Mosby, 1994.
14. **Duiker SS, Moy, Julie Graves.** “Dyspareunia,” in Griffith HW, Dambro M (eds.). The Five-Minute Clinical Consult. Philadelphia: Lea and Febiger, 1993 – 1997.

15. **Moy, Julie Graves**, Duiker, SS. “Sexual Dysfunction in Women”, in Griffith HW, Dambro M (eds.). *The Five-Minute Clinical Consult*. Philadelphia: Lea and Febiger, 1993, 1994, 1995.

16. Duiker SS, **Moy, Julie Graves**. “Community Intervention Strategies in Preventive Cardiology,” in Fuentes F (ed.). *Preventive Cardiology Computer Modules*, Houston: University of Texas Houston Health Science Center, 1991.

Peer-reviewed publications

1. Nguyen DT, Teeter LD, **Graves J**, Graviss EA. Characteristics Associated with Negative Interferon- γ Release Assay Results in Culture-Confirmed Tuberculosis Patients, Texas, USA, 2013–2015. *Emerging Infectious Diseases*. Volume 24, Number 3—March 2018.

2. Liu EL, Morshedi B, Miller BL, Isaacs SM, Fowler RL, Chung W, Blum R, Ward B, Carlo J, Hennes H, Webseter F, Perl T, Noah C, Monaghan R, Tran AH, Benitez F, **Graves J**, Kibbey C, Kelin KR, Swienton RE. Dallas MegaShelter Medical Operations Response to Hurricane Harvey. *Disaster Medicine and Public Health Preparedness*. 2017 Dec 6:1-4.

3. Wiseman R, Weil L, Lozano C, Johnson T, Jin S, Moorman AC, Foster MA, Mixcon-Hayden T, Khudyahov Y, Kuhar DT, **Graves JG**. Healthcare-associated Hepatitis A Outbreak, Texas, 2015. *MMWR*, April 29, 2016 / 65(16):425–426.

4. Socias C, Liang Y, Delclos G, **Graves J**, Hendrickson E, Cooper S. The Feasibility of Using Electronic Health Records to Describe Demographic and Clinical Indicators of Migrant and Seasonal Farmworkers. *Journal of Agromedicine*, 21:71-81, 2016.

5. **Moy, Julie Graves**. Texas State-wide Health Information Technology Policy in 2007: Regional and constituency-specific initiatives move forward, but risk failure without coordination and funding from state government. *Texas Medicine* 105(1):55-63, 2009.

6. **Moy, Julie Graves**. Spirometry in Urgent Care. *Urgent Care*, May 2007.

7. Holleman W, Holleman MC, **Moy, Julie Graves**. Continuity of Care and Ethics in Managed Care. *Archives of Family Medicine*, 1999;8.

8. Mullen PD, Pollack KI, Titus JP, Sockrider MM, **Moy, Julie Graves**. Smoking Cessation Practices of Texas Obstetricians. *Birth*, 1998; 25:25-30.

9. Roberts R, Bell H, Wall E, **Moy, Julie Graves**, Hess G, Bower G. Trial of Labor or Repeat Caesarean Section: The Woman’s Choice. *Archives of Family Medicine*. 1997;6:120-125.

10. Holleman W, Holleman MC, **Moy, Julie Graves**. Managed Care and Ethics: A Match Made in Heaven or Strange Bedfellows? *The Lancet* 1997; February 8.

11. **Moy, Julie Graves**, Realini JP. Guidelines for Preventive Therapy with Estrogen and Progesterone for Postmenopausal Women. *Journal of the American Board of Family Practice* 1993;6:153-162.

12. Berg AO, **Moy, Julie Graves**. Policy Review: Guidelines for the Diagnosis and Treatment of Asthma. *Journal of the American Board of Family Practice* 1992;5:629-634.

13. **Moy, Julie Graves**, Clasen ME. The Patient with Gonococcal Infection. *Primary Care* 1990;17:59-83.

14. **McCraney, Julie Graves**. The Status of Obstetrical Practice by Texas Family Physicians. *Texas Medicine* 1989;86:53-6.

Monographs, non-refereed publications, government reports, and published abstracts

1. **Moy, Julie Graves**, Sanchez E. Food Oases: A White Paper. University of Texas School of Public Health Institute for Health Policy. May 2008.

2. **Moy, Julie Graves**. Texas End-of-Life Care Law. Texas Medical Association, 2005.

3. Kaye CI, Cody JD, Canfield M, Martinez J, Van de Putte L, **Moy, Julie Graves**, Borg M, Stanley S, Wang J, Visio P. The Development of the Texas State Genetics Plan and a Plan for Integrated Data Infrastructure for Genetic Service. University of Texas Health Science Center at San Antonio and Texas Department of Health, 2002

4. **Moy, Julie Graves**. Medical Ethics and Professionalism. Texas Medical Association, February 1999, updated 2004.

5. **Moy, Julie Graves**. Family Physicians on the Internet. *Texas Family Physician* 1996, January/February.

6. **Moy, Julie Graves**. Catastrophe Theory and Chaos: A Means to Understand What Happens in the Clinical Setting. North American Primary Care Research Group Annual Meeting, San Diego, California, November 1993. Abstract.

7. Grimes R, Brimlow D, **Moy, Julie Graves**. HIV/AIDS Interdisciplinary Clinical Preceptorships: Design, Implementation, and Evaluation. American Public Health Association, 1991. Abstract.

8. Grimes R, **Moy, Julie Graves**. Clinical Mini-Residency for Primary Care Medical School Faculty. AIDS Education and Training Centers Annual Meeting, San Francisco, California, December 14, 1991.

9. **Moy, Julie Graves**, Fowler GC. Sexually Transmitted Disease. Home Study Self-Assessment Program, number 149. American Academy of Family Physicians, October 1991.

10. **Moy, Julie Graves**. Impact of Medicare Reform upon Family Medicine Research. *Society of Teachers of Family Medicine Research News* 1990;3:1-3.

11. **McCraney, Julie Graves**. The Role of the Family Physician in the Management of Breastfeeding. *Texas Family Physician* 1989, May/June.

12. **McCraney, Julie Graves.** The Resource-Based Relative Value Scale. Texas Family Physician 1989, March/April.

13. **McCraney, Julie Graves.** A Resident Considers AIDS. Texas Family Physician 1988, May/June.

Letters to the Editor

1. **Moy, Julie Graves.** Flu Season Offers Opportunities to Keep Patients Healthy and out of the Hospital. Travis County Medical Association Journal, 2003; 49:18-19.

2. **Moy, Julie Graves.** Putting babies “back to sleep”. Journal of the American Medical Association. 1999 March 17:281 (11): 983.

3. **Moy, Julie Graves, Rourke J.** Physician’s Breastfeeding Course in Texas. Academy of Breastfeeding Medicine News and Views 1996:2(1).

4. **Moy, Julie Graves.** Who Practices in the ER? Health Affairs. March 2008 27:2w84-w95.

Service on State and National Panels and Committees:

Health Policy Panel Membership

1. Texas Department of Health Panel on Infant Feeding (co-author, Texas Department of Health Position Statement on Infant Feeding) 1997

2. National Heritage Insurance Company Medical Affairs Committee on Pilot Managed Care Program for Texas Medicaid Program 1994

3. National Institutes of Health Consensus Panel on Treatment of Cervical Dysplasia, Bethesda System Classification Development Team (Report published in the Journal of the American Medical Association 1994: 271, Kurman et al.) 1994

4. Rand Corporation / Health Care Financing Administration Medicaid Necessity, Outcomes, and Appropriateness Study on Pediatric Asthma 1992

5. Texas Department of Human Services Physician Payment Advisory Committee 1990

6. March of Dimes National Committee on Perinatal Health (co-author, Toward Improving the Outcomes of Pregnancy, monograph published by March of Dimes, 1993)

7. Texas Department of Human Services Indigent Care Advisory Committee 1989

Policy Reviews for American Academy of Family Physicians Task Force on Clinical Policies 1990-94

1. Agency for Health Care Policy and Research Pressure Sore Panel
2. National Heart, Lung, and Blood Institute Panel on Treatment of Asthma During Pregnancy and Lactation
3. National Heart, Lung, and Blood Institute Guidelines for the Diagnosis and Treatment of Asthma
4. American Academy of Ophthalmology Policy on Strabismus
5. Expert Panel on Preventive Services paper on Iron Supplementation During Pregnancy
6. Expert Panel on Preventive Services paper on Testing for D Isoimmunization in Pregnancy
7. American Academy of Pediatrics practice parameter on Treatment of Acute Asthma Exacerbation in Children
8. American Academy of Pediatrics practice parameter on Hyperbilirubinemia in the Newborn Service on Medical School Committees:

Member, Practice Council, The University of Texas Health Science Center (UTHealth) School of Public Health at Houston, 2014 -present

Member, Council on Education for Public Health (CEPH) Expanded Steering Committee, The University of Texas Health Science Center (UTHealth) School of Public Health at Houston, 2016.

Member, Curriculum Committee, The University of Texas Health Science Center Medical School, 1990

Vice-chair, Institutional Review Board, University of Medicine and Health Sciences, St. Kitts and Nevis, 2017

Editorial Review for Medical Journals:

2018-present Peer Reviewer, American Family Physician

2017-present Peer Reviewer, Texas Public Health Association Journal

2001-2016 Peer Reviewer, Journal of Family Practice

2010-2017 Peer Reviewer, Family Practice Management

1997 Peer Reviewer, Feminist Economics

1995-1998 Editorial Review Board, Journal of Human Lactation
1994-1997 Peer Reviewer, American Family Physician
1993-2013 Peer Reviewer, Texas Medicine
1992-1997 Peer Reviewer, Archives of Family Medicine
1992-1995 Peer Reviewer, Family Medicine
1990-1993 Editorial Committee, Texas Medicine
1988-1989 Editor, Texas Family Physician “Resident Forum”

Presentations at Scientific Meetings:

1. Garrison R, **Graves J.** An Analysis of Barriers to Care for Patients Requiring Rabies Post-exposure Prophylaxis in Texas Department of State Health Services Region 6/5S. Texas Public Health Association 93rd Annual Meeting. March 27, 2017, Fort Worth, Texas
2. Ramsey J, Mayes B, **Graves J.** Demographics of Child Fatality in Rural Southeast Texas. Texas Public Health Association 93rd Annual Meeting. March 27, 2017, Fort Worth, Texas (poster)
3. Jones R, Abrego D, Deeba R, Varghese C, LaBar C, Mayes B, **Graves J.** Public Health Prevention Needs for Domestic Minor Sex Trafficking in Rural Southeast Texas Counties. Texas Public Health Association 93rd Annual Meeting. March 27, 2017, Fort Worth, Texas
4. **Graves J.** Vector-borne Disease Public Policy. South Texas Tropical Medicine and Vector Borne Disease conference. February 24, 2017. South Padre Island, Texas
5. Martinez D, Jin S, Milligan S, Haynie A, Arenare B, Wiseman R, Weil L, Lozano C, Johnson T, **Graves J.** Investigation of a healthcare associated Hepatitis A cluster in and nearby Harris County, Texas. Council of State and Territorial Epidemiologists Annual Meeting. June 2017. Anchorage Alaska (poster).
6. Lin H, Weil L, Evans D, Shaw D, Rosen G, **Graves J.** Regional Epidemiology Coordination Plan: effective use during a multijurisdictional outbreak investigation. Texas Public Health Association 92nd Annual Education Conference, April 2016, Galveston, Texas
7. Rosen G, Lin H, Swanson K, Shaw D, Weil L, Evans D, **Graves J.** Local challenges to state policy: Evaluating the interim guidance for monitoring and movement of persons with potential Ebola Virus exposure in Southeast Texas --October-December, 2014. American Public Health Association Annual Meeting, October 2015, Chicago, Illinois.

8. **Graves J.** Health Information Technology Policy in Germany, Switzerland, and Austria: Lessons for US Policy Makers. American Public Health Association Annual Meeting, San Diego, California, October 2012
9. **Graves J, Sanchez E.** Meeting the Health Needs of the Emerging Majority: Applying Lessons Learned from Border Health Programs to Eliminate Health Disparities throughout the U.S. American Public Health Association Annual Meeting, San Diego, California, October 2008
10. **Graves J, Aday L.** Decision Analysis and Preferences for Perinatal Health States. Agency for Health Care Policy and Research Third Primary Care Conference. Atlanta, Georgia, January 1993
11. **Moy, Julie Graves, Susman J, Berg A.** Critiquing Clinical Policies. Society of Teachers of Family Medicine Annual Meeting, San Diego, California, April 1993
12. **Moy, Julie Graves, Schindler J, Duiker SS.** Teaching Ambulatory Care in the Urban Setting, American Association of Medical Colleges Southern Group for Educational Affairs, Houston, Texas, April 1991
13. **Moy, Julie Graves, Clasen ME, Donnelly J.** Implementation of a Required Third year Clerkship in Family Medicine after Legislative Directive. Society of Teachers of Family Medicine Predoctoral Education Conference, San Antonio, Texas, February 1991.
14. **Moy, Julie Graves, Goertz R.** Legislative Directive for a Third year Family Medicine Clerkship. Society of Teachers of Family Medicine, Seattle Washington, May 1990.
15. **Conard S, Dahms L, McCraney, Julie Graves.** Stress in Residency: External Causes, Manifestations, and Impairment in Family Medicine as Compared to Other Specialties. Texas Academy of Family Physicians, Austin, Texas, September 1988, first place; also at American Academy of Family Physicians, Los Angeles, October 1988.

Invited Lectures

1. The US Health Care System in Transition. University of Medicine and Health Sciences Health Policy Lecture Series. July 13, 2017. Basseterre, St. Kitts and Nevis.
2. Legislative Issues Regarding Syndromic Surveillance. Texas Health Information Management Systems Society Legislative Conference. April 12, 2017, Austin, Texas.
3. Cross-Jurisdictional Coordination for Super Bowl LI Planning. Local Health Authorities Symposium. Texas Public Health Association 93rd Annual Meeting. March 27, 2017, Fort Worth, Texas
4. Texas Syndromic Surveillance System. Health Information Management Systems Society, Austin Chapter, August 9, 2016
5. A Congressional Forum on the Zika Virus and a Discussion of an Action Plan for Houston and Harris County. Good Neighbor Health Clinic, Houston, March 10, 2016.

6. Telemedicine for Children with Special Health Care Needs. Caring for Children with Special Health Care Needs in Medicaid Managed Care, Texas Health and Human Services Commission, Austin, Texas, March 8, 2002. With Nora Taylor Belcher
7. Medicaid and Managed Care. Women in Government Forum on Medicaid, Austin, Texas, September 16, 1995.
8. Managed Care and Managed Competition. Southeast Texas Chapter of the International Patient Education Council, University of Texas MD Anderson Cancer Center, June 2, 1993.
9. AIDS and Adolescents: HIV Policy Concerns. National Conference of State Legislatures Women's Network, Mobile, Alabama, May 20, 1993.
10. Vaginal Birth after Cesarean. Visiting Professor in Perinatal Health, University of Kansas School of Medicine Perinatal Conference, Kansas City, Kansas, April 3, 1992.
11. The Development of Medical Specialties in America. History of Medicine Lectures, University of Texas Houston Health Science Center, April 25, 1991.

Presentations at Professional Development Courses

1. Analysis of Policy Issues Surrounding the Electronic Medical Record. Grand Rounds. University of Texas Health Science Center at San Antonio. October 14, 2011. One hour Category I credit.
2. Barriers to Preventive Care for Women with Disabilities. Center for Health Disparities Annual Conference, University of North Texas Health Science Center, Ft. Worth, Texas, May 8, 2010. One hour Category I credit.
3. Clinical Indicators in Medicare's Hospital Quality Improvement Project. Houston, Texas. January 13, 2006. One hour Category I credit.
4. Recent Changes to Texas End-of-Life Care Law. St. David's Medical Center, Austin, Texas. October 12, 2004. One hour Category I credit, one hour Texas Ethics credit.
5. Aggressive Treatment of Type II Diabetes: What's New in Type II Diabetes and Improving Chronic Disease Management Care with a Systems Approach. Texas Academy of Family Physicians. El Paso, Texas, May 2002. Two hours Category I credit.
6. Update in Medical Ethics and Professionalism. Central Texas Continuing Education Consortium. Austin, Texas, October 1999. One hour Category I credit.
7. Breastfeeding Update. Grand Rounds. Columbia Bayshore Medical Center, Pasadena, Texas, July 16, 1998. One hour Category I credit.
8. Breastfeeding in Special Circumstances. American Academy of Family Physicians Annual Session September 17, 1997, Chicago IL, 1 hour prescribed credit. Taught again in Annual Session in 1998.

9. Breastfeeding Update. Presbyterian Hospital Combined Obstetrics/Pediatrics conference, April 1997, 1 hour AMA Category I credit.
10. Intensive Course in Breastfeeding: Lactation Management Workshop for Physicians. April 24, 1996, Houston, Texas. Four hours AAFP credit. Taught again Harlingen, Texas; Tyler, Texas; San Antonio, Texas, Dallas, Texas, Sugar Land, Texas in 1996, 1997, with Linda Zeccola, Tom Hale, Joanie Fischer, and Maryelle Van Landen
11. Intensive Course in Breastfeeding. March 11, 1996, Midland, Texas. Four hours continuing nursing education credit. Taught again in Gallup, New Mexico and Boise, Idaho.
12. Breastfeeding: Improving the Support System. Hermann Hospital/UT Houston Medical School Annual Perinatal Conference, Houston, Texas June 1996, 1 hour AMA credit.
13. Breastfeeding Update. Women's Hospital, Houston, Texas, September 1996, 1 hour AMA Category I.
14. Breastfeeding: Enlightening the Myths. Abilene Perinatal Conference, October 1996, 1 hour AMA Category I credit.
15. Family Oriented Prenatal Care. Baylor College of Medicine Advances in Family Medicine. January 20, 1995. 1/2 hour prescribed credit.
16. American Academy of Family Physicians Clinical Policies Training Course. San Diego, California, April 1993. 9.5 hours prescribed credit, with Hanan Bell
17. Preference/ Utility Assessment in Outcomes Research. Agency for Health Care Policy and Research Third Primary Care Conference, Atlanta, Georgia, January 10, 1993. 1 hour prescribed credit.
18. Hormone Replacement Therapy. Clinical Recommendations Update at American Academy of Family Physicians Scientific Assembly, Orlando Florida, October 1993. 2 hours prescribed credit.
19. Problems and Solutions in Integrating Clerkship Teaching with Residency Education. McLennan County Medical Education and Research Foundation Program Management Conference, Austin, Texas, May 18, 1990. 1 hour prescribed credit, with Donald Koester
20. The Status of Obstetrical Practice by Texas Family Physicians: Implications for Residency Training. McLennan County Medical Education and Research Foundation Program Management Conference, Austin, Texas, February, 1989. 1 hour prescribed credit.
21. The Genogram in Prevention. University of Texas Houston Health Science Center/ Texas Academy of Family Physicians Prevention for the Nineties Conference, Houston, Texas, October 30, 1989. 1 hour prescribed.

Professional Organizations:

American Public Health Association 1992-present
2020-2023 Governing Councilor
2015-2016 Joint Policy Committee member; Co-chair, 2016
2016 Executive Board member, *ex officio*
2014-2017 Submission Review for Annual Scientific Meeting
2012-2016 Science Board member; Chair, 2016
Medical Care Section (Mentoring Chair 2018)
International Health Section

Florida Public Health Association 2019-present

Florida Medical Association 2019-present

Travis County Medical Society 1995-2014
1998-2001 Committee on Legislation; Chair 1999-2000
1996-1999 Alternate Delegate to Texas Medical Association

Harris County Medical Society 1989-1995 and 2015-2016
2015-2016 Committee on Communication and Public Health
2015-2016 Emergency Care Committee, *ex officio*
1995 Delegate to Texas Medical Association
1994-1995 Board of Medical Legislation
1990-1995 Committee on Membership and Medical Precepts
1992-1993 Executive Board, Central Branch
1991-1994 Alternate Delegate to Texas Medical Association
1991 Medical Student Committee
1991 Chair, Young Physicians Section
2015-present Committee on Communications and Public Health

Texas Medical Association 1987-2016
1995-2001 TexPAC (political action committee) Board of Directors
1994 Task Force on Hospital Staff-County Medical Society Relations
1993-1994 *ad hoc* Committee on Practice Parameters
1998 Council on Public Health
1991-1992 *ad hoc* Committee on International Medical Graduate Issues
1990-1994 TexPAC (political action committee) Vice-chairman
1990-1991 Young Physicians Governing Council
1989 Chairman, McLennan County MediCaring Task Force
1989-1991 Committee on Manpower
1989 Council on Socioeconomics
1987-1988 Committee on Health Insurance

American Medical Association 1987-1999, 2006-2008, 2010 -2011
1991 Executive Committee and Founding Member, Women's Caucus
1989-1994 Medical Schools Section, Delegate for University of Texas Health Science Center, Houston

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American Academy of Family Physicians 1987-present

- 1993-1999 Peer Reviewer, Home Study/Self-Assessment Program
- 1991-1995 Task Force on Clinical Policies for Patient Care; Executive Committee
- 1993-1994 Vaginal Birth after Caesarean Section Policy Team

Texas Academy of Family Physicians 1987-2016

- 1997 -1998 Task Force on Governance
- 1997 Task Force on Computers
- 1996 Task Force on Health System Reform
- 1997 Committee on Public Health and Scientific Affairs Chairman, 1995-1997
- 1994-1996 Committee on Legislation and Public Policy Vice-chair, 1996
- 1990 Vice-Chairman, Student Affairs Committee

Names used due to marriage:

- Julie Graves 1957-1984 and 2012 - present
- Julie Graves McCraney 1984 - 1999
- Julie Graves Moy 1999 – 2012

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