EXHIBIT B
I, Dr. Julie DeAun Graves, declare as follows:

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

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

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

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

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

COVID-19

6. COVID-19 is an illness caused by the SARS-CoV-2 virus, which is a novel coronavirus that was first detected in humans during the outbreak (now a pandemic) we are experiencing now. The Centers for Disease Control and Prevention reports that as of March 24, 2020 at 6:00 a.m, there are 46,481 cases reported in the United States, with cases reported in every state, and there are 593 reported deaths so far. See...
On March 18, 2020, there were 7,038 cases reported and 150 deaths.

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

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


Declaration of Dr. Julie DeAun Graves
adequate soap and water. If we do not implement these two steps – physical distancing and hand washing – the pandemic will only continue to spread and the number of deaths will continue to increase.

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

HHS Facility Conditions

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

11. Congregate care facilities holding large numbers of people are particularly dangerous during a pandemic. Physical distancing of six feet between all people is essential to preventing the spread of COVID-19 disease. The virus is transmitted in respiratory droplets and can hang in the air for several minutes – due to its tiny size (one micron diameter) and its very light weight. The virus also can live on metal, glass,
plastic, concrete, and other surfaces for up to ten days and maintain its infectivity. Consistently maintaining the appropriate distance of six feet in addition to adequate cleaning of all surfaces is not possible in such facilities.

Immigrant Population Vulnerabilities

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

ORR Guidance re: COVID-19

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

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

15. The CDC has repeatedly called for the American public to limit social interactions and avoid gatherings in groups of more than 10 people.
16. The ORR Guidance nowhere mentions that children should have independent access to hand washing and sanitizing supplies. As discussed above, regular handwashing with water and soap is critical to preventing the further spread of COVID-19.

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

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

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

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

CDC COVID-19 Guidance for Correctional and Detention Facilities

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

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

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

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

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

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

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

27. If we are to contain the spread of the COVID-19 virus, we must relocate as many people as possible out of congregate settings. If we prevent people from practicing adequate physical distancing from others and the other steps outlined above, institutional centers will become clusters in which high percentages of persons are infected with
COVID-19. Such clusters not only endanger those who are immediately infected, but the health of those residing in the communities in which congregate facilities are located.

Recommendations

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

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

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

a. Allow each child enough space to maintain a distance of at least six feet from others;

b. Ensure that all children have free and consistent access to water, soap, and cleaning products;

c. Transfer children from high-density placements (facilities with 10 or more children) to low-density placements;

d. Ensure that symptomatic children are immediately removed from the general population and have prompt access to single-occupancy negative pressure rooms plus adequate medical care;
e. Ensure that facilities have plans in place if they have to quarantine more children than there are single-occupancy rooms;

f. Provide staff and children with adequate personal protective equipment including fit-tested N-95 masks and adequate instruction regarding proper donning and doffing procedures. Require appropriate measures for children who are not “at-risk” under ORR’s definition but are still exhibiting symptoms consistent with COVID-19 and those who are at high-risk for serious illness due to pre-existing conditions or compromised immune systems.

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

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

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

_____________________________________
Julie DeAun Graves

Declaration of Dr. Julie DeAun Graves
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 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
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


Peer-reviewed publications


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


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


Letters to the Editor


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


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


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

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


5. Expert Panel on Preventive Services paper on Iron Supplementation During Pregnancy


7. American Academy of Pediatrics practice parameter on Treatment of Acute Asthma Exacerbation in Children


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
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)


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


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


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


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.


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


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.


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.


13. Breastfeeding Update. Women’s Hospital, Houston, Texas, September 1996, 1 hour AMA Category I.


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.


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.

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

1991 Executive Committee and Founding Member, Women’s Caucus
1989-1994 Medical Schools Section, Delegate for University of Texas Health Science Center, Houston
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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