

## Declaration of John E. Prescott, MD

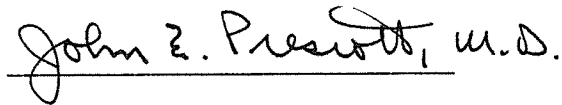
I, John E. Prescott, MD, hereby declare as follows:

1. I am Chief Academic Officer at the Association of American Medical Colleges (“AAMC”). I oversee AAMC efforts to prepare and assist deans, faculty leaders, and future physicians for the challenges of 21st century medicine. Prior to joining the AAMC in 2008, I served as dean of the West Virginia University School of Medicine, president and CEO of its faculty practice plan and founding chair of its Department of Emergency Medicine. I served as a physician in the United States Army for eight years after receiving my medical degree.
2. AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research.
3. AAMC’s members comprise all 147 accredited U.S. medical schools, nearly 400 major teaching hospitals and health systems, and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America’s medical schools and teaching hospitals and their nearly 167,000 full-time faculty members, 88,000 medical students, and 124,000 resident physicians.
4. Currently there are approximately 100 medical students and medical resident physicians with Deferred Action for Childhood Arrivals (“DACA”) status in AAMC member medical schools and teaching hospitals. Of that number, approximately two-thirds are pursuing their medical education and training in the states party to this suit. These individuals, in qualifying for DACA status and pursuing a medical education, have demonstrated a commitment to acquiring the skills and professional attributes of a physician to improve the health of Americans throughout the country.
5. With the nation’s population growing and becoming more diverse, it is crucial that our physician workforce is prepared to mitigate racial, ethnic, and socioeconomic health disparities. Aspiring physicians with DACA status help our country produce a diverse and culturally responsive health care workforce to meet the needs of underserved populations, improve cultural awareness, and promote health equity.
6. Research demonstrates that diversity in the health professions leads to improvements in access to care for the underserved and in quality care overall. We have found that diversity contributes to increased exposure to divergent perspectives, enhances cognitive complexity, promotes civic engagement and facilitates more inclusive teaching

and educational content. Diverse medical school classes enhance the ability of the entire health professional workforce to provide culturally competent care to individuals regardless of their background. Diversity in health professional teams has contributed to greater productivity, creativity and innovation, with positive implications for advancing science and health care.

7. To become a licensed physician, an individual must complete four years of medical school and between three and seven years in a medical residency program, pass national medical knowledge and clinical skills examinations, and thereafter meet the standards set by state licensing boards for eligibility to practice medicine. Revoking an aspiring or practicing physician's authorization to live and work in the United States will result in the loss of a multi-year investment by medical school and teaching hospitals in these highly-qualified learners and leave significant gaps in our country's healthcare workforce, to the detriment of hospitals, health systems, patients, and communities throughout the United States.

Pursuant to 28 U.S.C. § 1746(2), I declare under the penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge.

Handwritten signature of John E. Prescott, M.D. in cursive script, underlined.

John E. Prescott, MD

September 25, 2017