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**ATTORNEY\_NAME, Esquire**

**ATTORNEY\_ADDRESS**

Attorney I.D. #: ATTORNEY\_ID

ATTORNEY FOR DEFENDANT

COMMONWEALTH OF PA : COURT\_NAME

: COUNTY\_NAME

: CRIMINAL TRIAL DIVISION

v. :

: DOCKET\_NUMBER

DEFENDANT\_NAME :

**O R D E R**

**AND NOW**, this day of , 2020, upon consideration of the foregoing Emergency Motion for Bail Reduction/Pretrial Release and upon the Motion of ATTORNEY\_NAME, Esquire, attorney for the Applicant, who is the above-named defendant, DEFENDANT\_NAME, is hereby **GRANTED**. it is hereby **ORDERED** and **DECREED** that [ADDITIONAL ORDER REQUESTS].

BY THE COURT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J.

**ATTORNEY\_NAME, Esquire**

**ATTORNEY\_ADDRESS**

Attorney I.D. #: ATTORNEY\_ID

ATTORNEY FOR DEFENDANT

COMMONWEALTH OF PA : COURT\_NAME

: COUNTY\_NAME

: CRIMINAL TRIAL DIVISION

v. :

: DOCKET\_NUMBER

DEFENDANT\_NAME :

**EMERGENCY MOTION FOR BAIL REDUCTION/PRETRIAL RELEASE DUE TO PUBLIC HEALTH**

**AND SAFETY THREAT POSED BY COVID-19 PANDEMIC**

DEFENDANT\_NAME moves this Court for immediate release from pretrial detention. DEFENDANT\_NAME requests that the Court grant the motion, or, alternatively, hold an emergency hearing on this motion and allow the parties to appear by phone.

As the novel coronavirus that causes COVID-19 has spread across the globe, hundreds of thousands of people have been infected and thousands of people have died.[[1]](#footnote-1) There is no known cure. Development of a vaccine is likely at least 12 months away.[[2]](#footnote-2) The Pennsylvania Prison System has never confronted a global health pandemic like this one.[[3]](#footnote-3) Its facilities are unequipped either to prevent transmission of COVID-19 among detainees and staff or to isolate and treat individuals who become infected. For the reasons set forth below, DEFENDANT\_NAME’s ongoing pretrial detention poses an imminent threat to DEFENDANT\_NAME’s life and to the health and safety of the community from a deadly infectious disease.

Under these unique circumstances, the Court must release DEFENDANT\_NAME on appropriate conditions, at least until the resolution of this outbreak.

1. **BACKGROUND**
2. Procedural History
3. DEFENDANT\_NAME was arrested on ARREST\_DATE and charged with CHARGES.
4. DEFENDANT\_NAME has been detained prior to trial because they cannot afford to pay the BAIL\_AMOUNT required for pretrial release. If DEFENDANT\_NAME could pay this sum, they would be immediately released.
5. At no point since DEFENDANT\_NAME’s arrest has a judicial officer concluded that their pretrial detention is necessary to serve the government’s compelling interests in preventing flight or reasonably assuring public safety, as the federal Constitution requires. *United States v. Salerno*, 481 U.S. 739, 751 (1987); *Bearden v. Georgia*, 461 U.S. 660, 672 (1983). Neither has a judicial officer concluded that pretrial detention is necessary for assuring the safety of any person or the community, as the Pennsylvania Constitution requires. Pa. Const. art. I § 14.
6. The Public Health Crisis
7. On March 11, 2020, the World Health Organization declared a global pandemic.[[4]](#footnote-4) Citing “deep[] concern[] both by the alarming levels of spread and severity, and by the alarming levels of inaction,” it called for countries to take “urgent and aggressive action.”[[5]](#footnote-5)
8. Upon confirmation of two cases of COVID-19 infection in Pennsylvania, Governor Tom Wolf issued a Proclamation of Disaster Emergency on March 6, 2020, noting that “the possible increased threat from COVID-19 constitutes a threat of imminent disaster to the health of the citizens of the Commonwealth.”[[6]](#footnote-6) Normal life ceased. Across the state, schools, businesses, and government offices began to voluntarily close. People who have control over their bodies are self-isolating to prevent contracting or spreading this deadly disease.
9. As confirmed cases increased exponentially, and after the COVID-19-caused death of 55-year-old Carmine Fusco of Northampton County,[[7]](#footnote-7) Governor Wolf ramped up Pennsylvania’s response, ordering the statewide closure of all but life-sustaining businesses.[[8]](#footnote-8) Those include grocery stores, gas stations, farms, and transit systems.[[9]](#footnote-9) The governor has made clear that defiance of this order will result in stiff penalties.[[10]](#footnote-10)
10. On March 22, 2020, Philadelphia Mayor Jim Kenney instituted additional emergency measures to protect the public from COVID-19. Mayor Kenney issued a Stay-at-Home Order, which took effect on March 23, 2020 at 8:00 AM. That order prohibits gatherings of any number of people except as necessary for essential business and activities. Mayor Kenney clarified that essential services are those qualifying as life-sustaining, including grocery stores, hospitals, and veterinary hospitals.
11. As of April 2, 2020, over 213,000 people have been diagnosed with COVID-19 in the United States, with 4,513 deaths confirmed.[[11]](#footnote-11) Rikers Island in New York City had its first reported case of COVID-19 on Wednesday, March 17, 2020. Since then, as of March 22, 2020, there have been 38 confirmed COVID-19 cases in New York City Jails.[[12]](#footnote-12)
12. The number of people infected is growing exponentially. The death toll in Italy, which began experiencing this epidemic about a week earlier than the first diagnosed American case, saw a rise of 30% overnight in the 24 hours between March 5, 2020 and March 6, 2020, and a rise of 25% on March 15 alone—a day that killed 368 people in Italy.[[13]](#footnote-13) Experts predict similar rapid growth in the United States.
13. The numbers of people diagnosed reflect only a portion of those infected[[14]](#footnote-14); very few people have been tested, and many are asymptomatic transmitters.[[15]](#footnote-15) Thousands of people are carrying a potentially fatal disease that is easily transmitted—and few are aware of it.
14. The current estimated incubation period is between 2 and 14 days.[[16]](#footnote-16) Approximately 20% of people infected experience life-threatening complications, and between 1% and 3.4% die.[[17]](#footnote-17)
15. The virus is thought to spread through respiratory droplets or by touching a surface or object that has the virus on it.[[18]](#footnote-18) Thus, infected people—who may be asymptomatic and not even know they are infected—can spread the disease even through indirect contact with others.
16. Accordingly, officials and experts urge “social distancing”—isolating oneself from other people as much as possible.[[19]](#footnote-19) Social distancing is virtually impossible inside the Pennsylvania Prison System.
17. Other federally recommended precautions include frequent handwashing, alcohol-based hand sanitizers, and frequent cleaning *and* disinfecting of any surfaces touched by any person.[[20]](#footnote-20)
18. It is virtually impossible to engage in these basic preventive measures in the Pennsylvania Prison System.
19. During pandemics, jail facilities become “ticking time bombs” as “[m]any people crowded together, often suffering from diseases that weaken their immune systems, form a potential breeding ground and reservoir for diseases.”[[21]](#footnote-21) As Dr. Jaimie Meyer, an expert in public health in jails and prisons, recently explained, “[T]he risk posed by COVID-19 in jails and prisons is significantly higher than in the community, both in terms of risk of transmission, exposure, and harm to individuals who become infected.” *See* Exhibit 1, Declaration of Dr. Jaimie Meyer (“Meyer Decl.”) ¶ 7 (Mar. 15, 2020). This is due to a number of factors: the close proximity of individuals in those facilities; their reduced ability to protect themselves through social distancing; the lack of necessary medical and hygiene supplies ranging from hand sanitizer to protective equipment; ventilation systems that encourage the spread of airborne diseases; difficulties quarantining individuals who become ill; the increased susceptibility of the population in jails and prisons; the fact that jails and prisons normally have to rely heavily on outside hospitals that will become unavailable during a pandemic; and loss of both medical and correctional staff to illness. *Id.* ¶¶ 7-19.[[22]](#footnote-22)
20. When coronavirus suddenly exploded in China’s prisons, there were reports of more than 500 cases quickly spreading across five facilities in three provinces.[[23]](#footnote-23) In Iran, 54,000 prisoners were temporarily released to protect them and to protect the community from propagation of an outbreak.[[24]](#footnote-24)
21. People incarcerated in jail:
    1. Are typically housed in close proximity to others and unable to distance themselves;
    2. Spend significant time in communal spaces, such as eating areas, recreation rooms, bathrooms, and cells or holding areas, and they are unable to choose to do otherwise;
    3. Live in spaces with open toilets within a few feet of their beds, and are unable to access a closed toilet that would not aerosolize bodily fluids into their living spaces;
    4. Are constantly within six feet of other people, likely none of whom have been tested for COVID-19, and they are unable to choose to do otherwise;
    5. Must physically touch others or be touched by others, such as correctional officers and medical staff, many of whom have not been tested for COVID-19, and they are unable to opt out of this contact;
    6. Are frequently subjected to intimate contact by correctional staff, many of whom have not been tested for COVID-19, during searches of their person, including having those staff place their hands inside of people’s mouths and other body cavities;
    7. Lack recommended access to soap, water, tissues, and paper towels;
    8. Lack access to hand sanitizer that complies with CDC guidelines.
22. People in jail also lack access to quality, efficient medical care.[[25]](#footnote-25) Although an incarcerated person can request to see a member of the medical staff, those requests take significant time to process.
23. This combination of lack of adequate sanitation, close quarters, and limited medical capacity create an intolerably dangerous situation, putting detainees, jail staff, and the communities they belong to at greater risk of illness and death—without any compelling need. The constant cycling of people in and out of jail[[26]](#footnote-26) makes containment impossible, even if visitations are stopped.[[27]](#footnote-27)
24. Science shows that, within jails and prisons, isolation, segregation, and lockdown are ineffective against COVID-19. Meyer Decl. ¶ 10. Regardless, jails do not have the physical space to accomplish these efforts for the current jail population. COVID-19 can survive in the air, so separation in a facility where there is still other movement of people, and occasional interaction, will not contain it. Surfaces are still touched–inside cells, in bathrooms, and in transport, at the very least. Further, the reality is that some contact with others, whether through close proximity or actual contact, is inevitable. Kitchen staff, intake staff, officers and medical staff all interact with incarcerated people as a matter of course, even on lockdown.
25. Release Serves Public Health and Community Safety
26. [CLIENT-DEPENDENT SECTION ABOUT PARTICULAR VULNERABILITY, IF ANY—If especially compelling add to front page of motion].
27. [PARAGRAPH ABOUT RELEASE PLAN – WHERE WILL CLIENT GO, ANY RELEVANT CONDITIONS, ETC, IF AVAILABLE].
28. In Dr. Meyer’s words, “[r]educing the size of the population in jails and prisons is crucially important to reducing the level of risk both for those within those facilities and for the community at large.” Meyer Decl. ¶ 37.
29. In this unique moment, release *enhances* the safety of other people and the community—and is necessary to protect DEFENDANT\_NAME’s own health and safety. They must be able to exercise self-protective measures in a sanitary, disinfected space, and to maintain social distance from other community members to flatten the curve of the virus’s spread.
30. When DEFENDANT\_NAME was initially detained, circumstances were different; this Court must consider the stark change in circumstances.
31. **ARGUMENT**

COVID-19 is causing an unprecedented public health crisis that underscores the constitutional requirement that pretrial detention be a last resort. In this case, DEFENDANT\_NAME has been ordered released, but because their release is contingent on their making an upfront monetary payment, DEFENDANT\_NAME is still in jail. DEFENDANT\_NAME’s ongoing detention is both dangerous and unconstitutional.

1. Requiring Money Bond in this Case Means Defendant Will Be Detained

An order requiring an unattainable financial condition of release is a de facto order of pretrial detention. “[T]he setting of bond unreachable because of its amount [is] tantamount to setting no conditions at all.” *United States v. Leathers*, 412 F.2d 169, 171 (D.C. Cir. 1969) (per curiam); *United States v. Mantecon-Zayas*, 949 F.2d 548, 550 (1st Cir. 1991) (per curiam) (“[O]nce a court finds itself in this situation—insisting on terms in a “release” order that will cause the defendant to be detained pending trial—it must satisfy the procedural requirements for a valid detention order . . . .”). Every appellate court to address the question has agreed. *See ODonnell v. Harris County*, 892 F.3d 147, 162 (5th Cir. 2018) (holding that Defendants’ practices result in the “absolute deprivation of [indigent misdemeanor arrestees’] most basic liberty interests—freedom from incarceration”); *United States v. Leisure*, 710 F.2d 422, 415 (8th Cir. 1983) (“[T]he amount of bail should not be used as an indirect, but effective, method of ensuring continued custody.”); *Brangan v. Commonwealth*, 80 N.E.3d 949, 963 (Mass. 2017); *State v. Brown*, 338 P.3d 1276, 1292 (N.M. 2014 (“Intentionally setting bail so high as to be unattainable is simply a less honest method of unlawfully denying bail altogether.”)).

1. The U.S. Constitution Prohibits Pretrial Detention Unless It Is *Necessary* to Achieve Public Safety or Prevent Flight, and the Pennsylvania Constitution Imposes an Even More Stringent Prohibition

“In our society, liberty is the norm, and detention prior to trial or without trial is the carefully limited exception.” *United States v. Salerno*, 481 U.S. 739, 755 (1987); *id.* at 750 (holding that the “individual’s strong interest in [pretrial] liberty is “fundamental.”). This norm reflects the longstanding principle that “[f]reedom from bodily restraint has always been at the core of the liberty protected by the Due Process Clause.” *Foucha v. Louisiana*, 504 U.S. 71, 80 (1992) (citing *Youngberg v. Romeo*, 457 U.S. 307, 316 (1982)).

In *Salerno*, the Supreme Court upheld a law that authorized pretrial detention when necessary to protect public safety in serious federal felony offenses. *See* 481 U.S. at 742; 18 U.S.C. §3142(e)-(f), (i). Specifically, *Salerno* held that pretrial detention is constitutional only if a judicial officer considers alternatives to detention and “‘finds that no [release] condition or combination of conditions’” can satisfy the government’s interests. *Id.* at 742 (quoting 18 U.S.C. § 3142(e)). The judge’s finding of necessity must be based on “clear and convincing” evidence. *See Caliste v. Cantrell*, 329 F. Supp. 3d 296, 315 (E.D. La. 2018), *aff’d*, 937 F.3d 525 (5th Cir. 2019); *Kleinbart v. United States*, 604 A.2d 861, 870 (D.C. 1992); *In re Humphrey*, 228 Cal. Rptr. 3d 513, 535 (Ct. App. 2018); *see also* *Addington v. Texas*, 441 U.S. 418, 432-33 (1979) (holding the deprivation of the fundamental right to bodily liberty requires a heightened standard of proof beyond a mere preponderance).

Absent such a “sharply focused scheme,” the government may not detain a presumptively innocent person. *Foucha*, 504 U.S. at 81; *see* *id.* at 83 (holding that Louisiana’s statutory scheme authorizing the detention of insanity acquittees who were no longer mentally ill was unconstitutional because it did not provide the safeguards set forth in the Bail Reform Act such as a “clear and convincing” evidence requirement); *Reno v. Flores*, 507 U.S. 292, 301-02 (1993) (*Salerno* is part of the Court’s “line of cases” prohibiting infringement of “‘fundamental’ liberty interests” except where “narrowly tailored to serve a compelling state interest.”).[[28]](#footnote-28)

These principles come into stark relief when pretrial detention affects a person solely because the person is poor. The situation our society faces today, in which DEFENDANT\_NAME continues to be detained in the face of a public health crisis only because they cannot make a payment, exacerbates the already devastating consequences of DEFENDANT\_NAME’s unconstitutional pretrial incarceration.

The Supreme Court has long recognized that a person may not be “subjected to imprisonment solely because of his indigency.” *Tate v. Short*, 401 U.S. 395, 398 (1971); *see also, e.g.*, *Bearden v. Georgia*, 461 U.S. 660, 672 (1983); *Williams v. Illinois*, 399 U.S. 235, 242 (1970); *Griffin v. Illinois*, 351 U.S. 12, 19 (1956) (“There can be no equal justice where the kind of trial a man gets depends on the amount of money he has.”). The right against imprisonment based solely on wealth applies to individuals being detained pretrial. *See, e.g.*, *ODonnell*, 892 F.3d at 161; *Pugh v. Rainwater*, 572 F.2d 1053, 1057 (5th Cir. 1978) (en banc) (“The incarceration of those who cannot [afford to pay monetary bail], without meaningful consideration of other possible alternatives, infringes on both due process and equal protection requirements.”); *Caliste*, 329 F. Supp. 3d at 311 n.5; *Humphrey*, 228 Cal. Rptr. 3d at 528 (Ct. App. 2018).[[29]](#footnote-29) The Fourteenth Amendment requires that, before detaining someone pretrial through an unaffordable financial condition, the Court must consider alternatives to detention and make a finding that less restrictive alternatives are insufficient to serve the government’s interests. *Pugh*, 572 F.2dat 1057.

Pennsylvania’s Constitution imposes similarly stringent requirements. Article I, Section 14 mandates that all prisoners “shall be bailable by sufficient sureties.” Under the Pennsylvania Constitution, the right to pretrial liberty is “fundamental because it promotes the presumption of innocence, prevents the imposition of sanctions prior to trial and conviction and provides the accused the maximum opportunity to prepare his defense.” Ken Gormley, *The Pennsylvania Constitution: A Treatise on Rights and Liberties*, 533-34 (2004).

To protect the right to pretrial liberty, the Pennsylvania Constitution forbids a court from detaining someone facing any charge other than a capital offense or one punishable by life imprisonment, unless “no other condition or conditions can reasonably assure safety of any person and the community” and the “proof is evident or presumption great.” Pa. Const. art. I § 14. Thus, the Pennsylvania Constitution creates a *presumption* of pretrial release. And it permits detention only upon showing that such a drastic curtailment of liberty is *essential* for assuring the safety of any person or the community.

To “reaffirm that the purpose of bail is to ensure the Respondent’s appearance and that Pennsylvania law favors the release, rather than detention of an individual pending a determination of guilt or innocence,” the Pennsylvania Supreme Court codified the Rules of Criminal Procedure governing bail. 25 Pa. Bull. 4100, 4116 (Sept. 30, 1995). The rules were also designed to “encourage the use of conditions of release . . . other than those requiring a deposit of money, thereby deemphasizing the concept of finance loss as the primary means of ensuring a Respondent’s appearance and compliance with the conditions of bail bond.” *Id*.

Rule of Criminal Procedure 523 sets forth criteria that a court must consider before imposing monetary bail, including the defendant’s financial condition. *See* Pa. R. Crim. P. 523(A)(2); 528(A). Further, the rules mandate that cash bail“*shall* be reasonable,” *id*. 528(B) (emphasis added), and it “*shall not be greater than is necessary to reasonably ensure the defendant’s appearance*.” *Id*. 524(C)(5). “[N]o condition of release, whether nonmonetary or monetary should ever be imposed for the sole purpose of ensuring that a defendant remains incarcerated until trial.” *cmt*.,Pa. R. Crim. P. 524.

In this case, there has been no finding that DEFENDANT\_NAME’s ongoing detention is necessary to serve any compelling government interest. Neither has there been a finding that DEFENDANT\_NAME’s ongoing detention is the only condition that “can reasonably assure safety of any person and the community.” Pa. Const. art. 1 § 14. Even if there had been, that decision must be revisited because of changed circumstances: the government’s interest in ongoing incarceration cannot be justified where incarceration itself exacerbates an ongoing and devastating public health crisis and brings a heightened risk of illness and death to people inside and outside jail. This Court should identify conditions of release that better protect public health and safety, and it must do so urgently.

1. The Conditions in Jail Amid An Unprecedented Epidemic Temporarily Violate DEFENDANT\_NAME’s Due Process Rights

The Due Process Clauses of the United States and Pennsylvania Constitution impose obligations on the government to meet the basic needs of the people it jails, who rely on the government for food, clothing, and necessary medical care. A failure to provide sustenance for inmates “may [] produce physical ‘torture or a lingering death.’” *Estelle v. Gamble,* 429 U.S. 97, 103 (1976) (internal quotation omitted); *see also* Pa. Const. art I § 9 (establishing the rights of those accused in criminal prosecutions and mandating that the accused shall not “be deprived of [] life, liberty, or property, unless by the judgment of his peers or the law and the law of the land”).

The due process rights of a pretrial detainee “are at least as great as the Eighth Amendment protections available to a convicted prisoner.” *City of Revere v. Mass. Gen. Hosp*., 463 U.S. 239, 244 (1983). Those rights are violated if he is “incarcerated under conditions posing a substantial risk of serious harm,” and the “state of mind is one of ‘deliberate indifference’ to inmate health or safety.” *Farmer v. Brennan*, 511 U.S. 825, 834 (1994) (internal citation omitted); *see, e.g.*, *Hardy v. District of Columbia*, 601 F.Supp.2d 182, 190 (D.D.C. 2009) (violation of constitutional rights of pretrial detainee if the officials “knowingly disregarded a substantial risk of serious harm of which they were aware”). Continuing to detain DEFENDANT\_NAME if alternatives exist to protect the community and prevent flight while placing DEFENDANT\_NAME in mortal danger of contracting and spreading an infectious disease constitutes deliberate indifference to DEFENDANT\_NAME’s health and safety. DEFENDANT\_NAME’s incarceration, under these new circumstances, constitutes an independent due process violation that the Court must remedy.

ADD FACTS ABOUT DEF’S CONDITION—E.G., DEMOGRAPHICS LIKE AGE AND HEALTH HISTORY—THAT MAKE DEF PARTICULARLY SUSCEPTIBLE TO HARM.

1. **Conclusion**

WHEREFORE, for the reasons stated above, as well as any other reasons that become apparent to the Court, the defense respectfully requests that the Court grant this Emergency Motion and order that DEFENDANT\_NAME be released on appropriate conditions prior to trial.

Respectfully submitted,

\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY\_NAME, Esquire

**VERIFICATION**

I, ATTORNEY\_NAME, Esquire, subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities, hereby affirm that I am counsel for movant, DEFENDANT\_NAME, in this action, and that I am authorized to make this verification on their behalf, and that the facts set forth in the foregoing motion are true and correct to the best of my knowledge, information and belief.

Dated: CURRENT\_DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY\_NAME, Esquire

Attorney for Defendant, DEFENDANT\_NAME

**EXHIBIT 1**

**Declaration of Dr. Jaimie Meyer**

## Pursuant to 28 U.S.C.§ 1746, I hereby declare as follows:

1. **Background and Qualifications**
   1. I am Dr. Jaimie Meyer, an Assistant Professor of Medicine at Yale School of Medicine and Assistant Clinical Professor of Nursing at Yale School of Nursing in New Haven, Connecticut. I am board certified in Internal Medicine, Infectious Diseases and Addiction Medicine. I completed my residency in Internal Medicine at NY Presbyterian Hospital at Columbia, New York, in 2008. I completed a fellowship in clinical Infectious Diseases at Yale School of Medicine in 2011 and a fellowship in Interdisciplinary HIV Prevention at the Center for Interdisciplinary Research on AIDS in 2012. I hold a Master of Science in Biostatistics and Epidemiology from Yale School of Public Health.
   2. I have worked for over a decade on infectious diseases in the context of jails and prisons. From 2008-2016, I served as the Infectious Disease physician for York Correctional Institution in Niantic, Connecticut, which is the only state jail and prison for women in Connecticut. In that capacity, I was responsible for the management of HIV, Hepatitis C, tuberculosis, and other infectious diseases in the facility. Since then, I have maintained a dedicated HIV clinic in the community for patients returning home from prison and jail. For over a decade, I have been continuously funded by the NIH, industry, and foundations for clinical research on HIV prevention and treatment for people involved in the criminal justice system, including those incarcerated in closed settings (jails and prisons) and in the community under supervision (probation and parole). I have served as an expert consultant on infectious diseases and women’s health in jails and prisons for the UN Office on Drugs and Crimes, the Federal Bureau of Prisons, and others. I also served as an expert health witness for the US Commission on Civil Rights Special Briefing on Women in Prison.
   3. I have written and published extensively on the topics of infectious diseases among people involved in the criminal justice system including book chapters and articles in leading peer-reviewed journals (including Lancet HIV, JAMA Internal Medicine, American Journal of Public Health, International Journal of Drug Policy) on issues of prevention, diagnosis, and management of HIV, Hepatitis C, and other infectious diseases among people involved in the criminal justice system.
   4. My C.V. includes a full list of my honors, experience, and publications, and it is attached as Exhibit A.
   5. I am being paid $1,000 for my time reviewing materials and preparing this report.
   6. I have not testified as an expert at trial or by deposition in the past four years.
2. **Heightened Risk of Epidemics in Jails and Prisons**
3. The risk posed by infectious diseases in jails and prisons is significantly higher than in the community, both in terms of risk of transmission, exposure, and harm to individuals who become infected. There are several reasons this is the case, as delineated further below.
4. Globally, outbreaks of contagious diseases are all too common in closed detention settings and are more common than in the community at large. Prisons and jails are not isolated from communities. Staff, visitors, contractors, and vendors pass between communities and facilities and can bring infectious diseases into facilities. Moreover, rapid turnover of jail and prison populations means that people often cycle between facilities and communities. People often need to be transported to and from facilities to attend court and move between facilities. Prison health is public health.
5. Reduced prevention opportunities: Congregate settings such as jails and prisons allow for rapid spread of infectious diseases that are transmitted person to person, especially those passed by droplets through coughing and sneezing. When people must share dining halls, bathrooms, showers, and other common areas, the opportunities for transmission are greater. When infectious diseases are transmitted from person to person by droplets, the best initial strategy is to practice social distancing. When jailed or imprisoned, people have much less of an opportunity to protect themselves by social distancing than they would in the community. Spaces within jails and prisons are often also poorly ventilated, which promotes highly efficient spread of diseases through droplets. Placing someone in such a setting therefore dramatically reduces their ability to protect themselves from being exposed to and acquiring infectious diseases.
6. Disciplinary segregation or solitary confinement is not an effective disease containment strategy. Beyond the known detrimental mental health effects of solitary confinement, isolation of people who are ill in solitary confinement results in decreased medical attention and increased risk of death. Isolation of people who are ill using solitary confinement also is an ineffective way to prevent transmission of the virus through droplets to others because, except in specialized negative pressure rooms (rarely in medical units if available at all), air continues to flow outward from rooms to the rest of the facility. Risk of exposure is thus increased to other people in prison and staff.
7. Reduced prevention opportunities: During an infectious disease outbreak, people can protect themselves by washing hands. Jails and prisons do not provide adequate opportunities to exercise necessary hygiene measures, such as frequent handwashing or use of alcohol-based sanitizers when handwashing is unavailable. Jails and prisons are often under-resourced and ill-equipped with sufficient hand soap and alcohol-based sanitizers for people detained in and working in these settings. High-touch surfaces (doorknobs, light switches, etc.) should also be cleaned and disinfected regularly with bleach to prevent virus spread, but this is often not done in jails and prisons because of a lack of cleaning supplies and lack of people available to perform necessary cleaning procedures.
8. Reduced prevention opportunities: During an infectious disease outbreak, a containment strategy requires people who are ill with symptoms to be isolated and that caregivers have

access to personal protective equipment, including gloves, masks, gowns, and eye shields. Jails and prisons are often under-resourced and ill-equipped to provide sufficient personal protective equipment for people who are incarcerated and caregiving staff, increasing the risk for everyone in the facility of a widespread outbreak.

1. Increased susceptibility: People incarcerated in jails and prisons are more susceptible to acquiring and experiencing complications from infectious diseases than the population in the community.[1](#_bookmark0) This is because people in jails and prisons are more likely than people in the community to have chronic underlying health conditions, including diabetes, heart disease, chronic lung disease, chronic liver disease, and lower immune systems from HIV.
2. Jails and prisons are often poorly equipped to diagnose and manage infectious disease outbreaks. Some jails and prisons lack onsite medical facilities or 24-hour medical care. The medical facilities at jails and prisons are almost never sufficiently equipped to handle large outbreaks of infectious diseases. To prevent transmission of droplet-borne infectious diseases, people who are infected and ill need to be isolated in specialized airborne negative pressure rooms. Most jails and prisons have few negative pressure rooms if any, and these may be already in use by people with other conditions (including tuberculosis or influenza). Resources will become exhausted rapidly and any beds available will soon be at capacity. This makes both containing the illness and caring for those who have become infected much more difficult.
3. Jails and prisons lack access to vital community resources to diagnose and manage infectious diseases. Jails and prisons do not have access to community health resources that can be crucial in identifying and managing widespread outbreaks of infectious diseases. This includes access to testing equipment, laboratories, and medications.
4. Jails and prisons often need to rely on outside facilities (hospitals, emergency departments) to provide intensive medical care given that the level of care they can provide in the facility itself is typically relatively limited. During an epidemic, this will not be possible, as those outside facilities will likely be at or over capacity themselves.
5. Health safety: As an outbreak spreads through jails, prisons, and communities, medical personnel become sick and do not show up to work. Absenteeism means that facilities can become dangerously understaffed with healthcare providers. This increases a number of risks and can dramatically reduce the level of care provided. As health systems inside facilities are taxed, people with chronic underlying physical and mental health conditions and serious medical needs may not be able to receive the care they need for these conditions. As supply chains become disrupted during a global pandemic, the availability of medicines and food may be limited.
6. Safety and security: As an outbreak spreads through jails, prisons, and communities, correctional officers and other security personnel become sick and do not show up to

1 *Active case finding for communicable diseases in prisons*, 391 The Lancet 2186 (2018), <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31251-0/fulltext>.

## work. Absenteeism poses substantial safety and security risk to both the people inside the facilities and the public.

## These risks have all been borne out during past epidemics of influenza in jails and prisons. For example, in 2012, the CDC reported an outbreak of influenza in 2 facilities in Maine, resulting in two inmate deaths.[2](#_bookmark1) Subsequent CDC investigation of 995 inmates and 235 staff members across the 2 facilities discovered insufficient supplies of influenza vaccine and antiviral drugs for treatment of people who were ill and prophylaxis for people who were exposed. During the H1N1-strain flu outbreak in 2009 (known as the “swine flu”), jails and prisons experienced a disproportionately high number of cases.[3](#_bookmark2) Even facilities on “quarantine” continued to accept new intakes, rendering the quarantine incomplete. These scenarios occurred in the “best case” of influenza, a viral infection for which there was an effective and available vaccine and antiviral medications, unlike COVID-19, for which there is currently neither.

1. **Profile of COVID-19 as an Infectious Disease**[**4**](#_bookmark3)
2. The novel coronavirus, officially known as SARS-CoV-2, causes a disease known as COVID-19. The virus is thought to pass from person to person primarily through respiratory droplets (by coughing or sneezing) but may also survive on inanimate surfaces. People seem to be most able to transmit the virus to others when they are sickest but it is possible that people can transmit the virus before they start to show symptoms or for weeks after their symptoms resolve. In China, where COVID-19 originated, the average infected person passed the virus on to 2-3 other people; transmission occurred at a distance of 3-6 feet. Not only is the virus very efficient at being transmitted through droplets, everyone is at risk of infection because our immune systems have never been exposed to or developed protective responses against this virus. A vaccine is currently in development but will likely not be able for another year to the general public. Antiviral medications are currently in testing but not yet FDA-approved, so only available for compassionate use from the manufacturer. People in prison and jail will likely have even less access to these novel health strategies as they become available.

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2 *Influenza Outbreaks at Two Correctional Facilities — Maine, March 2011*, Centers for Disease Control and Prevention (2012), <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a3.htm>.

3 David M. Reutter, *Swine Flu Widespread in Prisons and Jails, but Deaths are Few*, Prison Legal News (Feb. 15, 2010), [https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-](https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-widespread-in-prisons-and-jails-but-deaths-are-few/) [widespread-in-prisons-and-jails-but-deaths-are-few/.](https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-widespread-in-prisons-and-jails-but-deaths-are-few/)

4 This whole section draws from Brooks J. Global Epidemiology and Prevention of COVID19, COVID-19 Symposium, Conference on Retroviruses and Opportunistic Infections (CROI), virtual (March 10, 2020); *Coronavirus (COVID-19)*, Centers for Disease Control, <https://www.cdc.gov/coronavirus/2019-ncov/index.html>; Brent Gibson, *COVID-19 (Coronavirus): What You Need to Know in Corrections*, National Commission on Correctional Health Care (February 28, 2020), [https://www.ncchc.org/blog/covid-19-coronavirus-what-you-](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections) [need-to-know-in-corrections](https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections).

1. Most people (80%) who become infected with COVID-19 will develop a mild upper respiratory infection but emerging data from China suggests serious illness occurs in up to 16% of cases, including death.[5](#_bookmark4) Serious illness and death is most common among people with underlying chronic health conditions, like heart disease, lung disease, liver disease, and diabetes, and older age.[6](#_bookmark5) Death in COVID-19 infection is usually due to pneumonia and sepsis. The emergence of COVID-19 during influenza season means that people are also at risk from serious illness and death due to influenza, especially when they have not received the influenza vaccine or the pneumonia vaccine.
2. The care of people who are infected with COVID-19 depends on how seriously they are ill.[7](#_bookmark6) People with mild symptoms may not require hospitalization but may continue to be closely monitored at home. People with moderate symptoms may require hospitalization for supportive care, including intravenous fluids and supplemental oxygen. People with severe symptoms may require ventilation and intravenous antibiotics. Public health officials anticipate that hospital settings will likely be overwhelmed and beyond capacity to provide this type of intensive care as COVID-19 becomes more widespread in communities.
3. COVID-19 prevention strategies include containment and mitigation. Containment requires intensive hand washing practices, decontamination and aggressive cleaning of surfaces, and identifying and isolating people who are ill or who have had contact with people who are ill, including the use of personal protective equipment. Jails and prisons are totally under-resourced to meet the demand for any of these strategies. As infectious diseases spread in the community, public health demands mitigation strategies, which involves social distancing and closing other communal spaces (schools, workplaces, etc.) to protect those most vulnerable to disease. Jails and prisons are unable to adequately provide social distancing or meet mitigation recommendations as described above.
4. The time to act is now. Data from other settings demonstrate what happens when jails and prisons are unprepared for COVID-19. News outlets reported that Iran temporarily released 70,000 prisoners when COVID-19 started to sweep its facilities.[8](#_bookmark7) To date, few state or federal prison systems have adequate (or any) pandemic preparedness plans in place.[9](#_bookmark8) Systems are just beginning to screen and isolate people on entry and perhaps place visitor restrictions, but this is wholly inadequate when staff and vendors can still come to work sick and potentially transmit the virus to others.
5. **Risk of COVID-19 in ICE’s NYC-Area Detention Facilities**
6. I have reviewed the following materials in making my assessment of the danger of COVID-19 in the Bergen, Essex, Hudson, and Orange County jails (“ICE’s NYC-area jails”): (1) a declaration by Marinda van Dalen, a Senior Attorney in the Health Justice Program at New York Lawyers for the Public Interest (NYLPI); (2) the report *Detained and Denied: Healthcare Access in Immigration Detention*, released by NYLPI in 2017; and (3) the report *Ailing Justice*: *New Jersey*, *Inadequate Healthcare, Indifference, and Indefinite Confinement in Immigration Detention*, released by Human Rights First in 2018.

## Based on my review of these materials, my experience working on public health in jails and prisons, and my review of the relevant literature, it is my professional judgment that these facilities are dangerously under-equipped and ill-prepared to prevent and manage a COVID-19 outbreak, which would result in severe harm to detained individuals, jail and prison staff, and the broader community. The reasons for this conclusion are detailed as follows.

1. The delays in access to care that already exist in normal circumstances will only become worse during an outbreak, making it especially difficult for the facilities to contain any infections and to treat those who are infected.
2. Failure to provide individuals with continuation of the treatment they were receiving in the community, or even just interruption of treatment, for chronic underlying health conditions will result in increased risk of morbidity and mortality related to these chronic conditions.
3. Failure to provide individuals adequate medical care for their underlying chronic health conditions results in increased risk of COVID-19 infection and increased risk of infection-related morbidity and mortality if they do become infected.
4. People with underlying chronic mental health conditions need adequate access to treatment for these conditions throughout their period of detention. Failure to provide adequate mental health care, as may happen when health systems in jails and prisons are taxed by COVID-19 outbreaks, may result in poor health outcomes. Moreover, mental health conditions may be exacerbated by the stress of incarceration during the COVID-19 pandemic, including isolation and lack of visitation.

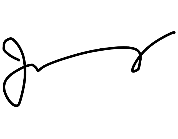
## Failure to keep accurate and sufficient medical records will make it more difficult for the facilities to identify vulnerable individuals in order to both monitor their health and protect them from infection. Inadequate screening and testing procedures in facilities increase the widespread COVID-19 transmission.

1. Language barriers will similarly prevent the effective identification of individuals who are particularly vulnerable or may have symptoms of COVID-19. Similarly, the failure to provide necessary aids to individuals who have auditory or visual disabilities could also limit the ability to identify and monitor symptoms of COVID-19

9 Luke Barr & Christina Carrega, *State prisons prepare for coronavirus but federal prisons not providing significant guidance, sources say*, ABC News (March 11, 2020), [https://abcnews.go.com/US/state-prisons-prepare-coronavirus-federal-prisons-providing-](https://abcnews.go.com/US/state-prisons-prepare-coronavirus-federal-prisons-providing-significant/story?id=69433690) [significant/story?id=69433690](https://abcnews.go.com/US/state-prisons-prepare-coronavirus-federal-prisons-providing-significant/story?id=69433690)

1. The commonplace neglect of individuals with acute pain and serious health needs under ordinary circumstances is also strongly indicative that the facilities will be ill-equipped to identify, monitor, and treat a COVID-19 epidemic.
2. The failure of these facilities to adequately manage single individuals in need of emergency care is a strong sign that they will be seriously ill-equipped and under- prepared when a number of people will need urgent care simultaneously, as would occur during a COVID-19 epidemic.
3. For individuals in these facilities, the experience of an epidemic and the lack of care while effectively trapped can itself be traumatizing, compounding the trauma of incarceration.
4. **Conclusion and Recommendations**
5. For the reasons above, it is my professional judgment that individuals placed in ICE’s NYC-area jails are at a significantly higher risk of infection with COVID-19 as compared to the population in the community and that they are at a significantly higher risk of harm if they do become infected. These harms include serious illness (pneumonia and sepsis) and even death.
6. Reducing the size of the population in jails and prisons can be crucially important to reducing the level of risk both for those within those facilities and for the community at large.
7. As such, from a public health perspective, it is my strong opinion that individuals who can safely and appropriately remain in the community not be placed in ICE’s NYC-area jails at this time. I am also strongly of the opinion that individuals who are already in those facilities should be evaluated for release.
8. This is more important still for individuals with preexisting conditions (e.g., heart disease, chronic lung disease, chronic liver disease, suppressed immune system, diabetes) or who are over the age of 60. They are in even greater danger in these facilities, including a meaningfully higher risk of death.
9. It is my professional opinion that these steps are both necessary and urgent. The horizon of risk for COVID-19 in these facilities is a matter of days, not weeks. Once a case of COVID-19 is identified in a facility, it will likely be too late to prevent a widespread outbreak.
10. Health in jails and prisons is community health. Protecting the health of individuals who are detained in and work in these facilities is vital to protecting the health of the wider community.

I declare under penalty of perjury that the foregoing is true and correct. March 15, 2020



Dr. Jaimie Meyer

New Haven, Connecticut

**EXHIBIT A**

CURRICULUM VITAE

Date of Revision: November 20, 2019

Name: Jaimie Meyer, MD, MS, FACP

School: Yale School of Medicine

# Education:

BA, Dartmouth College Anthropology 2000

MD, University of Connecticut School of Medicine 2005

MS, Yale School of Public Health Biostatistics and Epidemiology 2014

# Career/Academic Appointments:

2005 - 2008 Residency, Internal Medicine, NY Presbyterian Hospital at Columbia, New York, NY 2008 - 2011 Fellowship, Infectious Diseases, Yale University School of Medicine, New Haven, CT 2008 - 2012 Clinical Fellow, Infectious Diseases, Yale School of Medicine, New Haven, CT

2010 - 2012 Fellowship, Interdisciplinary HIV Prevention, Center for Interdisciplinary Research on AIDS, New Haven, CT

2012 - 2014 Instructor, AIDS, Yale School of Medicine, New Haven, CT

2014 - present Assistant Professor, AIDS, Yale School of Medicine, New Haven, CT

2015 - 2018 Assistant Clinical Professor, Nursing, Yale School of Medicine, New Haven, CT

# Board Certification:

AB of Internal Medicine, Internal Medicine, 08-2008, 01-2019 AB of Internal Medicine, Infectious Disease, 10-2010

AB of Preventive Medicine, Addiction Medicine, 01-2018

# Professional Honors & Recognition:

## International/National/Regional

|  |  |
| --- | --- |
| 2018 | NIH Center for Scientific Review, Selected as Early Career Reviewer |
| 2017 | Doris Duke Charitable Foundation, Doris Duke Charitable Foundation Scholar |
| 2016 | American College of Physicians, Fellow |
| 2016 | NIH Health Disparities, Loan Repayment Award Competitive Renewal |
| 2016 | AAMC, Early Career Women Faculty Professional Development Seminar |
| 2014 | NIH Health Disparities, Loan Repayment Program Award |
| 2014 | NIDA, Women & Sex/Gender Differences Junior Investigator Travel Award |
| 2014 | International Women's/Children's Health & Gender Working Group, Travel Award |
| 2014 | Patterson Trust, Awards Program in Clinical Research |
| 2013 | Connecticut Infectious Disease Society, Thornton Award for Clinical Research |
| 2011 | Bristol Myers-Squibb, Virology Fellows Award |

2006 NY Columbia Presbyterian, John N. Loeb Intern Award

2005 American Medical Women’s Association, Medical Student Citation

2005 Connecticut State Medical Society, Medical Student Award 2000 Dartmouth College, Hannah Croasdale Senior Award

2000 Dartmouth College, Palaeopitus Senior Leadership Society Inductee

## Yale University

2014 Women’s Faculty Forum, Public Voices Thought Leadership Program Fellow

# Grants/Clinical Trials History:

## Current Grants

Agency: Center for Interdisciplinary Research on AIDS (CIRA)

I.D.#: 2019-20 Pilot Project Awards

Title: Optimizing PrEP’s Potential in Non-Clinical Settings: Development and Evaluation of a PrEP Decision Aid for Women Seeking Domestic Violence Services

P.I.: Tiara Willie

Role: Principal Investigator

Percent effort: 2%

Direct costs per year: $29,993.00 Total costs for project

period: $29,993.00

Project period: 7/11/2019 - 7/10/2020

Agency: SAMHSA

I.D.#: H79 TI080561

Title: CHANGE: Comprehensive Housing and Addiction Management Network for Greater New Haven

Role: Principal Investigator

Percent effort: 20%

Direct costs per year: $389,054.00 Total costs for project

period: $1,933,368.00

Project period: 11/30/2018 - 11/29/2023

Agency: Gilead Sciences, Inc.

I.D.#: Investigator Sponsored Award, CO-US-276-D136

Title: Delivering HIV Pre-Exposure Prophylaxis to Networks of Justice-Involved Women

Role: Principal Investigator

Percent effort: 8%

Direct costs per year: $81,151.00 Total costs for project

period: $306,199.00

Project period: 6/19/2018 - 1/31/2020

Agency: NIDA

I.D.#: R21 DA042702

Title: Prisons, Drug Injection and the HIV Risk Environment

Role: Principal Investigator

Percent effort: 22%

Direct costs per year: $129,673.00 Total costs for project

period: $358,276.00

Project period: 8/1/2017 - 7/31/2020

Agency: Doris Duke Charitable Foundation

I.D.#: Clinical Scientist Development Award

Title: Developing and Testing the Effect of a Patient-Centered HIV Prevention Decision Aid on PrEP uptake for Women with Substance Use in Treatment Settings

Role: Principal Investigator

Percent effort: 27%

Direct costs per year: $149,959.00 Total costs for project

period: $493,965.00

Project period: 7/1/2017 - 6/30/2020

## Past Grants

Agency: NIDA

I.D.#: K23 DA033858

Title: Evaluating and Improving HIV Outcomes in Community-based Women who Interface with the Criminal Justice System

Role: Principal Investigator

Percent effort: 75%

Direct costs per year: $149,509.00 Total costs for project

period: $821,147.00

Project period: 7/1/2012 - 11/30/2017

Agency: Robert Leet & Clara Guthrie Patterson Trust

I.D.#: R12225, Award in Clinical Research

Title: Disentangling the Effect of Gender on HIV Treatment and Criminal Justice Outcomes

Role: Principal Investigator

Percent effort: 10%

Direct costs per year: $75,000.00

Total costs for project

period: $75,000.00

Project period: 1/31/2014 - 10/31/2015

Agency: Bristol-Myers Squibb

I.D.#: HIV Virology Fellowship Award

Title: Effect of newer antiretroviral regimens on HIV biological outcomes in HIV- infected prisoners: a 13 year retrospective evaluation

Role: Principal Investigator

Percent effort: 10%

Direct costs per year: $34,390.00 Total costs for project

period: $34,390.00

Project period: 12/1/2011 - 11/30/2012

## Pending Grants

Agency: NIMH

I.D.#: R01 MH121991

Title: Identifying Modifiable Risk and Protective Processes at the Day-Level that Predict HIV Care Outcomes among Women Exposed to Partner Violence

P.I.: Sullivan, Tami

Role: Principal Investigator

Percent effort: 30%

Direct costs per year: $499,755.00 Total costs for project

period: $4,148,823.00

Project period: 1/1/2020 - 12/31/2024

# Invited Speaking Engagements, Presentations, Symposia & Workshops Not Affiliated With Yale:

## International/National

2019: CME Outfitters, Washington, DC. "A Grassroots Approach to Weed out HIV and HCV in Special OUD Populations"

2019: US Commission on Civil Rights, Washington, DC. "An Analysis of Women’s Health, Personal

Dignity and Sexual Abuse in the US Prison System"

2018: College of Problems on Drug Dependence, College of Problems on Drug Dependence, San Diego, CA. "Research on Women who Use Drugs: Knowledge and Implementation Gaps and A Proposed Research Agenda"

2018: Clinical Care Options, Washington, DC. "Intersection of the HIV and Opioid Epidemics" 2016: Dartmouth Geisel School of Medicine, Hanover, NH. "Incarceration as Opportunity: Prisoner

Health and Health Interventions"

2010: Rhode Island Chapter of the Association of Nurses in AIDS Care, Providence, RI. "HIV and Addiction"

## Regional

2018: Clinical Directors Network, New York, NY. "PrEP Awareness among Special Populations of Women and People who Use Drugs"

2018: Frank H. Netter School of Medicine, Quinnipiac University, Hamden, CT. "HIV prevention for justice-involved women"

2017: Clinical Directors Network, New York, NY. "Optimizing the HIV Care Continuum for People who use Drugs"

2016: Frank H. Netter School of Medicine, Quinnipiac University, Hamden, CT. "Topics in Infectious Diseases"

2016: Connecticut Advanced Practice Registered Nurse Society, Wethersfield, CT. "Trends in HIV Prevention: Integration of Biomedical and Behavioral Approaches"

# Peer-Reviewed Presentations & Symposia Given at Meetings Not Affiliated With Yale:

## International/National

2019: CPDD 81st Annual Scientific Meeting, CPDD, San Antonio, TX. "Punitive approaches to pregnant women with opioid use disorder: Impact on health care utilization, outcomes and ethical implications"

2019: 14th International Conference on HIV Treatment and Prevention Adherence, IAPAC Adherence, Miami, FL. "Decision-Making about HIV Prevention among Women in Drug Treatment: Is PrEP Contextually Relevant?"

2019: 2019 NIDA International Forum, NIDA, San Antonio, TX. "Diphenhydramine Injection in Kyrgyz Prisons: A Qualitative Study Of A High-Risk Behavior With Implications For Harm Reduction"

2019: 11th International Women’s and Children’s Health and Gender (InWomen’s) Group, InWomen’s

Group, San Antonio, TX. "Uniquely successful implementation of methadone treatment in a

women’s prison in Kyrgyzstan"

2019: Harm Reduction International, Porto, Porto District, Portugal. "How does methadone treatment

travel? On the ‘becoming-methadone-body’ of Kyrgyzstan prisons"

2019: APA Collaborative Perspectives on Addiction Annual Meeting, APA Collaborative Perspectives on Addiction Annual Meeting, Providence, RI. "Impact of Trauma and Substance Abuse on HIV PrEP Outcomes among Women in Criminal Justice Systems. Symposium: “Partner Violence: Intersected with or Predictive of Substance Use and Health Problems among Women.”"

2019: Society for Academic Emergency Medicine (SAEM), Worcester, MA. "Effects of a Multisite Medical Home Intervention on Emergency Department Use among Unstably Housed People with Human Immunodeficiency Virus"

2019: Conference on Retroviruses and Opportunistic Infections (CROI), IAS, Seattle, WA. "Released to Die: Elevated Mortality in People with HIV after Incarceration"

2019: 12th Academic and Health Policy on Conference on Correctional Health, 12th Academic and Health Policy on Conference on Correctional Health, Las Vegas, NV. "PrEP Eligibility and HIV Risk Perception for Women across the Criminal Justice Continuum in Connecticut"

2019: Association for Justice-Involved Female Organizations (AJFO), Atlanta, GA. "Treatment of

Women’s Substance Use Disorders and HIV Prevention During and Following Incarceration"

2018: American Public Health Association (APHA) Annual Meeting, American Public Health Association (APHA) Annual Meeting, San Diego, CA. "New Haven Syringe Service Program: A model of integrated harm reduction and health care services"

2018: 12th National Harm Reduction Conference, 12th National Harm Reduction Conference, New Orleans, LA. "Service needs and access to care among participants in the New Haven Syringe Services Program"

2018: 22nd International AIDS Conference, 22nd International AIDS Conference, Amsterdam, NH, Netherlands. "HIV risk perceptions and risk reduction strategies among prisoners in Kyrgyzstan: a qualitative study"

2018: 22nd International AIDS Conference, 22nd International AIDS Conference, Amsterdam, NH, Netherlands. "Methadone Maintenance Therapy Uptake, Retention, and Linkage for People who Inject Drugs Transitioning From Prison to the Community in Kyrgyzstan: Evaluation of a National Program"

2018: NIDA International Forum, NIDA, San Diego, CA. "HIV and Drug Use among Women in Prison in Azerbaijan, Kyrgyzstan and Ukraine"

2018: 2018 Conference on Retroviruses and Opportunistic Infections (CROI), CROI, Boston, MA. "From

prison’s gate to death’s door: Survival analysis of released prisoners with HIV"

2018: 11th Academic and Health Policy on Conference on Correctional Health, Academic Consortium on Criminal Justice Health, Houston, TX. "Assessing Concurrent Validity of Criminogenic and Health Risk Instruments among Women on Probation in Connecticut"

2017: IDWeek: Annual Meeting of Infectious Diseases Society of America, Infectious Diseases Society of America, San Diego, CA. "Predictors of Linkage to and Retention in HIV Care Following Release from Connecticut, USA Jails and Prisons (Oral presentation)"

2017: International AIDS Society (IAS) Meeting, International AIDS Society, Paris, Île-de-France, France. "Late breaker: Predictors of Linkage to and Retention in HIV Care Following Release from Connecticut, USA Jails and Prisons"

2017: NIDA International Forum, NIDA, Montreal, QC, Canada. "A Mixed Methods Evaluation of HIV Risk among Women with Opioid Dependence in Ukraine"

2017: International Women's and Children's Health and Gender Working Group, International Women's and Children's Health and Gender Working Group, Montreal, QC, Canada. "Assessing Receptiveness to and Eligibility for PrEP in Criminal Justice-Involved Women"

2017: International Women's and Children's Health and Gender Working Group, International Women's and Children's Health and Gender Working Group, Montreal, QC, Canada. "A Mixed Methods Evaluation of HIV Risk among Women with Opioid Dependence in Ukraine"

2017: Annual Meeting of the Society for Applied Anthropology, Society for Applied Anthropology, Santa Fe, NM. "Where rubbers meet the road: HIV risk reduction for women on probation (Oral presentation)"

2016: International Women's and Children's Health and Gender Working Group, International Women's and Children's Health and Gender Working Group, Palm Springs, CA. "An Event-level Examination of Successful Condom Negotiation Strategies among College Women"

2015: CDC National HIV Prevention Conference, CDC, Atlanta, GA. "Beyond the Syndemic: Condom Negotiation and Use among Women Experiencing Partner Violence (Oral presentation)"

2015: International Harm Reduction Conference, International Harm Reduction, Kuala Lumpur, Federal Territory of Kuala Lumpur, Malaysia. "Evidence-Based Interventions to Enhance Assessment, Treatment, and Adherence in the Chronic Hepatitis C Care Continuum"

2015: International Women's and Children's Health and Gender Working Group, International Women's and Children's Health and Gender Working Group, Phoenix, AZ. "Violence, Substance Use, and Sexual Risk among College Women"

2014: International Women's and Children's Health and Gender Working Group, International Women's and Children's Health and Gender Working Group, San Juan, San Juan, Puerto Rico. "Gender Differences in HIV and Criminal Justice Outcomes"

2014: College on Problems in Drug Dependence (CPDD), College on Problems in Drug Dependence (CPDD), San Juan, San Juan, Puerto Rico. "Gender Differences in HIV and Criminal Justice Outcomes"

2014: Conference on Retroviruses and Opportunistic Infections (CROI), Conference on Retroviruses and Opportunistic Infections (CROI), Boston, MA. "Longitudinal Treatment Outcomes in HIV- Infected Prisoners and Influence of Re-Incarceration"

2013: HIV Intervention and Implementation Science Meeting, HIV Intervention and Implementation Science Meeting, Bethesda, MD. "Women Released from Jail Experience Suboptimal HIV Treatment Outcomes Compared to Men: Results from a Multi-Center Study"

2013: Conference on Retroviruses and Opportunistic Infections (CROI), Conference on Retroviruses and Opportunistic Infections (CROI), Atlanta, GA. "Women Released from Jail Experience Suboptimal HIV Treatment Outcomes Compared to Men: Results from a Multi-Center Study"

2012: IDWeek: Infectious Diseases Society of America Annual Meeting, Infectious Diseases Society of America, San Diego, CA. "Correlates of Retention in HIV Care after Release from Jail: Results from a Multi-site Study"

2012: IDWeek: Infectious Diseases Society of America Annual Meeting, Infectious Diseases Society of America, San Diego, CA. "Frequent Emergency Department Use among Released Prisoners with HIV: Characterization Including a Novel Multimorbidity Index"

2012: 5th Academic and Health Policy Conference on Correctional Health, 5th Academic and Health Policy Conference on Correctional Health, Atlanta, GA. "Effects of Intimate Partner Violence on HIV and Substance Abuse in Released Jail Detainees"

2011: IAPAC HIV Treatment and Adherence Conference, IAPAC, Miami, FL. "Adherence to HIV treatment and care among previously homeless jail detainees"

## Regional

2019: Connecticut Infectious Disease Society, New Haven, CT. "Preliminary Findings from a Novel PrEP Demonstration Project for Women Involved in Criminal Justice Systems and Members of their Risk Networks"

2017: Connecticut Public Health Association Annual Conference, Connecticut Public Health Association, Farmington, CT. "The New Haven syringe services program"

2014: Connecticut Infectious Disease Society Annual Meeting, Connecticut Infectious Disease Society, Orange, CT. "Longitudinal Treatment Outcomes in HIV-Infected Prisoners and Influence of Re- Incarceration"

2013: Connecticut Infectious Disease Society Annual Meeting, Connecticut Infectious Disease Society, Orange, CT. "Women Released from Jail Experience Suboptimal HIV Treatment Outcomes Compared to Men: Results from a Multi-Center Study"

2011: Connecticut Infectious Disease Society Annual Meeting, Connecticut Infectious Disease Society, Orange, CT. "Emergency Department Use by Released Prisoners with HIV"

# Professional Service:

## Peer Review Groups/Grant Study Sections

2019 - present Reviewer, NIDA, NIH Reviewer: RFA-DA-19-025: HEAL Initiative: Justice Community Opioid Innovation Network (JCOIN) Clinical Research Centers

2019 - present Reviewer, Yale DCFAR Pilot Projects

2018 - present Reviewer, Center for Interdisciplinary Research on AIDS (CIRA)

2015 - present Reviewer, University of Wisconsin-Milwaukee Research Growth Initiative

## Advisory Boards

2017 Advisor, HIV Prevention and Treatment in Cis-Gendered Women, Gilead Sciences, Inc.

## Journal Service

*Editor/Associate Editor*

2019 - present Associate Editor, Journal of the International Association of Providers of AIDS Care (JIAPAC), Section Editor: Sex and Gender Issues

*Reviewer*

2019 - present Reviewer, JAIDS

2012 - present Reviewer, Addiction Sci and Clin Pract 2012 - present Reviewer, Addictive Behav Reports 2012 - present Reviewer, AIDS Care

2012 - present Reviewer, Social Science and Medicine 2012 - present Reviewer, SpringerPlus

2012 - present Reviewer, Substance Abuse Treatment Prevention and Policy 2012 - present Reviewer, Women’s Health Issues

2012 - present Reviewer, Yale Journal of Biology and Medicine 2012 - present Reviewer, AIMS Public Health

2012 - present Reviewer, American Journal on Addictions 2012 - present Reviewer, American Journal of Epidemiology 2012 - present Reviewer, American Journal of Public Health 2012 - present Reviewer, Annals Internal Medicine

2012 - present Reviewer, BMC Emergency Medicine 2012 - present Reviewer, BMC Infectious Diseases 2012 - present Reviewer, BMC Public Health

2012 - present Reviewer, BMC Women’s Health

2012 - present Reviewer, Clinical Infectious Diseases 2012 - present Reviewer, Critical Public Health

2012 - present Reviewer, Drug and Alcohol Dependence 2012 - present Reviewer, Drug and Alcohol Review 2012 - present Reviewer, Epidemiologic Reviews

2012 - present Reviewer, Eurosurveillance

2012 - present Reviewer, Health and Justice (Springer Open) 2012 - present Reviewer, International Journal of Drug Policy 2012 - present Reviewer, International Journal of Prisoner Health 2012 - present Reviewer, International Journal of STDs and AIDS

2012 - present Reviewer, International Journal of Women’s Health

2012 - present Reviewer, JAMA Internal Medicine 2012 - present Reviewer, Journal of Family Violence

2012 - present Reviewer, Journal of General Internal Medicine 2012 - present Reviewer, Journal of Immigrant and Minority Health 2012 - present Reviewer, Journal of International AIDS Society 2012 - present Reviewer, Journal of Psychoactive Drugs

2012 - present Reviewer, Journal of Urban Health 2012 - present Reviewer, Journal of Women’s Health

2012 - present Reviewer, Open Forum Infectious Diseases 2012 - present Reviewer, PLoS ONE

2012 - present Reviewer, Public Health Reports

## Professional Service for Professional Organizations

*AAMC Group on Women in Medicine and Science (GWIMS)*

2016 - present Member, AAMC Group on Women in Medicine and Science (GWIMS)

*American College of Physicians*

2016 - present Fellow, American College of Physicians 2013 - 2016 Member, American College of Physicians

*American Medical Association*

2005 - present Member, American Medical Association

*American Medical Women’s Association*

2011 - present Member, American Medical Women’s Association

*American Society of Addiction Medicine*

2009 - present Member, American Society of Addiction Medicine

*Connecticut Infectious Disease Society*

2011 - present Member, Connecticut Infectious Disease Society

*Infectious Disease Society of America*

2008 - present Member, Infectious Disease Society of America

*InWomen’s Network, NIDA International Program*

2013 - present Member, InWomen’s Network, NIDA International Program

*New York State Medical Society*

2005 - 2008 Member, New York State Medical Society

## Yale University Service

*University Committees*

2016 - 2018 Council Member, Leadership Council, Women’s Faculty Forum

*Medical School Committees*

2015 - 2016 Committee Member, US Health and Justice Course, Yale School of Medicine

2014 - present Committee Member, Yale Internal Medicine Traditional Residency Intern Selection Committee

## Public Service

2019 - present Faculty Member, Yale University Program in Addiction Medicine

2017 - present Faculty Member, Arthur Liman Center for Public Interest Law, Yale Law School 2013 - present Mentor, Women in Medicine at Yale Mentoring Program

2012 - present Faculty Member, Yale Center for Interdisciplinary Research on AIDS 2009 - 2011 Instructor, Preclinical Clerkship Tutor, Yale School of Medicine 2002 Fellow, Soros Open Society Institute

1998 - 1999 Fellow, Costa Rican Humanitarian Foundation

# Bibliography:

## Peer-Reviewed Original Research

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