Consolidated Case Nos. 07-74754, 08-71038 and 08-72088

IN THE UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

DENNIS QUIAMBAO VITUG
A95-7281-132

Petitioner,

vs.

MICHAEL B. MUKASEY, Attorney General

Respondent.

On Petition for Review of Orders of the Board of Immigration Appeals

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BRIEF OF THE HIV & AIDS LEGAL SERVICES ALLIANCE AS *AMICUS CURIAE* IN SUPPORT OF PETITIONER-APPELLANT, DENNIS QUIAMBAO VITUG, URGING REVERSAL OF ORDERS OF THE BOARD OF IMMIGRATION APPEALS

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I. INTRODUCTION AND STATEMENT OF INTEREST OF *AMICUS*

Amicus curiae is a non-profit organization dedicated to serving the HIV and AIDS related civil legal needs of persons living with HIV or AIDS specific to immigration, housing, benefits, privacy and discrimination. The issues on review are therefore of particular interest to *amicus* because this case implicates the discriminatory and life-threatening impact on HIV positive individuals who may be detained and/or removed to the Phillippines. Therefore, the proper resolution of this matter requires consideration of the nature and extent of that impact with respect to the second issue on review: "whether the findings of the Immigration Judge ("IJ") substantially supports granting Mr. Vitug withholding of removal under 8 U.S.C. §1231(b)(3)(A) (2008).

A discussion of HIV discrimination in the context of denying withholding of removal provides an additional dimension of support for the findings of the IJ. Significantly, in denying the withholding of removal, the Board of Immigration Appeals (BIA) did not consider the discriminatory impact on persons with HIV in detention settings regarding both the denial of access to HIV related medical care and the persecution of persons due to the stigmas associated with HIV and AIDS.

The inevitable result of sustaining the BIA's decision is removal. For HIV positive persons who are removed to countries such as the Philippines, where few

social or medical options exist, the BIA's decision to deny withholding of removal is tantamount to condemning their ability to prolong their lives or obtain full participation in society. This brief therefore seeks to highlight the threat of discrimination and persecution against persons with HIV in detention facilities, specifically relating to the denial of access to HIV medical care and life-saving prescription drugs, as well as the discrimination and lack of medical access that exists for all HIV positive persons in the Philippines. *Amicus* submits this brief pursuant to Federal Rule of Appellate Procedure 29.

II. THE DISCRIMINATORY AND LIFE-THREATENING IMPACT OF DENYING HIV-RELATED MEDICAL CARE IN DETENTION FACILITIES

For an increasing number of detainees, the U.S. detention system robs them of their opportunity to seek refuge and in many instances inflicts its own human rights abuses. The United States currently houses more than 30,000 detained individuals in immigration detention centers, prisons and jails. When an HIV positive detainee is seeking relief through asylum, withholding of removal or under the Convention Against Torture Act , 8 C.F.R. §208.13 (2008) ("CAT"), they are entitled to be provided with the same reasonable medical care as they would receive in the community-at-large. Courts have long held that correctional

facilities must provide the same type of medical care that a person with a particular illness or disease would receive the community. Human Rights Watch, *Letter to Department of Homeland Security Urges Better Medical Care for Detainees with HIV and Aids*, at 3 (Jan. 9, 2008), and Human Rights Watch, *HIV/AIDS Services for Immigrants Detained by the United States*, at 2 (Oct. 3, 2007). Notwithstanding, this has not been the case with HIV positive detainees held in detention centers across the country.

Although a national correctional health standard may exist, it is not equally applied to all prisoners. In a press release on the Detainee Basic Medical Care Act, Senator Joe Lieberman stated: "Inferior medical care is one of the most egregious elements of inhumane conditions at immigration detention facilities. Our history as a compassionate nation requires that we meet and maintain far better standards at these facilities." Press Release, *Senate Committee on Homeland Secuirty and Governmental Affairs, Basic Health Care at Immigration Detention Centers: New Senate Legislation Introduced Today*, at 2 (May 12, 2008) http://hsgac.senate.gov/public/index.cfm [hereinafter *Press Release*]. Senator Lieberman's statement echoes the call of many other human rights advocates for change within the current medical care system in detention facilities across the nation. *See generally,* Human Rights Watch, *Chronic Indifference: HIV/AIDS*

Services for Immigrants Detained by the United States, 73 No. 5(G) (Dec. 2007) [hereinafter *Chronic Indifference*]. This change should reflect our nation's duty to provide adequate medical care to all detainees and treat them with human dignity, regardless of HIV or immigration status.

A. HIV POSITIVE PERSONS DETERIORATE RAPIDLY IN DETENTION DUE TO INCONSISTENT MEDICAL PROTOCOL, INTERRUPTIONS IN PROVIDING HIV MEDICATIONS AND VIOLATIONS OF PRIVACY

After the death of a transgender detainee in the former San Pedro, California detention facility, Human Rights Watch ("HRW") conducted and found that the primary causes of HIV positive detainees' health deterioration and death are attributable to inconsistent medical protocols, interruptions with HIV medication and the complete lack of respect for a HIV detainee's confidentiality pertaining to their medical status. *Chronic Indifference, supra* at 2, 20-21 The HRW study indicated that, by far, the most troubling concern of HIV positive detainees was that of the inconsistencies and interruptions in their medical treatment while in detention. *Id*.

Often times detainees do not receive any medication at all. For Victoria Arellano, the denial of life-saving HIV medications caused her death. Ms. Arellano was an HIV positive detainee who was denied access to her own HIV

medication and was eventually given an incorrect prescription. As a result, Ms. Arellano died two months after she was initially detained. *Press Release*, *supra*, at 1.

Peter R., an HIV positive detainee in the Hampton Roads Regional Jail facility in Portsmouth Virginia testified that he received only two of his three required HIV medications, if at all. *Chronic Indifference*, *supra*, at 22. Peter R. and many others interviewed confirmed that they could not expect to receive a check-up or follow-up exams. In many circumstances, medical attention is limited to treatment by a physician's assistant or registered nurse. *See generally, id.*

In the case of one detainee, his HIV medications were first taken away and he had to protest to receive treatment. *Id*. at 37. When he did begin to receive treatment, however, he was given no medical exam. The medical workers simply accepted his word and entered the information in a computer. When his health deteriorated and he placed a sick call, six days passed without a response. *Id*. at 37.

These are but a few experiences that describe the lack of adequate medical treatment for HIV positive persons in detention and exposes the incompetence of the medical staff and conscious disregard towards the HIV positive detainee's medical status. Limited medical personnel, transfer of medical records delays, and

cruel indifference to detainees with HIV, results in the inconsistent care within one detention facility. The failure to keep HIV positive detainees on a strict regimented care system increases the risk of drug resistance, placing the detainee's life at risk, while at the same time posing a serious threat to public health. Human Rights Watch, *HIV/AIDS Services for Immigrants Detained by the United States*, p.2, June 4, 2008, http://hrw.org/english/docs/2008/06/02/usdom18999_txt.htm [hereinafter *Immigrants Detained*].

B. DENIAL OF REASONABLE MEDICAL CARE FOR HIV-POSITIVE DETAINEES IS LIFE-THREATENING

In December 2007 HRW published a report that documented a systemic problem with the medical care standards for HIV positive detainees. *See generally*, *Chronic Indifference, supra.* This report was primarily conducted through interviews of nationwide HIV positive detainees. The findings illustrate how these detainees are treated as though they are invisible and how they are continuously denied the basic human right to adequate medical care. *Id*. The HIV positive asylum/withholding detainees are therefore especially vulnerable because their cases can take years to adjudicate. As a result, many detainees have no choice but to remain in federal custody for fear of forfeiting their right to advocate for relief.

The only alternative available to the detainee is to be removed to their home countries, thus exposing them to the persecution that they so desperately fled from. This alternative is not a viable choice. Consequently, this lack of meaningful choice often means that he or she will be forced to endure deplorable conditions within the detention facilities. In the detention setting where detainees are not afforded even the most basic medical care, there is a high likelihood that if the HIV positive detainee is unable to adhere to the antiretroviral therapy, he will die and/or transmit the virus to other detainees before having an opportunity to assert his claim of asylum/withholding of removal and/or CAT. Because detention staff and medical personnel often do not provide even basic medical care or otherwise comply with standard protocols, the consequences for HIV positive detainees become life-threatening.

C. LONG DELAYS ENDEMIC TO DETENTION FACILITY TRANSFERS CAUSES PROFOUND, ADVERSE CONSEQUENCES ON THE HEALTH AND SAFETY OF HIV POSITIVE DETAINEES

Currently there is a common practice to transfer detainees from one detention center to another for various legal, medical and overcrowding issues. A detainee may start his/her process in a county jail, transfer to a detention facility; and, because of his HIV status, be transferred yet again to a facility with

some form of medical care. From one day to another, with little to no notice, he/she may find themselves in another facility in a different state inaccessible to any outside assistance. Amnesty Int'l, USA, *Lost in the Labrynth: Detaintion of Asylum-Seekers*, AI Index AMR 51/115/1999, at 5 (Sept. 1, 1999).

In one study, findings showed that in case after case, the government's practice of imprisoning HIV positive asylum seekers inflicted further harm on an already traumatized population. Human Rights First, *Background Briefing Note: The Detention of Asylum Seekers in the United States: Arbitrary under the ICCPR*, p.11 (Jan. 2007). Asylum/withholding seekers were found to suffer extremely high levels of anxiety, depression and Post Traumatic Stress Disorder. *Id*. The study also indicated that these detainees are more likely to be verbally abused and mistreated by detention officers. *Id*. Consequently, the longer the delay in detention under these stressful conditions, the more likely he/she is to suffer from mental health issues which may detrimentally affect the outcome of his/her asylum case.

What is the impact on an HIV asylum, withholding of removal and/or CAT detainee to be held in detention for unreasonable periods of time? Many detainees flee from their native countries for fear of persecution. Often it is not until after

they are in the U.S. that they are infected with HIV.[1] Living with HIV then becomes an additional fear factor in returning to their home country. Some detainees seek asylum/withholding of removal in the U.S. because of their newly acquired HIV status. Holding detainees in detention facilities for unreasonable delays creates serious consequences for the HIV positive detainee. Health complications that begin with frequent colds and flues often lead to more serious health problems. These complications include exposure to opportunistic infections, drug resistance, and, ultimately, death. *Immigrants Detained*, *supra*, at 2. Therefore, the longer the HIV positive detainee remains in custody, the greater the probability of transmission of the virus to other detainees.

D. UNAUTHORIZED DISCLOSURE OF HIV STATUS IN DETENTION FACILITIES FUELS STIGMA AND PERPETUATES DISCRIMINATION

The fundamental right to privacy in one's medical condition is not always extended to detainees in detention settings. For HIV positive detainees, the unauthorized disclosure of HIV status to third parties is devastating, exposing HIV detainees to discrimination and harassment. HRW's findings on confidentiality within the detention system revealed that the HIV status of detainees was

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[1]Mr. Vitug did not contract HIV until 2005, after he came to the United States. (Petitioner-Appellant's Opening Brief at pp.9-10).

constantly disclosed to third parties due to crowded pill distribution protocols and staff insensitivity. *Chronic Indifference*, *supra*, at 20. The following accounts illustrate the effects of indifference towards the detainees' expectation of medical privacy.

Anna F, a detainee at Bergan County Jail in Hackensack, New Jersey candidly spoke about the lack of confidentially and the staff's insensitivity within the detention facility: “Anna stated that the pill distribution procedure at Bergan County is not confidential. Prisoners and detainees crowd up to the pill cart, where individual medical files are sometimes left open with the contents visible." *Id.* at 27-28. Anna F was asked by ICE officers in front of other detainees, "[a]re you the one that's HIV positive?" *Id*.

Nargis, a 31-year-old HIV positive woman who was detained for three and a half years, recounted an incident that led her to believe that even her conversations during sick call with a medical professional were not confidential. She recalled security officers in the room during a sick call with the nurse:

> Security officers remained in the room during sick call visits, overhearing all that was said between the detainee and the nurse. She believes that the guards talked about her condition in front of other detainees. She once offered to serve the meals to the other detainees in the dorm, but the detainees told her that they did not want her to touch their food. ‘The guards said that the detainees were right, and that I should clean the toilets instead.’ *Id*. at 32.

Unauthorized and unlawful disclosures of medical privacy are commonplace in detention facilities. This fact is devastating to HIV positive persons given the stigma associated with HIV and AIDS. "Few aspects of a handicap give rise to the same level of public fear and misapprehension as contagiousness." *School Board of Nassau County, Fla. v. Arline,* 480 U.S. 273, 284 (1987). "The particular associations HIV and AIDS shares with sexual fault, drug use, social disorder, and with racial minorities, the poor, and other historically disenfranchised groups accentuates the tendency to visit condemnation upon its victims." Susan Sontag, *AIDS and Its Metaphors*, at 44-46, 54- 59 (1989); *see also* Mary Dunlap, *AIDS and Discrimination in the United States: Reflections on the Nature of Prejudice in a Virus,* 34 Vill. L. Rev., at 909, 917-20 (1989).

III. GOVERNMENT BARRIERS TO HIV-RELATED MEDICAL TREATMENT, HIV EDUCATION AND PREVENTION IN THE PHILIPPINES

A. THE LACK OF MEDICAL TREATMENT FOR PEOPLE LIVING WITH HIV IN THE PHILIPPINES

The stigma directed towards those living with HIV in the Philippines is discernable in many ways, most particularly with regard to diagnosis and treatment. As one Filipino woman described her HIV test, her legs were spread

and her vagina swabbed with cotton. She was then told that she had failed as she was having too much sex. She was never informed that she was HIV positive, thus preventing her from seeking any treatment. Human Rights Watch, *Unprotected: Sex, Condoms, and the Human Right to Health in the Philippines*, Vol. 16, No. 6 at 58 (2007) [hereinafter *Unprotected*]. Furthermore, while AIDS-related laws in the Philippines require informed consent for HIV testing, very few clinics take this requirement seriously. *Id.* at 59. Consequently, many in the Philippines do not wish to take HIV tests, which, in turn, prevents them from seeking routine healthcare. *Id.* at 60.

If an individual living with HIV seeks medical treatment, the likelihood that he/she will receive any treatment, HIV-specific or generally, is low. Currently, few government funds are utilized towards HIV prevention/treatment.[2] Given that the average cost for the lowest priced antiretroviral drug is $548.38,[3] this prevents many from receiving treatment, as the average Filipino annual income is approximately $3,381.70.[4] Health Action Information Network, *HIV and AIDS*

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[2]LAGABLAB.com, ASEAN Urged to Prioritize HIV/AIDS Prevention, Treatment & Care, http:lagablab.wordpress.com/2006/06/29/asean- urged-to-prioritize-hivaids-prevention-treatment-and-care/

[3]Filipino Peso 24,000 (Currency Conversion, www.xe.com/ucc/)

[4]Filipino Peso 148,616 (Currency Conversion, www.xe.com/ucc/)

Country Profile: Philippines 2005, at 2 (October, 2005) [hereinafter *HAIN Profile*]. Studies show that, as of 2003, "there are … less than 40 patients receiving antiretroviral treatment" via government-sponsored programs.[5] While the Filipino government reports that less than 2,000 Filipinos have been diagnosed as having HIV, other authoritative estimates suggest as many as 15,000 to 150,000 Filipinos may be living with HIV, the disparity attributable to a lack of reporting. Ted Lerner, *Philippines Sits on HIV Time Bomb*, ASIA TIMES, at 2 (April 1, 2003). This leaves thousands living with HIV no hope for treatment for their affliction. Living with HIV in the Philippines, therefore, essentially consigns an individual to death.

As many of the more seasoned medical experts flee the country to work abroad, HIV and AIDS care suffers since HIV medical care is already a field avoided by many health professionals because of stigma. *HAIN Profile*, *supra*, at 2. Furthermore, many of the health professionals in the country choose to stay in the cities, with a high proportion working in Metro Manila. This leaves rural individuals living with HIV few options for medical treatment outside of urban centers. *Id.* at 12. Outside of the larger cities, only 69 to79 doctors service the

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[5]AMFAR.com, HIV in the Philippines: Low and Slow?, http://amfar.org./cgi-bin/iowa/asia/news?record=8.

most impoverished areas, few of whom specialize in the treatment of HIV. *HAIN Profile*, *supra*, at 12. The government's inability and outright refusal to fund HIV education even extends to the medical community as "many doctors in the provinces … through sheer ignorance, treat a particular disease without knowing the patient has HIV. Lerner, *supra*, at 2. Therefore, doctors are not aware of whether a HIV patient's ailment is related to HIV or whether the treatment itself may further compromise the patient's immunity, thus placing their life at risk.

Similarly, those who admit their HIV status when receiving medical treatment also experience HIV-related stigma and discrimination. Discrimination includes "experiencing delays in receiving treatment," or a flat-out denial of treatment.[6] Also, many "HIV positive patients were forced to wait for surgical procedures until [others] had been treated." *UNDP*, *supra*, at 6. Other forms of discrimination include noting patient charts or rooms with identifiable markers indicating that the individual is HIV positive, requiring repeated HIV testing at the patient's expense and beginning medical interviews presuming "risky behavior" as the cause of their infection. As such, these individuals are "less willing to seek healthcare for themselves." *Id.* at 7.

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[6]UNDP Regional HIV and Development Programme for Asia Pacific, HIV-Related Stigma and Discrimination in Asia: A Review of Human Development Consequences, at 6 (2007) [hereinafter UNDP].

B. GOVERNMENT AND THIRD PARTY INTERFERENCE WITH HIV EDUCATION AND PREVENTION IN THE PHILIPPINES

Poor medical treatment for persons living with HIV can easily be attributed to country-wide ignorance of HIV and HIV related information. The HIV and AIDS infection rate in the Philippines is often characterized as "low and slow." Lerner, *supra*, at 1. This has lead to the government's lackadaisical response to what many claim is an impending epidemic. *Id.* Many in the medical community classify the Philippines as ripe for an epidemic due to the country's large population of sex workers, and an overall low use of condoms by the population. *Id.* The Filipino government's indifference to the looming epidemic has led to negative consequences for people living with HIV and AIDS. There exists a dramatically stark lack of HIV-specific and general medical treatment for those living with HIV and AIDS. Stigma and discrimination in the general populace is also a great issue in the country.

Many government officials have ignored the plight of HIV positive individuals for fear of contravening the word of the Catholic Church ("Church") *See generally*, Lerner, *supra*, at 1. Some have even claimed that the prime reason the Philippines' HIV infection rate remains so low stems from their moral and religious convictions. *Id.* This, however, ignores that the amount of newly

diagnosed individuals per week have doubled in number in recent years. *HAIN Profile*, *supra*, at 4.

The Church has had the impact on stunting educational outreach measures throughout the country. One weapon in the fight against the spread of HIV and AIDS throughout the world has been the promotion of condom use. Yet the Church has condemned this, claiming condom use as immoral "family planning," a promotion of promiscuity. *Unprotected*, *supra*, at 17. Furthermore, the Church was also implicated in spreading altered scientific findings and falsely claimed that condom use increased the risk of HIV transmission. Lerner, *supra*, at 2. The Church's view on condoms has led many local governments to outlaw their use. Consequently, condoms are associated with criminality. Stories abound of Manila police conducting raids on various HIV-related NGOs offering free condoms. *Unprotected, supra*, at 28.

The campaign against the use of condoms is simply one example of how the Filipino government has manufactured misinformation and fear towards HIV positive individuals. While the government has touted its implementation of HIV and AIDS education and prevention laws, this system "is marred by a flawed legal framework, poor oversight, and a bias against condoms from the highest levels of government." *Id*. at 2. Thus, vulnerable classes or those living with HIV have "low

levels of knowledge of HIV . . . and poor treatment in public health activities." *Unprotected*, *supra*, at 2. Consequently, this "[i]ncomplete information … can both elevate HIV risk and fuel negative stereotypes about people living with the disease." *Id.* at 12. This is not completely unsurprising. The Filipino government and the Church attribute its "low and slow" infection rate to moral living and the belief that prayer can prevent HIV transmission. Lerner, *supra*, at 1. This then leads to the stigmatization of those living with HIV as "immoral" individuals whose lack of religious conviction led to their condition. Consequently, those living with HIV are less prone to seek education or treatment for fear of being characterized as immoral in their community.

C. THE FAILURE OF THE FILIPINO GOVERNMENT TO ENGAGE IN AFFIRMATIVE HIV EDUCATION AND PREVENTION PROMOTES DISCRIMINATION AGAINST PERSONS LIVING WITH HIV

As a result of the government's inability to educate the Country at large about HIV, many throughout the Philippines have attached a stigma to HIV positive individuals, as evidenced by the fact that 80% of women surveyed in the Philippines have a "negative attitude towards people living with AIDS." *Unprotected*, *supra*, at 12. Nearly "7 percent of individuals [questioned in a survey . . . had lost their jobs because of their HIV status" and nearly 10% were demoted.

Unprotected, *supra*, at 7. Knowing that some employers mandate an HIV test, many people living with HIV are discouraged from seeking jobs. *Id.* at 7. These actions serve as a blatant example of just how stigmatized people living with HIV are in the Philippines.

According to a study conducted by the National Demographic and Health Survey, which included 13,945 woman and 5,009 men, 76% of women and 79% of men reported that they felt that HIV-positive status should not be kept confidential. At Only 39% of women and 29% of men would be willing to care for a family member that became ill with HIV or AIDS. Also, to assess workplace discrimination, the study asked and only 14% of women and 11% of men thought that anyone afflicted with HIV should be allowed to teach.[7] These reports demonstrate that, in the Philippines, "HIV and AIDS threaten social cohesiveness and is a source of social isolation." *HAIN Profile*, *supra*, at 21.

IV. CONCLUSION

People living with HIV within the immigration system as a whole constitute an extremely vulnerable class. Any decision regarding any form of immigration relief must be viewed within the context of a person's HIV status. An individual

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[7]2003 National Demographic & Health Survey, http://www.census.gov.ph/hhld/ndhs_2003.html#comdiseases.

placed in Mr. Vitug's situation is confronted with the deprivation of any meaningful choice. Either he remains in detention to fight his case at the expense of his health, or he is removed to the Philippines and consigns himself to persecution. Unfortunately, as a result of the BIA's decision, Mr. Vitug's life is resigned to both fates.

Based on the foregoing, *amicus* strongly supports the petition filed on behalf of Mr. Vitug and urges the Court to reverse the BIA's decision and affirm the decision of the Immigration Judges granting withholding of removal.

Respectfully submitted,

Dated: August 12, 2008 By: _____

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CERTIFICATE OF COMPLIANCE WITH RULE 32(a)(7)(C)

Certificate of Compliance With Type-Volume Limitation, Typeface Requirements, and Type Style Requirements

1. Pursuant to Fed. R. App. P. 32(a)(7)(C), I certify that this brief complies with the type-volume limitation of Fed. R. App. P. 32(a)(7)(B) because this brief contains 3,749 words, excluding the parts of the brief exempted by Fed. R. App. P 32(a)(7)(B)(iii).

2. This brief complies with the typeface requirements of Fed. R. App. P. 32(a)(5) and the type style requirements of Fed. R. App. P. 32(a)(6) because this brief has been prepared in a proportionally spaced typeface using Word Perfect, v. 10, in 14 point, Times New Roman font.

I, Peggy Roman-Jacobson certify that the information contained in this certification is true and correct to the best of my knowledge and belief formed after reasonable inquiry.

Dated: August 12, 2008 Signed: _____

Peggy Roman-Jacobson, (CA Bar No. 210853)
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HIV & AIDS LEGAL SERVICES ALLIANCE

CERTIFICATE OF SERVICE

I, the undersigned, hereby declare as follows:

I am over the age of eighteen years and not a party to the within action. My business address is 3550 WILSHIRE BLVD, SUITE 750, LOS ANGELES, CA 90010.

On **August 7, 2008**, I served the following documents: **MOTION OF THE HIV & AIDS LEGAL SERVICES ALLIANCE FOR LEAVE TO FILE BRIEF AS *AMICUS CURIAE* IN SUPPORT OF PETITIONER-APPELLANT, DENNIS QUIAMBAO VITUG, URGING REVERSAL OF ORDERS OF THE BOARD OF IMMIGRATION APPEALS,** on the interested parties by placing a true copy thereof to be mailed and by depositing the same in a sealed envelope, with postage fully prepaid in the United States mail at Los Angeles, California, addressed as follows:

Brad W. Seiling Raphael A. Gutierrez Zoey Kohn MANATT, PHELPS & PHILLIPS, LLP 11355 West Olympic Blvd. Los Angeles, CA 90064-1614 2 Copies	Song E. Park United States Department of Justice Civil Division Office of Immigration Litigation P.O. Box 878 Ben Franklin Station Washington, D.C. 20044 2 Copies

[X] (FEDERAL) I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

This declaration was executed on the date of **August 7, 2008** at Los Angeles, California.

Signed: _____
Pedro Ramirez, Declarant