Written Report

Concerning

Medical Review of an Amended Federal Order for Quarantine, Isolation, or Conditional Release

Pursuant to 42 C.F.R. § 70.16(*l*)

June 11, 2026

I. Summary

Angela Perryman requested a medical review of the amended quarantine order issued to her on May 31, 2026. Ms. Perryman requested this review because she is challenging the determination in the reassessment of the amended order that there were no less restrictive alternatives that would adequately serve to protect public health. Based on my review of the facts and other evidence made available during the medical review, in my professional judgment, there is a reasonable belief that Ms. Perryman could be infected with a quarantinable communicable disease in a qualifying stage. Further, in my professional judgment, the amended federal quarantine order should be rescinded if the Florida Department of Health agrees to accept responsibility for Ms. Perryman's continued public health monitoring, to include remote symptom monitoring once daily and access to 24-hour assistance from a public health authority in the event she develops symptoms. This less restrictive alternative of continued quarantine at Ms. Perryman's residence with oversight by the Florida Department of Public Health would adequately serve to protect public health.

II. Authority to Conduct Medical Review

On May 20, 2026, the Secretary of the U.S. Department of Health and Human Services appointed me to serve as a Quarantine Medical Reviewer for purposes of conducting quarantine medical reviews relating to the Andes virus pursuant to the U.S. Constitution, Article II, § 2, cl. 2, and section 361 of the Public Health Service Act (PHSA), 42 U.S.C. § 264. In this role, I must conduct medical reviews, make findings of fact, and issue recommendations in matters pertaining to the issuance of quarantine, isolation, and conditional release orders as authorized by section 361 of the PHSA and 42 C.F.R. § 70.16.

I am the Director of the Division of Healthcare Quality and Promotion at the Centers for Disease Control and Prevention (CDC). I did not issue the initial Quarantine Order or the Amended Quarantine Order at issue in the present medical review, and I have no previous connection to this case.

III. Procedural History

On May 18, 2026, the Senior Official Carrying out the Delegable Duties of the CDC Director (Senior CDC Official), issued a Quarantine Order pursuant to section 361 of the PHSA and 42 Code of Federal Regulations Part 70 (Interstate). Ex. 1, at 1-5. This Quarantine Order applies to Angela Perryman who CDC assessed as having a high-risk exposure to the Andes virus while on board the M/V Hondius. *Id.* at 1. CDC found that Ms. Perryman was in a qualifying stage (pre-communicable) of Andes virus infection and that this disease would be likely to cause a public health emergency if transmitted to other individuals. *Id.* In addition, CDC found that if Ms. Perryman were released from the National Quarantine Unit (NQU) at the University of Nebraska Medical Center, she would be moving or about to

move from one U.S. state into another or constitute a probable source of infection to other people who may be moving from one U.S. state into another. *Id.* Ms. Perryman was ordered to quarantine at the NQU for 21 days from the first day that she did not have a possible exposure to the Andes Virus. *Id. A*t 2. Her federal quarantine period was set to end on May 31, 2026. *Id.* at 2.

On May 20, 2026, the Assistant Secretary for Health (ASH) issued a Reassessment Order continuing the Quarantine Order. *Id.* at 19-21. Based on a review and reassessment of the record, in addition to finding that the Quarantine Order was supported by the evidence, appropriately issued, and remained necessary to protect the public's health, the ASH found that there were no less restrictive alternatives to quarantine at the NQU that would serve to protect the public's health.

On May 21, 2026, Ms. Perryman requested a medical review pursuant to 42 C.F.R. § 70.16. Ms. Perryman subsequently withdrew her request.

On May 31, 2026, CDC issued an Amended Quarantine Order, ordering Ms. Perryman to remain at the NQU for up to an additional 21 days, through June 21, 2026. *Id.* at 23-27. This order stipulated that CDC might end the quarantine sooner if Ms. Perryman's state of residence, Florida, agreed to accept responsibility for public health monitoring and supervision under terms approved by CDC.

On June 3, 2026, the ASH issued a Second Reassessment Order continuing the Amended Quarantine Order. *Id.* at 43-46. After a review and reassessment of the record, the ASH found that the Amended Quarantine Order was supported by the evidence, appropriately issued, and necessary to protect the public's health. *Id.* at 45-46. The ASH additionally found that continued quarantine at the NQU was the least restrictive means of protecting the public health because it is the only place where she would receive 24/7 oversight and twice daily in-person monitoring. He recommended that CDC continue discussions with the Florida Department of Health about the potential transfer of Ms. Perryman into its custody.

On June 3, 2026, Ms. Perryman confirmed her request for a medical review of the Amended Quarantine Order pursuant to 42 C.F.R. § 70.16. Ms. Perryman's counsel and Ms. Perryman were provided with a copy of the administrative record on June 3, 2026, and June 4, 2026, respectively. The administrative record includes the documents upon which the Senior CDC Official and ASH relied in making their determinations to issue the Amended Quarantine Order and the Second Reassessment Order.

The medical review was conducted on June 5, 2026, by teleconference.

At the medical review, Angela Perryman was represented by Steven Hyman and Norman Siegel authorized advocates of Ms. Perryman. Ms. Perryman's representatives submitted Exhibits [5-6], attached to this report and described in the Index of Exhibits, for my consideration. CDC called upon the following witnesses to provide testimony at the medical review: Dr. Christopher Braden, Acting Director of CDC's National Center for Emerging and Zoonotic Infections Disease, and Dr. David Fitter, Director of CDC's Division of Global Migration Health. Dr. Braden submitted Exhibit [3], attached to this report and described in the Index of Exhibits. Additionally, I called upon Dr. Gregory Mertz, Emeritus Professor of Internal Medicine and Medical Director of the Clinical Trials Unit at the University of New Mexico Health Sciences Center and Center for Global Health, to serve as a witness and provide testimony at the medical review.

IV. Facts

A. Andes Virus: Background and Transmission

Andes virus is a severe and potentially fatal illness for which no specific antiviral therapy or vaccine currently exists. Ex. 1, at 16, 40. Early symptoms, including fever, headache, muscle aches, nausea, and fatigue, can easily be confused with influenza or other common viral illnesses, which complicates early detection. Ex. 2, at 30:20-31:1; *see also* Ex. 1, at 34. In symptomatic patients, the typical clinical course begins with several days of fever, muscle aches, possible backache, and diarrhea, and may then progress to a cardiopulmonary syndrome that can be rapidly fatal. Ex. 2, at 44:21-25. The interval between onset of shortness of breath and death can literally be hours, making prompt recognition and care essential. Ex. 2, at 45:16-23.

Symptoms of Andes virus usually appear within 4 to 42 days after exposure. Ex. 1, at 34. Based on a review of person-to-person transmission events and outbreak reports, CDC estimates the median incubation period is approximately 20 days, with the greatest risk of developing symptoms occurring within the first 21 days. *Id.* The risk of developing the disease beyond 42 days is very remote. Ex. 2, at 39:22-43:1; 43:10-13.

With respect to transmission, the risk is greatest when individuals are symptomatic, and most likely during the early phase of illness. Ex. 1, at 34; Ex. 2, at 43:18-44:10. Transmission may also occur a few days prior to the onset of symptoms, Ex. 2, at 43:23-44:3, though there is no documented evidence of presymptomatic transmission, Ex. 1, at 40.

B. Ms. Perryman's Exposure and CDC's Initial Response

Ms. Perryman was exposed to one or more individuals infected with Andes virus aboard the M/V Hondius and CDC assessed her as having a high-risk exposure. Ex. 1, at 1-2. CDC determined that she was in the pre-communicable qualifying stage of Andes virus infection, with her last potential exposure occurring on May 10, 2026, the date she disembarked from the vessel. *Id.* at 1, 15-16. The administrative record contains no evidence that Ms. Perryman has developed any symptoms that might indicate an Andes virus infection.

In response to the outbreak aboard the M/V Hondius, CDC airlifted Ms. Perryman and seventeen other passengers to the National Quarantine Unit (NQU) at the University of Nebraska Medical Center. There Ms. Perryman was issued an initial Quarantine Order, which required a 21-day quarantine period at the NQU to be followed by a 21-day monitoring period. Ex. 1, at 16-17.

In the declaration supporting the Amended Quarantine Order, Dr. David Fitter stated that as an alternative to completing the full monitoring period at the NQU, CDC offered passengers, including Ms. Perryman, the option of returning to their home jurisdictions, provided that local health authorities agreed to oversee the remainder of the monitoring period under terms approved by CDC. Ex. 1, at 39.

C. CDC's Monitoring Requirements and Florida's Response

As part of its terms for home monitoring, CDC required state and local health departments to ensure 24/7 oversight and monitoring for fever, symptoms, and health status at least twice daily in

person, carried out by a community health worker. Ex. 1, at 40. Of the 18 repatriated M/V Hondius passengers, five were permitted to return to their home states, with at least four states — Arizona, California, New York, and Oregon — agreeing to accept those conditions. *Id.* at 39. All states that have received repatriated M/V Hondius passengers have accepted the conditions imposed by CDC. Ex. 2, at 51:9-23.

Ms. Perryman's home state of Florida, however, did not accept CDC's conditions. On May 28, 2026, the Florida Surgeon General wrote to CDC stating that the Florida Department of Health did not believe it was necessary to implement the federal conditions of 24/7 continuous surveillance and twice-daily in-person monitoring at the individual's residence. Ex. 1, at 214. Florida reiterated this position on May 30 and May 31. *Id.* at 40. In lieu of CDC's requirements, Florida proposed that, upon Ms. Perryman's release, it would issue a voluntary agreement providing for once-daily telehealth monitoring, including temperature checks and symptom assessments. *Id.* at 214-15. CDC did not accept that alternative, and as a result issued the Amended Quarantine, ordering Ms. Perryman to remain at the NQU. The disagreement between CDC and Florida over the appropriate monitoring conditions forms a central dispute in this medical review.

CDC's stated goal in issuing the Quarantine Orders was to reduce the likelihood of secondary transmission while monitoring is ongoing, even as the overall risk to the general public remains extremely low. Ex. 1, at 16, 40. Certain public health concerns also informed CDC's decision to impose restrictions on M/V Hondius passengers, including the severity of Andes virus and the absence of effective treatment options. Ex. 1, at 16, 40. CDC concerns also included that early symptoms can easily be confused with influenza or other common viral illnesses, which complicates early detection. Ex. 2, at 30:20-31:1; *see also* Ex. 1, at 34.

D. Ms. Perryman's Challenge to the Quarantine Order

At the medical review, Ms. Perryman challenged the Amended Quarantine Order on two related grounds. First, counsel asserted that the 24/7 oversight and in-person monitoring requirements, which Florida has declined to implement, are not medically necessary. Ex. 2, at 16:15-17:5. Second, counsel asserted that those requirements exceed what the federal government has imposed on other individuals assessed as equally high-risk. *Id.* at 22:4-12. In their independent analysis, Drs. Demetre Daskalakis and Jeremy Faust similarly asserted that such individuals have already been released for home monitoring without being subjected to continuous 24-hour observation or equivalent measures. Ex. 4.

The comparison group that both counsel and Drs. Daskalakis and Faust referenced was the first group of M/V Hondius passengers who disembarked in late April and returned to their homes in the United States. Ex. 2, at 19:8-20:9; Ex. 4. At the medical review, CDC's witnesses were unable to speak to the conditions under which those individuals were monitored by their local public health departments, as they had not seen the relevant quarantine orders or been involved in discussions regarding the monitoring of that group. Ex. 2, at 34:11-17, 34:24-35:5.

In support of her consistency argument, counsel also pointed to the Commissioner's Order issued by the Westchester County Department of Health for the quarantine of [redacted], another passenger who was under a federal quarantine order at the NQU, which permits monitoring by teleconferencing, a condition CDC accepted. Ex. 2, at 22:5-11. The quarantine protocols included in that order require that "at least twice per day at unannounced times, you must have a call with the

WCDH, NYSDOH, or a designated agent thereof, to do a symptom monitoring check and to have you take your temperature under observation, which shall be done either via a secure, HIPAA compliant teleconferencing platform or in person at your residence, at the WCDH's discretion." Ex. 5, at 5. The protocols further provide that quarantined individuals may be asked to "step outside" and make themselves "visible to the WCDH, NYSDOH, or its agent," that they "must answer or respond to any contact from the WCDH," and that if WCDH is unable to reach them an in-person visit will be conducted. *Id.* While CDC's witnesses did not speak specifically to the conditions under which [redacted] is being monitored by Westchester County, CDC confirmed that all states that have received repatriated M/V Hondius passengers have accepted the conditions imposed by CDC. Ex. 2, at 51:9-23.

E. Dr. Mertz's Analysis

To assist in evaluating the competing positions presented at the medical review, I called upon Dr. Gregory Mertz, an internationally recognized expert in Andes virus with direct experience in the countries where the disease is endemic, to provide expert testimony. Dr. Mertz is an internationally recognized expert in Andes virus with direct experience in the countries where the disease is endemic.

Dr. Mertz testified that the protocols CDC has imposed on Ms. Perryman are far greater than what is commonly followed in Chile and Argentina, countries that have managed thousands of Andes virus cases and their household contacts. Ex. 2, at 44:11-20. For this reason, he believed the in-person monitoring is unnecessary. *Id*. He testified that remote monitoring is feasible through video on a smartphone or a smart thermometer app. Ex. 2, at 45:24-46:13. He recommended that a 24-hour point of contact be established so that Ms. Perryman would know who to contact if symptoms developed, that a pre-arranged transport plan to an appropriate hospital be put in place, and that the receiving hospital's critical care and ECMO (extracorporeal membrane oxygenation) teams be notified in advance that a monitored patient might present. Ex. 2, at 47:2-12.

Dr. Mertz also addressed the consequences of delayed care. He testified that if symptoms arise, a patient should seek care immediately at a medical center with ECMO capability and advised that Ms. Perryman identify such a center near her Florida home in advance. Ex. 2, at 45:4-15. He noted that given the rapid progression the disease can take, a patient should not wait until shortness of breath develops to seek care. Ex. 2, at 45:16-23. He further testified that a person aware of her potential exposure would likely take any emerging symptoms seriously and seek medical attention promptly. Ex. 2, at 45:4-7.

F. Ms. Perryman's Testimony

Ms. Perryman testified that she had already discussed home monitoring requirements with the Florida Department of Health in preparation for an earlier release date, and that the parties had reached an agreement she described as exceeding CDC's requirements, to which she "readily agreed to comply." Ex. 2, at 28:3-9. She acknowledged that her condition could pose a danger to the public if close and prolonged contact occurs and stated that she has no objection to video monitoring and would fully comply with all public health requirements. Ex. 2, at 28:9-11; 50:8-12. She also stated that she would follow Dr. Mertz's advice and was actively working with the Florida Department of Health to pre-arrange a care pathway with a local ECMO-capable hospital. Ex. 2, at 48:1-9. With respect to her living situation, she stated that she has a private bedroom and bathroom. Ex. 2, at 50:16-21.

Ms. Perryman testified that she holds a bachelor's degree in microbiology and a master's degree in emergency management. Ex. 2, at 24:2-4. She began her career as a firefighter before transitioning into environmental management and health and safety. *Id.* at 24:4-6. She spent 12 years working for the U.S. government — primarily with the Department of Defense and the Department of State — including 8 years in Iraq. *Id.* at 24:7-10. She subsequently worked in the oil and gas industry and in health and safety, during which time she was tasked with planning for the Ebola response in Chad. *Id.* at 24:10-14.

V. Applicable Law

The purpose of the medical review is threefold. The first purpose of the medical review is to ascertain whether a reasonable belief exists that Angela Perryman is infected with a quarantinable communicable disease in a qualifying stage. 42 C.F.R. § 70.16(c). In order to issue a quarantine order, the Director of the CDC must reasonably believe that an individual is infected with a quarantinable communicable disease in a qualifying stage and (1) is moving or about to move from a State into another State or (2) constitutes a probable source of infection to other individuals who may be moving from a State into another State. 42 C.F.R. § 70.6(a).

Quarantinable communicable diseases are defined in Executive Orders. 42 U.S.C. § 264(b). Executive Order 13,295, as amended by Executive Orders 13,375 and 13,674, contains the current list of quarantinable communicable diseases. This list includes the following quarantinable communicable disease:

> Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled. This subsection does not apply to influenza.

79 Fed. Reg. 45,671 (Aug. 6, 2014).

A "qualifying stage" means: (1) The communicable stage of a quarantinable communicable disease; or (2) The pre-communicable stage of the quarantinable communicable disease, but only if the quarantinable communicable disease would be likely to cause a public health emergency if transmitted to other individuals. 42 U.S.C. § 264(d)(2); 42 C.F.R. § 70.1. The "precommunicable stage" for individuals who do not enter the communicable stage means "the stage beginning upon an individual's earliest opportunity for exposure to an infectious agent and ending upon . . . the latest date at which the individual could reasonably be expected to have the potential to enter . . . the communicable stage." 42 C.F.R. § 70.1.

The second purpose of the medical review is to ascertain whether less restrictive alternatives would adequately serve to protect public health. 42 C.F.R. § 70.16(*l*). "Less restrictive alternatives . . . refer[s] to reasonable and available alternatives that are adequate to protect the public's health other than confinement in a guarded facility, such as home quarantine, directly observed therapy, or other forms of supervised release." Control of Communicable Diseases, 82 Fed. Reg. 6890, 6914 (Jan. 19, 2017). "Home quarantine or isolation would be considered as a less restrictive option to confinement in a guarded facility as long as this was determined to be safe for other household members, appropriate

based on the individual's ability and willingness to follow all necessary precautions and based on the individual's history of compliance with public health recommendations." *Id.* at 6912.

The third purpose of the medical review is to ascertain whether, in the medical reviewer's professional judgment, the Federal quarantine, isolation, or conditional release should be rescinded, continued, or modified. 42 C.F.R. § 70.16(e), (*l*).

VI. Analysis

The following is an analysis of the facts of the case, in the context of the three stated purposes of the Medical Review.

A. A Reasonable Belief of Infection

While Ms. Perryman does not challenge the Amended Quarantine Order on the basis that she is not in a qualifying stage of a quarantinable communicable disease as defined in the regulations, I will address this issue briefly. Based on my review of the facts and other evidence made available during the medical review, in my professional judgment, a reasonable belief does exist that Ms. Perryman could be infected with Andes virus, a "quarantinable communicable disease." And due to her last date of potential exposure on the M/V Hondius and the last date on which she could reasonably be expected to have the potential to enter the communicable stage, Ms. Perryman is in the precommunicable qualifying stage.

Having been potentially exposed aboard the M/V Hondius means it is possible that Ms. Perryman was infected and is currently in an incubation phase prior to manifesting symptoms of infection; it is also possible that she was never infected and will not develop symptoms. As the time since her last possible exposure grows longer and passes the most commonly observed timing for symptom onset among those who are infected, i.e., 3-4 weeks per facts noted above, it becomes progressively more likely that she was not infected. In my professional judgement, while Ms. Perryman is in a precommunicable, qualifying stage, the probability of Ms. Perryman entering the communicable stage and becoming symptomatic is progressively decreasing, changing the relative benefit of restrictive federal quarantine requirements compared with when the Quarantine Order was originally imposed.

B. Less Restrictive Alternatives

Based on my review of the facts and other evidence made available during the medical review, in my professional judgment, less restrictive alternatives would adequately serve to protect public health. In its Declaration of Medical Officer in Support of Amended Quarantine Order and witness testimony, CDC presented several concerns that informed its determination to extend the federal quarantine order unless Ms. Perryman's home state of Florida agreed to 24/7 oversight and in-person symptom monitoring. These include concerns that early symptoms might not be recognized and can be easily confused with influenza or other viral illnesses, concerns that patients are most infectious when first presenting symptoms, and concerns about the severity of the illness and lack of any effective treatments. Ex. 1, at 16, 40. Though these concerns are all supported by the evidence, Ms. Perryman's testimony, Dr. Mertz's testimony, and the availability of effective mitigation measures at Ms. Perryman's residence and in her home state have persuaded me that measures CDC is imposing on Ms. Perryman are not the least restrictive available and that CDC should allow Ms. Perryman to complete her monitoring period at home subject to alternative restrictions.

During her testimony, Ms. Perryman stated she is willing to complete the full duration of quarantine, i.e., 42 days, in home quarantine under observation by her local health department, without intent to travel between states or elsewhere once there. She is agreeable to direct or remote monitoring at her residence, noting her main desire is to be allowed to return home for the remainder of the 42-day period. She is also amenable to the recommendation that she work with her public health jurisdiction to plan for rapidly notifying public health authorities and seeking prompt medical evaluation should she develop any symptoms during the monitoring period. Ms. Perryman's home includes a private bedroom and bathroom, reducing the risk of close contact with other household members. Ex. 2 at 50:16-21. She expressed willingness to comply with video monitoring and stated that she is prepared to pre-arrange a care pathway with a local ECMO-capable hospital in the event she develops symptoms. Ex. 2, at 48:1-9; 49:25-50:3; 50:8-12.

Dr. Mertz is an internationally recognized expert in Andes virus. His testimony strongly supports the safety and effectiveness of home quarantine with remote observation. He specifically noted that countries that have had experience with thousands of Andes virus exposed individuals have routinely relied on less restrictive conditions than CDC is imposing on Ms. Perryman. Ex. 2, at 44:11-20. This statement along with his other testimony suggests that a public health authority could use remote monitoring during the quarantine period without causing secondary exposures within households or among the general public. He advised that the individual should seek care promptly if she begins to feel ill. He also described how infections with Andes virus initially manifest with non-specific symptoms such as fever, muscle aches, and abdominal pain, whereafter patients might progress to a cardiopulmonary syndrome that can be rapidly deadly. Ex. 2, at 44:21-25; 42:16-23. I concur with Dr. Mertz's observation that a person aware of her potential exposure would likely find the possibility of infection very concerning and would almost certainly take any symptoms very seriously, making it highly likely that there would not be a delay in notification and accessing care.

Florida proposed once-daily telehealth monitoring with remote temperature checks and symptom assessment as the conditions under which it would accept responsibility for Ms. Perryman's monitoring. Ex. 1, at 214–15. In my professional judgment, that protocol, supplemented by a pre-arranged care plan with a local ECMO-capable hospital, would adequately serve to protect public health. Dr. Mertz testified that countries with the greatest experience managing Andes virus have relied on less restrictive means than CDC is imposing on Ms. Perryman. Ex. 2, at 44:11-20. Dr. Mertz further affirmed that a person in Ms. Perryman's situation would almost certainly take any emerging symptoms very seriously, and I concur. Ex. 2, at 45:4-46:4. Given the decreasing probability that Ms. Perryman will become symptomatic at this point in the monitoring period, and her awareness of the public health risks and demonstrated willingness to comply, once-daily telehealth monitoring with temperature and symptom checks is adequate to protect the public health for the remainder of the 42-day period.

C. Quarantine Order

Based on my review of the facts and other evidence made available during the medical review, in my professional judgment the Amended Quarantine Order should be rescinded if the Florida Department of Health agrees to accept responsibility for Ms. Perryman's continued public health monitoring, to include remote symptom monitoring once daily and access to 24-hour assistance from a public health authority in the event she develops symptoms.

The intent of the quarantine order is to ensure that members of the public are not unwittingly exposed to an individual that might move through the community while infectious with Andes virus. The intent of the order can be effectively and less restrictively met with home quarantine combined with direct or remote monitoring. Ms. Perryman is willing to complete the remainder of the 42-day quarantine in her home under observation by her local health department. This is a reasonable and efficient approach that is consistent with the level of transmission risk associated with Andes virus infection. It is also consistent with the ongoing management of several other exposed individuals from the M/V Hondius.

VII. Recommendation

Based on the foregoing, in my professional judgment, I recommend that the Federal Amended Quarantine Order be rescinded to allow Ms. Perryman to return to her home for the remainder of the 42-day quarantine period, if the Florida Department of Health agrees to accept responsibility for Ms. Perryman's continued public health monitoring, to include remote symptom monitoring once daily and access to 24-hour assistance from a public health authority in the event she develops symptoms. In my professional judgment, this less restrictive alternative is adequate to protect public health.

MICHAEL BELL -S

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Date

Michael Bell, M.D.
Quarantine Medical Reviewer
Centers for Disease Control and Prevention

Exhibits to Written Report

Concerning

Medical Review of a Federal Order for Quarantine, Isolation, or Conditional Release

Pursuant to 42 C.F.R. § 70.16(*l*)

June [date] 2026

Exhibit No.	Description of Exhibit
1	Administrative Record dated June 3, 2026
2	Transcript of Medical Review dated June 5, 2026
3	Statement of Christopher Braden, MD dated June 3, 2026
4	Least Restrictive Means Analysis for Home-Based Monitoring of Former MV Hondius Passengers dated June 4, 2026
5	State of New York Westchester County Department of Health Commissioner's Order dated June 1, 2026