

**Testimony in SUPPORT of HB 1006**  
Immigration Enforcement - Sensitive Locations - Guidelines and Policies  
(Protecting Sensitive Locations Act)  
House Judiciary Committee

February 27, 2025

Dear Honorable Chair Clippinger, Vice Chair Bartlett, and Members of the Committee,

We, the undersigned, are medical and allied health professional students from the Johns Hopkins University School of Medicine, Bloomberg School of Public Health, and University of Maryland School of Medicine. We strongly urge a favorable report on House Bill 1006 - Protecting Sensitive Locations Act. This testimony reflects the views of those who have signed, and not necessarily the views of our institutions.

HB 1006 seeks to safeguard the integrity of schools, healthcare facilities, religious institutions and other sensitive locations by requiring the MD Attorney General to develop guidelines related to immigration enforcement at sensitive locations to guide State agencies operating within these locations in the adoption of certain policies. This legislation supports the right of all Maryland residents, irrespective of their immigration status, to access medical care and education as well as exercise religious freedoms without fear of intimidation or prosecution. HB 1006 stands to address urgent concerns related to the transformation of sensitive locations into potentially hostile and unsafe environments in which vulnerable populations, including the youth and the sick, are subject to poorly regulated ICE activity. HB 1006 represents an important avenue for mitigating an exacerbation of the educational and healthcare disparities experienced by these vulnerable populations and promoting greater equity. In Maryland, where nearly 300,000 undocumented residents contribute to the state's economy and society<sup>1</sup>, protecting sensitive locations ensures that families can access critical civil services and spaces without the constant fear of enforcement actions.

Since January 20, 2025, when the executive order to rescind the previous administration's policy restricting immigration enforcement in certain areas ("sensitive locations"), patients have come forward expressing fear of entering clinics to receive health care<sup>2</sup>, children have been frightened to go to school<sup>3</sup>, and worshippers have mentioned they no longer feel safe at church<sup>4</sup>. While the Maryland State Department of Education has published a guide for students and families regarding how to engage with ICE agents if they present at a school<sup>5</sup> and healthcare providers are working to create safer spaces for patients under the Maryland Attorney General's recent guidance,<sup>6</sup> Maryland residents remain fearful of intimidation while

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<sup>1</sup> <https://wearecasa.org/2023-annual-report/2023-annual-report-campaign-impact/>

<sup>2</sup> <http://doi.org/10.1136/bmj.r304>

<sup>3</sup> <https://marylandmatters.org/2025/01/30/advocates-urge-maryland-lawmakers-to-protect-sensitive-locations-from-immigration-raids/>

<sup>4</sup> <https://www.cbsnews.com/baltimore/news/maryland-immigration-enforcement-ice-trump-us-legislation/#>

<sup>5</sup> <https://marylandpublicschools.org/about/Pages/DSFSS/immigration.aspx>

<sup>6</sup> [https://www.marylandattorneygeneral.gov/News%20Documents/012825\\_25\\_Healthcare\\_Guidance.pdf](https://www.marylandattorneygeneral.gov/News%20Documents/012825_25_Healthcare_Guidance.pdf)

accessing essential services. Ultimately, this could contribute to lower healthcare utilization and vaccination rates as well as higher physiological stress levels, all of which increase the risk of chronic illness. Conversely, supporting these residents in feeling safe while accessing essential services will promote healthier families, better educational outcomes, public safety, and stronger communities.

As future physicians, public health professionals, and healthcare workers of Maryland, we support the Protecting Sensitive Locations Act because we would like to practice in a world where patients do not have to sacrifice their right to healthcare out of fear for their safety. Below, you will find a collection of stories from students in support of this bill.

- **Ellie Rose Mattoon:** Before starting medical school, I worked at a medical center in East Baltimore, serving families regardless of immigration status. Especially in the pediatrics department, undocumented parents of US citizen children worried about whether small actions like enrolling children in school, seeking emergency care, or even calling for a follow-up appointment would potentially attract the attention of immigration. It often took months to years to build up trust with these families to ensure that their children, the next generation of Maryland, received healthcare. I was lucky to work at a medical facility that stood together to protect our mixed-status families. The Protecting Sensitive Locations Act would ensure that this clinic and others in Maryland don't break trust with our families, and that all kids, regardless of their parents' immigration status, have the healthiest childhoods possible.

As a Catholic active in the Archdiocese of Baltimore, I'm aware that churches are a common haven for the most vulnerable in our cities, including immigrants who are potentially undocumented. Members of the church take it as our duty to worship with and serve all who come through our doors, regardless of whether they have papers on them. I encourage the committee to uphold the separation of church and state by protecting these places of worship from outside intervention by Immigration and Customs Enforcement.

- **Claire Wilson:** Healthcare is a human right and hospitals should be safe havens for people to come to in their time of need without fear.
- **Akanksha Suresh:** As a medical student, I have had the privilege of working with patients from diverse backgrounds, including undocumented immigrants. My experiences have shown me firsthand the fear and isolation that many of these individuals face when interacting with the healthcare system. This fear is not just a personal concern; it has significant implications for public health and safety.

In my obstetrics and gynecology clerkship, I encountered a patient who arrived at the emergency department in active labor, resulting in a birth on arrival. She was hesitant to provide her name or date of birth, which made it challenging for us to locate her in the electronic medical record and understand her pregnancy history and the pertinent health conditions that could affect her care. Ultimately, she had a safe delivery, but I

wonder about the myriad of things that could have gone wrong had her labor course or existing medical conditions been any different. We would later learn that her fear was rooted in concerns about being detained or denied care. She even noted trying to come into the hospital earlier for care, and turning away when she saw "law enforcement" (the security guards), whom she worried may ask for identification and detain her due to her immigration status. This experience underscores the anxiety and chronic stress that many undocumented immigrants face when accessing healthcare services due to fear of immigration enforcement.

As a future obstetrician and gynecologist, I am committed to delivering equitable care to all patients. However, when patients are afraid to seek medical attention, it places them at high risk for complications and poor health outcomes. The Protecting Sensitive Locations Act is crucial in addressing these concerns. By establishing clear guidelines for ICE operations at sensitive locations like hospitals, schools, and places of worship, this bill can help ensure that all individuals, regardless of immigration status, feel safe accessing essential services. This is particularly important for pregnant women and those with complex gynecologic who require consistent medical care.

I urge you to support this bill and help ensure that all residents of Maryland can access healthcare without fear of immigration enforcement. Thank you for your time and consideration.

- **Indira Jetton:** I write to express my wholehearted support in protecting undocumented immigrants in Maryland by ensuring their access to medical care, education, and religious freedoms without fear of intimidation or prosecution. Healthcare is a fundamental aspect of our community and a person's immigration status should never dictate their right to receive care.
- **Ifeyinwa Ojukwu:** Before beginning medical school, I volunteered with the US Committee for Refugees and Immigrants (USCRI). In particular, I supported clients receiving services through USCRI's physical and mental health programs. We worked with families of a variety of immigration statuses to educate them about preventive health resources, help them understand their rights as patients, and empower them to pursue their healthcare needs. I found this role to be incredibly fulfilling not only because I value its aims, but also because over successive client visits, I was able to appreciate complete transformations in a client's wellness and sense of agency. Undoubtedly, their ability to attend to their health and, relatedly, access services (immunizations, physical clearance, and more) that facilitated educational opportunities for youth and employment opportunities for adults played a significant role in these transformations. As a future physician, I feel it would be a profound disservice to deter our undocumented community members from accessing healthcare, schools, and other protected settings that have so clearly been vital to their wellbeing, success, and ultimately, their ability to uplift our shared communities. I respectfully urge you to take a stance against anti-immigration policies and the fear and hazard they precipitate in our communities by voting in favor of HB 1006.

- **Ria Arora:** Prior to starting medical school, I lived in Maryland for four years while attending Johns Hopkins University for my undergraduate studies. While at Hopkins, I spent two years as a patient advocate at a pediatric clinic, connecting uninsured Latino families to resources related to social determinants of health. Last year, I moved to Washington, DC and served as an AmeriCorps fellow at La Clínica del Pueblo in the Gender and Health Program. I connected Latina women who are survivors of gender-based violence to community-based resources, legal, and medical services. In returning to Johns Hopkins for medical school, I have continued to work with Latinx communities as part of the Refugee Health Program, providing support to asylum seekers in conjunction with the Asylee Women's Enterprise. This year marks my fifth year supporting Latinx communities in Maryland.

Throughout all these years, I have witnessed firsthand how the fear of immigration enforcement deters undocumented residents from seeking vital resources related to healthcare. While working as a health navigator with the Asylee Women's Enterprise, I saw how my patient was hesitant to sign up for patient assistance programs to afford her medications. Despite my reassurance that she would be able to access them without immigration enforcement stepping in, I could see the extent to which this threat became a barrier in access to affordable healthcare. As a future physician in Maryland aiming to work with undocumented communities, I respectfully urge a favorable vote on HB 1006. I want to practice in a world where patients do not have to sacrifice access to care out of fear of immigration enforcement.

- **Ashlee De Leon:** One of my primary missions in becoming a physician is to increase access to comfortable judgement-free healthcare to disadvantaged/marginalized communities, one of which includes undocumented immigrants. As a medical assistant in PG county prior to medical school, and now as a medical student in Baltimore, I have spoken to countless patients that are immigrants and thus very hesitant to seek care. Part of this is due to the threat that law enforcement will ultimately detain them due to their immigration status. When someone is going through a medical crisis, many have the privilege of remaining solely focused on seeking the help they need and putting their all into recovery. Because of the current executive orders signed, unfortunately those that are undocumented are instead having to worry about being detained and being ripped away from their family and loved ones, despite their medical status. They are forced into dangerous medical states, possibly even leading to life-threatening conditions. Anyone who believes in basic human rights should understand the importance of this bill in ensuring all patients can focus on addressing their health and quality of life. I strongly hope the committee takes this urgent issue into consideration as we strive for the health and well-being of all.
- **Shirin Parsa:** Healthcare, education, and religious freedom are fundamental human rights that should be accessible to all, regardless of immigration status. Hospitals, schools, and places of worship must remain safe havens where undocumented immigrants can seek care, knowledge, and spiritual support without fear of intimidation

or prosecution by ICE. Supporting legislation that protects these spaces from enforcement actions ensures that vulnerable individuals can receive medical treatment, pursue education, and practice their faith without jeopardizing their safety or well-being. No one should have to choose between their basic needs and living in fear.

- **Olivia Febles Simeon:** As a medical student and community mental health advocate for immigrant survivors of torture and human trafficking in Maryland, I witness every day how heightened immigration enforcement and dehumanizing rhetoric profoundly undermine people's sense of safety. Many of these vulnerable adults, teenagers, and children dread the possibility of encountering ICE in the very community centers and clinics where they seek critical mental healthcare, social support, and connection. Denying anyone—regardless of immigration status—the right to gather safely and seek essential services goes against our most fundamental moral obligations. I urge you to protect these sensitive locations and to please uphold the dignity of every person in Maryland.
- **Michael Mugerwa:** As a first-generation American and medical student, I am keenly aware of the resilience of undocumented communities and the key role they play in supporting our country's function and strength through firsthand experience. The unique challenges and fears they face as patients seeking healthcare will only be made worse by the executive order; it will weaken Maryland's communities if unopposed.

The executive order is a direct attack on justice within our healthcare system, and in doing so undermines one of the core principles of medical ethics. I strongly urge the committee to consider the shared humanity of those who will be most affected by this order, and to oppose the invasion of Immigration and Customs Enforcement into Maryland hospitals and clinics. Support for HB 1006 is support for the next generation of healthcare workers and our moral obligation to our patients, as well as the collective strength of Maryland's communities.

- **Shreya Daniel:** Doctors take an oath to provide quality care to every person, no matter their identity, life circumstances, or beliefs. The Protecting Sensitive Locations Act would support doctors in being able to deliver this care to all people. This Act would help make sure that people don't have to feel immense fear of being deported for seeking essential care at a hospital on top of the inevitable fear they will already feel about an uncertain health status.
- **Diego Mora:** As a medical student and future healthcare professional my personal goal is to help provide treatment to prolong life and alleviate suffering to any human being to best of my capacity, and as such I believe I have a duty to oppose any measure that would perpetuate barriers to healthcare. This act would undoubtedly help to save the lives of people who, regardless of their immigration status, have the right to live and seek medical care without having to weigh the risks of detention and deportation against potentially debilitating injury or death. I express my wholehearted support for HB 1006

and the development of guidelines that would protect the targeting of undocumented immigrants in their most vulnerable moments.

- **Kyle Patel:** As future physicians, we are called to provide the highest quality of healthcare to all patients. Current political attacks on immigrants have stripped our ability to fully realize that duty by creating confusion and chaos, affecting people's ability to seek care without fear of retribution. Irreversible societal harm and corrosion of trust in the healthcare system caused by these measures will have repercussions for many years to come. The Protecting Sensitive Locations Act seeks to preserve some of the trust and dignity that should be afforded to everyone in our community. I support its passage and encourage the legislature to do the same.
- **Howard Li:** As a future physician in the state of Maryland, I believe it is imperative that we indiscriminately provide the best and equal medical care to all individuals. I have seen firsthand through various experiences how important it is that hospitals remain a safe haven for the patients that we treat. I wholeheartedly support the Protecting Sensitive Locations Act.
- **Karthik Lalwani:** As future physicians, we are privileged to have the highest honor of impacting our patients in an incredibly meaningful way; with this responsibility comes advocating for our patients. I have worked with immigrant patients at a free clinic and witnessed the already-daunting barriers they face in healthcare, whether that is stigmatization or marginalization in their communities. The executive order strips these individuals of a fundamental human right, further marginalizing them in a nation where they play an essential role.

Support of the Protecting Sensitive Locations Act is a vital step in safeguarding the dignity of individuals in sensitive areas where they shouldn't fear for their wellbeing. I fully express my approval of the passage of HB 1006, which is a step in the right direction to strengthen our commitment to protecting the trust and safety of all Maryland residents.

- **Teddy Daniel:** As aspiring physicians, my peers and I aim to provide healthcare to all individuals, regardless of their immigration status. We cannot do our job if ICE targets hospitals. I implore you to protect our most vulnerable community members by supporting HB 1006.
- **Kiara Smith:** As an aspiring pediatrician, I truly believe that any action that prevents children from accessing the resources they need to be successful - be it nutrition, education, healthcare, a safe place to live, etc - it undermines everything that makes our country strong. It creates barriers to success for all children and their families in this country, and adds absolutely no productivity or value to our society. I very much hope that we will fight for the children of this country, and the basic American idea that everyone deserves access to education and healthcare so that they may have a chance at success.

- **Philip Huang:** Schools, hospitals, and houses of worship are vital sources of education, healthcare, and spiritual support that enhance the wellbeing of our communities. No child should skip school because they fear being arrested, nor should any individual feel terrified to practice their faith or attend a critical doctor's appointment due to the fear of deportation. As a medical student in Baltimore, I have had the opportunity to work alongside patients, including those who are undocumented immigrants, and I believe that safeguards are necessary to ensure that all individuals in our community feel comfortable accessing the education, healthcare, and spiritual support that they need. For this reason, I urge members of the House Judiciary Committee to vote in support of HB 1006.
- **Sahithi Madireddy:** As a future physician, I know how crucial it is that people who are most vulnerable have timely access to medical care. Hospitals are meant to be safe havens that serve as places of healing, not intimidation. When ICE is present at clinics and hospitals, healthcare workers can't do our jobs of making patients feel safe and cared for. Maryland has the chance to do the right thing in passing the Protecting Sensitive Locations Act.
- **James Kenniff:** It is well-documented in the public health literature that policy limiting the rights of immigrants in the United States is profoundly detrimental to their health and that of their loved ones. The health harms of increased immigration enforcement activity are not limited to those who are themselves undocumented, but these harms spill over concretely to their families and social networks. One study following a single major ICE raid showed subsequent increases in adverse birth outcomes among all people of Latino ethnicity in the entire state (doi:10.1093/ije/dyw346). Public policy that protects the stability of immigrants' lives protects the health of all people in Maryland, and I commend your commitment to our state's health by considering this bill.

Anti-immigrant public policy and rhetoric are also known to cause immigrants and their families to fear and thus delay essential healthcare services, leading to worse health outcomes and increased use of more expensive emergency care. I have heard from a Baltimore resident in the asylum process with months of abdominal pain reluctant to seek care because she had no place she could trust, her risk of serious harm escalating by the day. Rumors are circulating now that ICE has consulted organ donor lists for undocumented targets. Trust in healthcare facilities as centers of healing is eroding for major sectors of Maryland's population and you have the opportunity now to restore some of that faith. I wish you well.

- **Pooja Vikraman:** As a medical student in Maryland that will one day practice as a pediatrician, I must express how detrimental the dissolution of the Protecting Sensitive Locations Act will be on Maryland's pediatric population. During my medical education, I have seen first-hand multiple patients who needed critical care that we were able to treat because the hospital was regarded as a safe place for all those seeking medical

attention, including undocumented patients. I have also witnessed the importance of family support and involvement in healthcare to guarantee a child's success in treatment. Removing protections of sensitive locations will discourage families vulnerable to ICE agents to seek vital and necessary care for their children. Moreover, if a child's health is in such severe jeopardy that one of these families has no choice but to risk going to the hospital, I fear that the family separation they may face will render all our efforts to care for their child futile. Further, in primary care settings, regular pediatric visits can screen for and prevent conditions that will benefit our entire state's population, regardless of background. For example, communicable diseases do not affect populations in isolation, so encouraging the wellbeing of every population in Maryland is going to protect all residents of Maryland in the end.

Erecting barriers to healthcare for these populations is a violation to their right to health, safety, and privacy in the US. If their rights are not reason enough, I cannot emphasize enough that the health of each child in our state contributes to the health of our community as a whole. Ensuring that the medical environment is a safe place for children and parents is crucial to the health of our families and our entire community, so I implore you to support HB 1006--if not for our most vulnerable populations, for all of us.

Thank you for your consideration and your leadership!

Sincerely,

1. Abigail Atkinson, Johns Hopkins University School of Medicine
2. Aidan Wiley, University of Maryland School of Medicine
3. Akanksha Suresh, Johns Hopkins University School of Medicine
4. Alannah Clarke, Johns Hopkins University School of Medicine
5. Amy Feng, Johns Hopkins University School of Medicine
6. Amy Li, Johns Hopkins University School of Medicine
7. Ana Zeghibe, Johns Hopkins University School of Medicine
8. Anahita Nimbalkar, Johns Hopkins University School of Medicine
9. Ananda Thomas, University of Maryland School of Medicine
10. Ananya Dewan, Johns Hopkins University School of Medicine
11. Ananya Iyengar, Johns Hopkins University School of Medicine
12. Andrea Orpia, University of Maryland School of Medicine
13. Andrea Rodriguez, Johns Hopkins Bloomberg School of Public Health
14. Andres Alcalde, University of Maryland School of Medicine
15. Angel Lee, Johns Hopkins University School of Medicine
16. Angela Yang, University of Maryland School of Medicine
17. Anika Hamilton, University of Maryland School of Medicine
18. Anissa Dallmann, Johns Hopkins University School of Medicine



19. Ann Marie Nolan, Johns Hopkins University School of Medicine
20. Anna Word, Johns Hopkins University School of Medicine
21. Anna Zamora, University of Maryland School of Medicine
22. Ashlee De Leon, University of Maryland School of Medicine
23. Ashley Tetens, Johns Hopkins University School of Medicine
24. Aunika Zheng, Johns Hopkins University School of Medicine
25. Becca Corder, University of Maryland School of Medicine
26. Bessie Liu, Johns Hopkins University School of Medicine
27. Betty Lulseged, Johns Hopkins University School of Medicine
28. Brandon Chen, Johns Hopkins University School of Medicine
29. Carol Cao, Johns Hopkins University School of Medicine
30. Charlyn Gomez, University of Maryland School of Medicine
31. Chiamaka Okonkwo, Johns Hopkins University School of Medicine
32. Chloe Craig, Johns Hopkins University School of Medicine
33. Claire Hao, Johns Hopkins University School of Medicine
34. Claire Wilson, Johns Hopkins University School of Medicine
35. Cody Chavarria, Johns Hopkins University School of Medicine
36. Da Kyung Jung, Johns Hopkins University School of Medicine
37. Dakarai Dunbar, University of Maryland School of Medicine
38. Delia Friel, Johns Hopkins University School of Medicine
39. Diana Chernyak, Johns Hopkins University School of Medicine
40. Diego Mora, University of Maryland School of Medicine
41. Eleni Panagopoulos, Johns Hopkins University School of Medicine
42. Ellie Rose Mattoon, Johns Hopkins University School of Medicine
43. Emily gao, Johns Hopkins University School of Medicine
44. Emma Giarracco, Johns Hopkins University School of Medicine
45. Emma Vail, Johns Hopkins University School of Medicine
46. Erica Lin, Johns Hopkins University School of Medicine
47. Erin Lynch, University of Maryland School of Medicine
48. Eunbin Catherine Choi, University of Maryland School of Medicine
49. Evelien van Gelderen, Johns Hopkins University School of Medicine
50. Faith Obilo, Johns Hopkins University School of Medicine
51. Fatima Nycole Hidalgo, University of Maryland School of Medicine
52. Flor de Maria Quiroz Moreyra, University of Maryland School of Medicine
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54. Grace Dobbins, University of Maryland School of Medicine
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56. Greg C. Pommier, Johns Hopkins University School of Medicine
57. Han Dewan, University of Maryland School of Medicine
58. Hannah Alton, Johns Hopkins University School of Medicine
59. Helen Nguyen, University of Maryland School of Medicine

60. Helen Zhang, Johns Hopkins University School of Medicine
61. Henry Stewart, Johns Hopkins University School of Medicine
62. Hima Konduru, University of Maryland School of Medicine
63. Hope Morath, University of Maryland School of Medicine
64. Howard Li, Johns Hopkins University School of Medicine
65. Ifeyinwa Ojukwu, Johns Hopkins University School of Medicine
66. Indira Jetton, University of Maryland School of Medicine
67. Ishan Vaish, University of Maryland School of Medicine
68. James Kenniff, Johns Hopkins University School of Medicine
69. Jasmine Kung, Johns Hopkins University School of Medicine
70. Jason Eaton, University of Maryland School of Medicine
71. Jennifer Paul-Quinn, University of Maryland School of Medicine
72. Jessica Herrera, Johns Hopkins University School of Medicine
73. John Loftus, Johns Hopkins University School of Medicine
74. Justin Sydloski, Johns Hopkins University School of Medicine
75. Karthik Lalwani, Johns Hopkins University School of Medicine
76. Kennedy Darling, Johns Hopkins University School of Medicine
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78. Keyara Piri, Johns Hopkins University School of Medicine
79. Kiara Smith, Johns Hopkins University School of Medicine
80. Kristopher Keppel, Johns Hopkins University School of Medicine
81. Kyle Patel, Johns Hopkins University School of Medicine
82. Laila Abujuma, University of Maryland School of Medicine
83. Lilith Liang, Johns Hopkins University School of Medicine
84. Linda Krasniewski, University of Maryland School of Medicine
85. Maria Vera Alvarez, University of Maryland School of Medicine
86. Melanie Danso, Johns Hopkins University School of Medicine
87. Melissa Sierra, University of Maryland School of Medicine
88. Michael Mugerwa, Johns Hopkins University School of Medicine
89. Michaela Bostwick, Johns Hopkins University School of Medicine
90. Michelle Qin, Johns Hopkins Bloomberg School of Public Health
91. Minna Njeh, University of Maryland School of Medicine
92. Mohammad Elmojtaba Gumma, Johns Hopkins University School of Medicine
93. Murphy Kenny, Johns Hopkins University School of Medicine
94. Nicole Page, Johns Hopkins University School of Medicine
95. Nishu Hosamane, Johns Hopkins University School of Medicine
96. Njambi Kiguru, University of Maryland School of Medicine
97. Noah Brookes, Johns Hopkins University School of Medicine
98. Olivia Febles Simeon, Johns Hopkins University School of Medicine
99. Philip Huang, Johns Hopkins University School of Medicine
100. Pich Seekaew, Johns Hopkins University School of Medicine

101. Pooja Karandikar, University of Maryland School of Medicine
102. Pooja Vikraman, Johns Hopkins University School of Medicine
103. Rebecca Osborn, Johns Hopkins University School of Medicine
104. Ria Arora, Johns Hopkins University School of Medicine
105. Rodrigo Colacho, University of Maryland School of Medicine
106. Sahithi Madireddy, Johns Hopkins University School of Medicine
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108. Samuel Jordan, Johns Hopkins University School of Medicine
109. Sara Case, University of Maryland School of Medicine
110. Sarah Abdellah, University of Maryland School of Medicine
111. Serin Baek, Johns Hopkins University School of Medicine
112. Shirin Parsa, University of Maryland School of Medicine
113. Shiv Ayappa, Johns Hopkins University School of Medicine
114. Shreya Daniel, Johns Hopkins University School of Medicine
115. Sophia Zhao, Johns Hopkins University School of Medicine
116. Sydney Wade, Johns Hopkins University School of Medicine
117. Syrus Razavi, University of Maryland School of Medicine
118. Teddy Daniel, Johns Hopkins University School of Medicine
119. Ursula Gately, Johns Hopkins University School of Medicine
120. Valeria Hernandez Munoz, Johns Hopkins University School of Medicine
121. Victoria Collins, Johns Hopkins University School of Medicine
122. Victoria Pinel, University of Maryland School of Medicine
123. Vishwanath Betapudi, University of Maryland School of Medicine
124. Zaynah Ahmed, University of Maryland School of Medicine