Exhibit A – Harris County Physicians' Letter

March 20, 2020

Sheriff Gonzalez,
County Judge Hidalgo,
Commissioners Eliis, Garcia, Raddick, Cagle,
Criminal District Court Judges,
County Courts at Law,

We are physicians serving the people of Harris County, practicing in a variety of settings, from community-based clinics to large referral hospitals. We urge the County's leaders to take swift action *today* to avert the catastrophic loss of life that would result if and when the Harris County Jail becomes a vector for COVID-19.

As the people of Harris County band together and take extraordinary measures to combat the impending wave of COVID-19 cases, we are increasingly concerned about the thousands of patients confined in close quarters in the Harris County Jail and unable to comply with Centers for Disease Control recommendations for preventing the spread of COVID-19. Correctional facilities create optimal conditions for an infectious disease outbreak, as evidenced by the mumps scare in our very own jail just this past year. Universities across the state have recognized that dorms of students living in close quarters are too dangerous during the pandemic, yet the jail remains fully-housed. Unlike university dorms, which generally house some of society's healthiest members, jails house a disproportionate number of some of the country's most vulnerable populations - individuals with chronic diseases and the elderly - who are at the highest risk for life threatening complications from the virus. People in jail who are at lower risk for severe illness are unable to adhere to the Center for Disease Control's recommendations to prevent the spread of the virus - such as social distancing, hand washing, and self-quarantining - and therefore contribute to its propagation.

The signatories of this letter believe that all Texans deserve better health and equitable health care. No person--regardless of what he or she is accused or convicted of--deserves to be placed at higher risk of a life threatening illness, especially when reasonable prevention measures are available.

The Sheriff and other elected officials are responsible for the health and safety of *everyone* in Harris County. In the setting of the COVID-19 pandemic, the Harris County Jail is a ticking time bomb that has the potential to devastate the lives of inmates, jail personnel, and others throughout the entire Harris County community. The Sheriff, County Commissioners, and Judges must work immediately to reduce the jail population by thousands of people. Not doing so will undoubtedly lead to the spread of COVID-19 through the jail population, to all who interact with inmates (corrections officers, chaplains, attorneys, counselors, and other service providers) and beyond, increasing the morbidity and mortality of all people in Harris County.

The Sheriff, County Commissioners, and Judges should start with the following common-sense policies regarding those individuals who pose no safety risk in the community:

- Release all medically vulnerable people in the jail, including the following: patients with an advanced chronic illness, an immunodeficiency (for example, those with HIV or receiving immunosuppressant medication), as well as anyone else recommended for release by a medical professional;
- Release anyone 60 or over;
- Release a sufficient number of inmates to guarantee the jail can accommodate adequate social distancing guidelines set forth by the CDC. To do this, we recommend releasing those unable to pay bond prior to trial; and
- Anyone remaining in the jail should be given uninhibited access to free medical care, available testing, and adequate sanitation practices that comply with CDC recommendations.

While it is crucial to release those who are medically vulnerable and at risk of serious complications, officials cannot stop there. Releasing only those at risk of complications from COVID-19 will have only a minor effect on spread of the illness in the close quarters of the jail. Numbers must be reduced in a significant way so inmates can adhere to CDC recommendations. We firmly believe that these measures will protect all residents of Harris County, and allow us to do our part to flatten the curve of infection. Judge Hidalgo, Sheriff Gonzalez, and the Commissioner's court have shown encouraging signs of leadership on this issue. We hope that the larger Harris County criminal legal bureaucracy, including judges presiding over felony cases, can meet this emergency with the urgency it requires.

Time is of the essence. These important, life-saving steps must be taken immediately.

Sincerely,

Marc Robinson, MD
Co-President, Doctors for Change
Internal Medicine

Amelia Averyt, MD
Co-President, Doctors for Change
Internal Medicine - Pediatrics

Erica Lescinskas, MD
Internal Medicine

Ricardo Nuila, MD
Internal Medicine

Jonathan Lim, MD
Internal Medicine

Sanjay G. Adhia, M.D.
Psychiatry, Forensic Psychiatry, Brain Injury Medicine

HARRISHEALTH SYSTEM

Harris Health System
P.O. Box 66769, Houston, Texas 77266-6769

Hon. Herb Ritchie
Harris County Civil Courthouse
201 Caroline, 11th Floor
Houston, Texas 77002

Dear Hon. Judge Ritchie and the Criminal District Court Judges,

I strongly urge you to consider releasing defendants in the Harris County Jail who are charged with non-violent offenses. For the reasons below, it is important to prioritize inmates who are over 60 years of age or have pre-existing conditions such as cancer, diabetes, asthma / chronic obstructive pulmonary disease, heart disease, or HIV.

The Harris County Jail and other large correctional facilities pose a real and immediate danger to the health of the community. An even limited outbreak of COVID-19 in the Harris County Jail has the potential to overwhelm our already overburdened hospital system. If this happened--and the likelihood is high--it could leave many vulnerable people in our community without access to care.

According to the Centers for Disease Control, older adults and people with serious chronic medical conditions like heart disease, diabetes, and lung disease are at higher risk of getting very sick from COVID-19. On average, the people housed in our prisons and jails are older and more likely to suffer from poor physical health and illness as compared with the general public, which means they are exactly the type of high-risk group that will fall very sick if they come into contact with COVID-19.

To make matters worse, the concept of social distancing is nearly impossible in a setting like the Harris County Jail, which had a population of around 8,500 inmates as of March 19, 2020. The ability to quarantine is similarly impossible with inmates getting booked in and out of the jail on a daily basis. Once they are brought into the jail, many are housed in dormitory settings of between 20 to 60 people. This leaves little space to social distance or quarantine effectively.

The question of whether there will be a COVID-19 case in the Harris County Jail is currently a matter of when. If we do not reduce the population in the Harris County Jail substantially, and in very short order, we risk creating a concentrated outbreak, which would not only be a tragedy in itself but also have the compounding effect of leaving fewer beds for other members of our community who may also need hospitalization during this time.

Sincerely,

Esmaeil Porsa, M.D., MBA, MPH, CCHP-A

March 24th, 2020

To whom it may concern:

As physicians that have worked in both the Harris County Jail clinic and in the county system taking care of admitted jail patients, we are deeply concerned about the inevitability of the SARS-CoV-2 virus entering the jail and causing a massive outbreak. As the virus has already spread throughout our community, steps must be taken immediately to remove vulnerable patients from the jail, and massively decrease the population so as to limit its spread. The evidence that jails are at high risk for outbreaks is clear, as seen in our own community with the Mumps outbreak in the jail last year. The close quarters and constant churn of jails, with the cycling of new arrestees and staff multiple times a day makes them petri dishes for infections, especially those which take several days to manifest symptoms, like the current coronavirus. Social distancing is impossible, uncovered toilets can spread disease with every flush, there is limited access to sinks and soap for frequent handwashing, and health services are not equipped for acute, severe illness.

The jail is full of populations that are at a higher risk of severe complications, including death, from this virus. The elderly, those with poor immune systems, and those with chronic illness are all housed in significant numbers. We have taken care of patients over the age of 70, some who were fairly disabled. It's not just the elderly, we have cared for young people with chronic illnesses, such as sickle cell and HIV, both syndromes that place them within extreme risk for a terrible COVID19 course. Chronic lung disease (such as COPD), heart failure, end stage renal disease and cirrhosis are all very common among the jail population and are constantly admitted to our hospital. The jail clinic is limited to the chronic maintenance of these conditions, and in no way can handle acute illness. An outbreak would cause a surge of hospital referrals, which would overwhelm a system that is not equipped for a surge from the community. We have had numerous elderly patients over last year referred to Ben Taub for complications from severe and chronic illnesses. The reasons they were in jail were fairly minor and their release would pose no safety risk. We can't fathom how it benefits anyone for them to remain incarcerated during this time.

Just releasing those at high risk is still not enough. Multiple reports from multiple locations have shown that the young are at risk of severe illness beyond what was

originally though. Should an outbreak affect only 10% of the jail population (a conservative number), and only 10% of those patients have severe illness requiring hospitalization (another conservative number), then that's still a surge of more than 70 patients requiring admission, far beyond what the county hospitals can handle.

Our clinical settings are currently depending on community partners to donate personal protective equipment (PPE), something that we could not have imagined happening in the largest medical center in the world. Containing a jail outbreak would ineffectively redistribute valuable PPE, which would be much better served protecting techs, nurses, and physicians in hospitals. There needs to be a large, significant release, as we have seen in other cities. Small measures will make no appreciable difference, and moving people to other facilities will only make matters worse

In Harris County, we still have time. We're early enough in our infection curve that bold moves can still have an appreciable impact. There are currently 4 (at least) HSCO deputies with confirmed COVID-19 infections, and the numbers county-wide continue to grow exponentially every day - from just under 200 this morning (3/24) to almost 300 by the end of the day.

We are extremely proud of the decisions our leadership has made which have undoubtedly helped to slow the spread of the virus through our community. The stay-in-place order was the right thing to do, but more remains to be done. If we wait, or simply perform half measures, we will have an absolute disaster on our hands.

Marc Robinson, MD
Co-President, Doctors for Change

Amelia Averyt, MD MPH
Co-President, Doctors for Change

Exhibit B – Declaration of Dr. Elizabeth Y. Chiao

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISION

RUSSELL, et al. Plaintiffs, v. HARRIS COUNTY, TEXAS, et al. Defendants.	Case No. 4:19-cv-00226 (Class Action) The Honorable Lee H. Rosenthal U.S. District Judge

Declaration of Dr. Chiao

I. Background and Qualifications

1. I am Dr. Elizabeth Chiao, Professor of Medicine, Division of Infectious Diseases and Health Services, Research, Baylor College of Medicine. I am board certified by the American Board of Internal Medicine (ABIM) in Medical Oncology and Infectious Diseases. I am licensed to practice medicine in the state of Texas, license number L8647. I earned my Doctor of Medicine from Cornell University Medical College, and Master Degree in Public Health from Yale University School of Medicine, Department of Epidemiology and Public Health. I completed my residency at the University of Utah, and completed Fellowships in Medical Oncology at Memorial Sloan Kettering, and in Infectious Diseases at Baylor College of Medicine.

2. I have worked for the past 14 years as Faculty in the Division of Infectious Diseases and Health Services Research at Baylor College of Medicine. My research interests focus on the epidemiology, prevention, treatment and outcomes of HIV-related comorbidities and Cancers, as well as health disparities for people living with HIV.

3. In the past 14 years I have received continuous funding by the National Institutes of Health (NIH) starting with an NCI funded K23 (K23 CA124318) in 2006. I subsequently received an NCI funded R01 (R01CA163103) entitled "The Effectiveness of Screening HIV-infected Women for Anal Cancer Precursors," and a second R01 (R01CA206476) "(PQ 3) Identifying Novel Pharmacologic Risk factors for Common Non-AIDS Defining Cancers in Individuals with Well-controlled HIV Infection." I am additionally a co-investigator on multiple national NIH funded projects. I also hold several leadership positions in the AIDS Malignancy Consortium (AMC): I am 1) the Baylor College of Medicine principal investigator for the AMC, 2) the co-chair of AMC 087: a phase 1 protocol of Cabozantinib for the treatment of advanced solid tumors in HIV-infected individuals (currently enrolling), and 3) the

chair of the Solid Tumor Working Group in the AMC. Furthermore, I collaborate with U.S.-based and international researchers and I have been appointed to several national and international committees including the Board of Scientific Advisers subcommittee for HIV-related malignancies, scientific merit review committees for South Africa and the organizing committee for the International HIV Malignancy Conference. My clinical work as the clinical director of both the Anal Dysplasia and Medical Oncology clinics at the Thomas Street Health Center were recognized with a Baylor Clinician STAR award in 2017. Finally, I lead an active mentoring program where several mentees have successfully applied for and obtained career development awards and other various research funding. In summary, I am a clinician researcher whose goals are to improve survival and quality of life for people living with HIV (HIV), and individuals with virally mediated cancer by improving cancer prevention, screening and treatment outcomes.

4. I have written and published extensively on the topics of infectious diseases, and the epidemiology of people living with HIV (PLWH), including papers about PLWH involved in the criminal justice system. In particular, I have published in leading peer-reviewed journals on the health disparities and the ethical medical care for PLWH for people in detention; disparities in the outcomes of AIDS-related Kaposi Sarcoma; and how to improve screening for Human Papillomavirus-related cancers in PLWH to take just three examples.

5. My C.V. includes a full list of my honors, experience, and publications, and it is attached as Exhibit A.

6. I am donating my time reviewing materials and preparing this report. Any live testimony I provide will also be provided *pro bono*.

7. I have not testified as an expert at trial or by deposition in the past four years.

8. This declaration is substantially the same as a sworn declaration submitted by Dr. Jaimie Meyer, Assistant Professor of Medicine at Yale School of Medicine and Assistant Clinical Professor of Nursing at Yale School of Nursing in New Haven, Connecticut, in federal court in New York. CITE. Dr. Meyer is board certified in Internal Medicine, Infectious Diseases and Addiction Medicine.

9. I have reviewed thoroughly Dr. Meyer's report, and the sources cited in it. Based on my own independent training, expertise, and experience in epidemiology and infectious diseases, I fully agree with Dr. Meyer's analysis of the dangers that the novel corona posed in New York City-area jails, and believe that they are applicable, as described below, to the Harris County jail.

II. Heightened Risk of Epidemics in Jails and Prisons

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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] 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.

17. 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.

18. 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.

19. 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.

20. 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

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

care they need for these conditions. As supply chains become disrupted during a global pandemic, the availability of medicines and food may be limited.

21. 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 work. Absenteeism poses substantial safety and security risk to both the people inside the facilities and the public. Furthermore, rapid spread of infectious diseases among the inmates can often worsen the epidemic outside of the incarcerated population because staff are more likely to be infected and spread the disease to their families and the wider population.

22. 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] 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] 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.

III. Profile of COVID-19 as an Infectious Disease[4]

23. 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 recent data from China has demonstrated that almost 13% of transmission occurs from asymptomatic individuals before they start to show symptoms, and it is possible that transmission can occur for weeks after their symptoms resolve.[5] 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

[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-widespread-in-prisons-and-jails-but-deaths-are-few/.
[4] This whole section draws from Broks J. Global Epidemiology and Prevention of COVID19, COVID-10 Symposium, Conference on Retroviruses and Opportunistic Infections (CROI), virual (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-need-to-know-in-corrections.
[5] Du Z, Xu X, Wu Y, Wang L, Cowling BJ, Ancel Meyers L. Serial interval of COVID-19 among publicly reported confirmed cases. Emerg Infect Dis. 2020 Jun [*date cited*]. https://doi.org/10.3201/eid2606.200357

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 over a year to the general public. Antiviral medications are currently in testing but not yet FDA-approved. People in prison and jail will likely have even less access to these novel health strategies as they become available.

24. 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.[6] 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.[7] Among those individuals, the risk of poor outcomes, included the need for mechanical intervention is over 20%. Death in COVID-19 infection is usually due to pneumonia, and sepsis, and would occur between approximately 1-4% of the popultion. 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.

25. The care of people who are infected with COVID-19 depends on how seriously they are ill.[8] 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.

26. In order to prevent overwhelming the local health systems, aggressive containment and COVD-19 prevention is of utmost importance. To this end, certain states and jurisdictions, including Harris County have mandated COVID-19 prevention strategies, such as "shelter in place" or "stay at home", which have gone beyond containment and mitigation. Jails and prisons already have difficulty with containment because it 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. However, even with these efforts, it is nearly impossible for

---

[6] *Coronavirus Disease 2019 (COVID-19): Situation Summary*, Centers for Disease and Prevention (March 14, 2020), https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html.

[7] *Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study*, The Lancel (published online March 11, 2020), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext.

[8] *Coronavirus Disease 2019 (COVID-19): Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease*, Centers for Disease Control and Prevention (March 7, 2002), https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html.

jails and prisons to provide the atmosphere of "shelter in place" or "stay at home" social distancing, given the number of individuals that work in and are housed in these facilities in the current system. Decreasing the population will help the prison facilities to develop "isolation" strategies that can nearly mirror Harris County mandates.

27. 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.[9] To date, few state or federal prison systems have adequate (or any) pandemic preparedness plans in place.[10] 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.

IV. Risk of COVID-19 in the Harris County Jail

28. In preparing this report I have spoken with Dr. Marc Robinson, who has worked as a physician in the medical clinic in the jail and therefore has first-hand knowledge of the medical facilities and jail conditions in the Harris County Jail. Based on my conversation with Dr. Robinson, I understand that the medical facilities in the jail are rudimentary and are not equipped to care for anyone with an acute illness. The Harris County Jail cannot do anything other than administer oxygen, and supplies are limited. Thus, anyone whose symptoms are more severe than mild would be sent to the local hospital. This would cause significant strain on both the local hospital and jail/prison staff. Because people wait for administrative disposition, and are housed/ live in close quarters, and because of the number of people detained of the Harris County Jail, it is impossible for inmates to comply with local health mandates and CDC recommendations, including social distancing. Moreover, because hundreds of people cycle in and out of the jail every day, it is virtually impossible to create stable units of people isolating those infected with those who are uninfected, which is necessary to contain infection.

29. Based on my conversations with Ms. Sarah Wood, Policy Director for the Harris County Office of the Public Defender, and Dr. Robinson, my experience working on public health and Infectious Diseases, and my review of the relevant literature, it is my professional judgment that the Harris County Jail is 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.

---

[9] *Iran temporarily releases 70,000 prisoners as coronavirus cases surge*, Reuters (March 9, 2020), https://www.reuters.com/article/us-health-coronavirus-iran/iran-temporarily-releases-70000-prisoners-as-coronavirus-cases-surge-idUSKBN20W1E5.

[10] 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-significant/story?id=69433690.

30. Above and beyond the inability to prevent the spread of COVID-19 and increased risk for severe illness and inability to care for inmates in jail and prisons, 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.

31. 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.

32. 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.

33. 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.

34. 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.

35. 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.

36. 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.

37. 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.

38. 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.

V. Conclusion and Recommendations

39. For the reasons above, it is my professional judgment that individuals placed in the Harris County Jail are at a significantly higher risk of infection with COVID-19 as compared to the population in the community, given the procedural and housing conditions in the facilities, 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.

40. Reducing the size of the population in jails and prisons can be crucially important to reducing the level of risk both for who both are housed and work within those facilities and for the community at large.

41. 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 the Harris County Jail at this time. I am also strongly of the opinion that individuals who are already in those facilities should be evaluated for release, and that a careful evaluation of procedural and housing guidance is created for those who remain in the facilities during the "stay at home" mandate, and possibly until the epidemic is contained.

42. This is more important still for individuals with preexisting conditions (e.g., heart disease, chronic lung disease, chronic liver disease, suppressed immune systems, cancer, and diabetes) or who are over the age of 60.[11] They are in even greater danger in these facilities, including a meaningfully higher risk of death.

43. 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.

44. 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.

[11] *Report of the WHO-China Joint Mission of Coronavirus Disease 2019 (COVID-19)* (Feb. 16-24 2020), available at https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf.

I declare under penalty of perjury that the foregoing is true and correct to the best of my ability.

_____	3/27/2020_____
Name	Date

EXHIBIT A

Curriculum Vitae

Personal statement

My research focuses on HIV clinical management, HIV co-morbidity research, HIV malignancy clinical management, and virally-mediated cancer research, with an emphasis on evaluating the epidemiology of HIV-associated cancers, cancer prevention and outcomes. My work involves both utilizing large databases and cohorts to improve cancer prevention strategies for HIV-infected individuals as well as clinical trial/clinical research elucidating the prevention and treatment of HIV-related cancers. My training in Epidemiology, HIV, Oncology, and Infectious Diseases make me uniquely qualified to conduct research in HIV-related and other viral malignancies. My group and I were the first to show the effect of cumulative measurements of combined antiretroviral therapy (cART) on multiple different HIV-associated cancers utilizing VA administrative databases. We have over 20 publications on HIV-associated malignancies focusing on elucidating the impact of HIV-related factors on the incidence of HIV-related malignancies in high impact journals such as *JAMA, the Journal of Clinical Oncology, Clinical Infectious Diseases,* and the *Journal of Acquired Immune Deficiency Syndromes*. In the past 12 years I have received continuous funding by the National Institutes of Health (NIH) starting with an NCI funded K23 (K23 CA124318) in 2006. I subsequently received an NCI funded R01 (R01CA163103) entitled "The Effectiveness of Screening HIV-infected Women for Anal Cancer Precursors," and a second R01 (R01CA206476) "(PQ 3) Identifying Novel Pharmacologic Risk factors for Common Non-AIDS Defining Cancers in Individuals with Well-controlled HIV Infection." I am additionally a co-investigator on multiple national NIH funded projects. I also hold several leadership positions in the AIDS Malignancy Consortium (AMC): I am 1) the Baylor College of Medicine principal investigator for the AMC, 2) the co-chair of AMC 087: a phase 1 protocol of Cabozantinib for the treatment of advanced solid tumors in HIV-infected individuals (currently enrolling), and 3) the chair of the Solid Tumor Working Group in the AMC. Given my research productivity and expertise, I was recently selected to co-lead the Mechanisms of Cancer Evolution Scientific Working Group in the Dan L. Duncan Cancer Center. Furthermore, I collaborate with U.S.-based and international researchers and I have been appointed to several national and international committees including the Board of Scientific Advisers subcommittee for HIV-related malignancies, scientific merit review committees for South Africa and the organizing committee for the International HIV Malignancy Conference. My clinical work as the clinical director of both the Anal Dysplasia and Medical Oncology clinics at the Thomas Street Health Center were recognized with a Baylor Clinician STAR award in 2017. Finally, I lead an active mentoring program where several mentees have successfully applied for and obtained career development awards and other various research funding. In summary, I am a clinician researcher whose goals are to improve survival and quality of life for HIV-infected individuals, and individuals with virally mediated cancer by improving cancer prevention, screening and treatment outcomes.

I. GENERAL BIOGRAPHICAL INFORMATION

A. Personal

1. Name: Elizabeth Yu Chiao, MD, MPH
2. Date of Birth: 7/13/1969; citizenship: USA
3. Home Address: 416 Byrne St. Houston, TX 77009
4. Office Address: Houston VA Medical Center (152), 2002 Holcombe Blvd, Houston, TX 77030
5. Office Phone Number: 713-440-4485
6. Email: echiao@bcm.edu

B. Education:

1. Undergraduate Education:
   a. Cornell University, Ithaca, NY, School of Arts, (Biology and Society), May 1990

2. Medical Education or Graduate Education (with thesis/dissertation title, advisor):
   a. Yale University School of Medicine, New haven, CT, Department of Epidemiology and Public Health, Master Degree in Public Health, December 1993, Graduated with Distinction, Thesis Title: Survival Analysis of Connecticut AIDS Cases reported through 1990
   b. Cornell University Medical College, New York, NY, Doctor of Medicine, May 1998

3. Postgraduate Training: residency, fellowship (clinical or research), with source of support and advisor, if relevant):

a. University of Utah, Salt Lake City, UT, Internal Medicine Department, Resident House staff, June 1998-2001
b. Postgraduate Training-Fellowship: Memorial Sloan Kettering Cancer Center, New York, NY, Department of Medicine, Medical Oncology Clinical Research Fellow, Advisor: Susan Krown, July 2002-2004
c. Postgraduate Training-Fellowship: Baylor College of Medicine, Houston, TX, Department of Medicine, Infectious Disease Fellow: July 2004-April 2005

C. Academic Appointments

1. Current Faculty position at BCM:

a. Professor, Internal Medicine, Infectious Diseases, Health Services Research Section, Center for Innovation in Quality, Effectiveness, and Safety, Michael E. DeBakey VA Medical Center, Baylor College of Medicine, 7/2018-present
b. Associate Professor, Internal Medicine, Infectious Diseases, Health Services Research Section, Center for Innovation in Quality, Effectiveness, and Safety, Michael E. DeBakey VA Medical Center, Baylor College of Medicine, 3/2014-7/2018
c. Assistant Professor, Internal Medicine, Infectious Diseases, Health Services Research Section Center for Innovation in Quality, Effectiveness, and Safety, Michael E. DeBakey VA Medical Center, Baylor College of Medicine, 1/2006-3/2014
d. Instructor, Internal Medicine, Infectious Diseases, 4/2005-1/2006

2. Previous faculty position at other institutions:

a. University of Utah, Salt Lake City, UT, Instructor, Department of Medicine. Attending physician in the HIV inpatient and outpatient services. Supervise and teach Internal Medicine house staff; 7/2001-7/2002

D. Other advanced training/experience:

1. Formal Sabbatical leave:

a. None

2. Other specialized training following academic appointment:

a. Trained high-resolution anoscopy (HRA). UCSF HRA training program 4/05

E. Other information:

1. **Honors or Awards: titles, dates:**

a. Heather Belsey Faculty Award, University of Utah 2002
b. MPH with Distinction 1993
c. Martin Luther King Community Service Award, Yale Medical School (1992)
d. Outstanding Reviewer Annals Internal Medicine 2007
e. Outstanding Reviewer Clinical Infectious Diseases Award 2008
f. NIH Loan Repayment Recipient 2007-2011
g. Baylor College of Medicine Star Clinician Award 2017
h. Co-Leader Mechanisms of Cancer Evolution, Dan L. Duncan NCI designated Cancer Center 2019

F. Board Certification:

1. Texas State License Number: Physician: L8647 exp: 5/31/2021
2. New York State License Number: Physicians and Surgeons: 224503-1
3. ABIM Board Certification
   a. Internal Medicine Boards: Certified 08/2001 Exp: 8/2011
   b. Internal Medicine Subspecialty Oncology: Certified 11/2004 Exp: 11/2024
   c. Internal Medicine Subspecialty Inf Dis: Certified 11/2006 Exp: 11/2026

4. Other non-academic positions:

a. Board Member Voices Breaking Boundaries Non-Profit

b. Board Member of Univerity of Houston's Friends of Women's, Gender and Sexuality Studies

II. RESEARCH INFORMATION

A. Research Support

Current Research Funding:

1. **(PQ3) Identifying Novel Pharmacologic Risk factors for Common Non-AIDS Defining Cancers in Individuals with Well-controlled HIV Infection**
   a. National Institute of Health
   b. Principal Investigator
   c. June 2016-March 2020
   d. $1,968,930
   e. 1R01 CA206476-01
2. **The Effectiveness of High Resolution Microendoscopy (HRME) in High Grade Intraepithelial Lesions (HSIL) Diagnosis for People Living with HIV**
   a. National Institute of Health
   b. Co-Principal Investigator
   c. November 2018-November 2023
   d. $2,100,000
   e. R01 CA232890
3. **AIDS Cancer Specimen Resource**
   a. National Institute of Health, NCI
   b. Co-Investigator
   c. September 2013- December 2018
   d. $1,747,386 over 5 years
   e. NIH UM1CA181255
   f. PI: M. McGrath
4. **Texas NeuroAIDS Repository**
   a. National Institute of Health, NIMH
   b. Co-Investigator (Baylor Principal Investigator)
   c. February 2018-February 2023
   d. $650,000 over 5 years
   e. U24MH100930
   f. PI: B. Gelman
5. **Annual Anal Sampling using DNA Screening to Identify Men Who have Sex with Men at Increased Risk for Anal Cancer**
   a. National Institute of Health, NCI
   b. Co-investigator
   c. Sep 2017 - Aug 2022
   d. $380,613
   e. R01CA215403-01A1
   f. PI: A. Nyitray
6. **AIDS Malignancy Clinical Trial Consortium**
   a. National Institute of health, NCI
   b. Co-investigator (Baylor Principal Investigator)
   c. August 2015- August 2020
   d. $ 453,000
   e. UM1CA121974
   f. PI: R. Mitsuyasu
7. **Immunogenetic determinants of HPV-related head and neck cancer in Veterans**
   a. MEDVAMC
   b. Co-Principal Investigator
   c. April 2018 - March 2020
   d. $148,169

e. VA 1 I01 BX004183-01A1

8. **Determining the accuracy of self- and partner anal exams for detecting anal abnormalities**
   a. National Institutes of Health, NCI
   b. Co-investigator
   c. Sept 2018-Aug 2023
   d. $ 1,100,173
   e. R01CA232892-01
   f. PI: A. Nyitray
9. **Optimizing Age-Based Anal Cancer Screening Among People Living with HIV Using Decision Analytic Modeling**
   a. National Institutes of Health, NCI
   b. Co-Investigator
   c. February 2019-February 2024
   d. $200,000
   e. 1R01CA232888-01A1
   f. PI: A. Deshmukh
10. **A Randomized Controlled Trial of Mail-Self Stamped HPV Testing to Increase Cervical Cancer Screening Participation Among Minority/Underserved Women in an Integrated Safety Net Healthcare System**
    a. National Institutes of Health, NIMHD
    b. Co-Investigator
    c. April 2019- April 2024
    d. $140,000
    e. R01 MD013715-01
    f. PI: J. Montealegre

Past Research Funding:

1. Pilot Study of Valganciclovir in Patients with Classic, non-HIV-associated Kaposi's Sarcoma
   a. Roche Pharmaceuticals
   b. Fellow
   c. July 2004-July 2010
   d. $47,000
   e. Pharmaceutical Grant
2. The Epidemiology of HIV-related Anal Dysplasia
   a. Baylor Seed Fund Institutional Grant
   b. Principal Investigator
   c. July 2007-July 2008
   d. $25,000 (project support only)
3. Risk of Monoclonal Gammopathy of Undetermined Significance (MGUS) and Subsequent Multiple Myeloma (MM) among African American and White Veterans in the United States
   a. Contract
   b. National Cancer Institute
   c. July 2007-July 2008
   d. $50,000 (project support only)
4. HPV-related cancers in HIV infected veterans
   a. Pilot funds from HSR&D
   b. Baylor College of Medicine
   c. Principal Investigator
   d. January 2009-December 2009
   e. $10,000
5. The Epidemiologic Effects of HAART on HIV-related Anal Cancer and Anal Dysplasia
   a. K23 Patient-Oriented Mentored Career Development Award
   b. National Institute of Cancer, NIH
   c. Principal Investigator
   d. July 2006-June 2011
   e. $637,500 over 5 years (80% salary and project funds)

6. NIH 1 K23 CA124318-06 K23 Patient-Oriented Mentored Career Development Award Supplement
   a. National Institute of Cancer, NIH
   b. Principal Investigator
   c. September 2009-August 2011
   d. $100,000 over 2 years (project support only)
7. Behavioral Strategies to Accrue and Retain Diverse Underserved Populations in HIV Related Malignancy Clinical Trials
   a. Supplement to U10CA139519-01A1
   b. Co-Investigator
   c. September 2011-September 2013
   d. $80,000
8. AIDS Cancer Specimen Registry (ACSR) Pilot Funds
   a. Pilot Funds from the ACSR
   b. UCSF
   c. Principal Investigator
   d. September 2009- September 2013
   e. $75,000 (project support only)
9. The Effect of HAART on the Epidemiology and Molecular Pathogenesis of HIV-related Hodgkin Lymphoma
   a. Pilot Funds from the AIDS Malignancy Consortium (AMC)
   b. Principal Investigator
   c. May 2011-June 2014
   d. $65,000
   e. NIH P30 CA125123
10. The Feasibility of Self/Partner-Assisted Digital Anal Exams for Cancer Screening
   a. National Cancer Institute
   b. Co-investigator
   c. September 2013- September 2016
   d. $125,000
   e. NIH R21 CA181901
11. The Effectiveness of Screening HIV-infected Women for Anal Cancer Precursors
   a. National Institutes of Health, NCI
   b. Principal Investigator
   c. September 2011- August 2016
   d. $120,000
   e. NIH 1 R01 CA163103 (S1)
12. Risk and Predictors of Esophageal and Esophagogastric Junction Adenocarcinomas in HIV-Infected Individuals
   a. National Institute of Health, NIAID
   b. Co-investigator
   c. June 2016-December 2018
   d. $475,487
   e. P30AI027767
13. Supplement for AMC 084: The Effectiveness of Screening HIV-Infected Women for Anal Cancer Precursors
   a. National Institute of Health, NCI
   b. Co-investigator
   c. Sep 2017 - Aug 2019
   d. $193,793
   e. UM1CA121974

1. National Scientific Participation:

a. Journal Review editorial boards:
   a. Ad-hoc journal reviewer, Antiviral Therapy, June 2006-present
   b. Ad-hoc journal reviewer, Annals Internal Medicine, July 2007-present

c. Ad-hoc journal reviewer, Clinical Infectious Disease, August 2007-present
d. Ad-hoc journal reviewer, International Journal of Cancer, July 2011-present
e. Ad-hoc journal reviewer, International Journal of Infectious Diseases, May 2013-present
f. Ad-hoc journal reviewer, JAIDS, March 2006-present

b. Review panels:
   a. The Ontario HIV Network, grant review July 2006
   b. Reviewer, Ad Hoc, American Re-investment and Renewal Acct (ARRA) AIDS Cancer Vaccines, NCI, NIH, August, 2009. Bethesda, MD
   c. Reviewer, Ad Hoc, D43 AIDS Malignancy Training Grants in Africa, NCI, NIH February, 2010. Bethesda, MD
   d. Reviewer, Ad Hoc, NCI: RFA CA 11-011 and 012 "Research Answers to NCI's Provocative Questions", March 26-28, 2012
   e. Reviewer, Ad Hoc, NCI: J subcommittee-Career Development Awards, March, 2013
   f. Reviewer, Ad Hoc, NCI J subcommittee-Career Development Awards, July, 2013
   g. Reviewer, Ad Hoc, NCI J subcommittee-Career Development Awards, November, 2013
   h. Reviewer, Ad Hoc, NIAID, HIV and Aging Provocative Questions, November, 2013
   i. Reviewer, Ad Hoc, NIAID, Special Emphasis Panel, January, 2014
   j. Reviewer, Ad Hoc, NCI: Subcommittee - HIV and AIDS Malignancy September, 2017
   k. Reviewer Ad Hoc, NIAID HIV and Aging Special Emphasis Panel, March 2018
   l. Reviewer, NCI U54 Prevention of HPV-related Cancers in HIV-infected individuals: United States-Latin American-Caribbean Clinical Trials Network: Partnership Centers Special Emphasis Panel, April 2019

c. Professional societies:
   i. American Society of Clinical Oncology, 2004-current
   ii. Infectious Diseases Society of America, 2007-current

d. National Committees
   i. ACTG co-infections and malignancies subcommittee 2011-2014
   ii. ACTG 5298, "A Randomized, Double-Blinded, Placebo-Controlled, Phase 3 Trial of the Quadrivalent HPV Vaccine to Prevent Anal Human Papillomavirus Infection in HIV-Infected Men and Women"
   iii. NCI "Provocative Questions: AIDS Malignancy" Committee March, 2014
   iv. AMC Steering Committee, Member 2016-2018
   v. Chair, AMC Non-AIDS Defining Cancer Committee (April 2017-present)
   vi. International Conference of HIV Malignancies (ICMH) meeting organizing committee (2017-current)
   vii. NCI Board of Scientific Advisers, HIV Malignancies, June 2017
   viii. Scientific Steering Committee of University of Washington /Fred Hutchinson CFAR, March 2018
   ix. 2018 Eurogin Program Committee, March 2018
   x. External Advisory Board Weil/Cornell CFAR, February 2019

e. Invited lectures, presentations, research seminars:
   a. International
      i. **Chiao, E.** Head and Neck Cancers in U.S. Veterans Living in HIV, IAS Mexico City 7/23/2019
      ii. **Chiao, E.** Screening HIV-infected Women for Anal Cancer Precursors, Eurogin, Salzburg, Austria 6/10-6/13/2016
      iii. **Chiao, E.** Screening People Living with HIV for Anal Cancer, Eurogin, Lisbon, Portugal 12/3-12/15/2018

   b. National
      1) **Chiao, E**. Co-Chair: International Conference on HIV-related Malignancies, Outcome Disparities of HIV-associated Malignancies, Bethesda, MD, October 21-22, 2019

2) **Chiao, E**. A Multi-Disciplinary Approach to Optimizing and Advancing Cancer Care for People Living with HIV, CFAR Seminar, University of Washington, Seattle WA July 11, 2019
3) **Chiao, E**. Co-Chair: International Conference on HIV-related Malignancies, Epidemiology of HIV-associated Malignancies, Bethesda, MD, October 22-24, 2017
4) **Chiao, E**. Co-Chair: Conference on Retroviruses and Opportunistic Infections (CROI): HPV-related malignancies, February 28-March 3, 2013, Atlanta, GA
5) **Chiao, E**. Chair person: AACR Annual Meeting, HIV Malignancies: Current Dilemmas and Future Directions, March 31-April 4, 2012, Chicago, IL.
6) **Chiao, E**. HIV- Related Anal Cancer and Cancer Precursors in the HAART Era, Association of Nurses in AIDS Care yearly meeting, September 26, 2008.

c. Local

1. **Chiao, E**. MD Anderson Cancer Center Institutional Grand Rounds: HIV and Maligncies, 5/18/2018
2. **Chiao, E.** Screening HIV-infected Individuals for Anal Cancer Precursors: What is the Evidence. Southern AIDS Education and Training Conference, 2/20/2018
3. **Chiao, E**. Viral and Molecular Oncogenesis Program meeting: "Evidence for screening HIV-infected women for anal cancer precursors", 5/18/2011, 5/15/2016.
4. **Chiao, E**. TSH-HCHD HIV Conference 2017: Anal Cancer and HIV, 4/30/2017.
5. **Chiao, E**. CFAR AIDS Research Forum: Human Papilloma Virus and Cancer in HIV-positive Patients, 8/18/17.

2. Publications

a. Full papers in Peer Review Journals:

I. Published

1) Clark E, Royse KE, Dong Y, Chang E, Raychaudhury S, Kramer J, White DL, Chiao E. Stable Incidence and Poor Survival for HIV-Related Burkitt Lymphoma Among the U.S. Veteran Population During the Anti-Retroviral Era. J Acquir Immune Defic Syndr. 2020 Jan 27. doi: 10.1097/QAI.0000000000002303. [Epub ahead of print] PubMed PMID: 31977597.
2) Stier EA, Abbasi W, Agyemang AF, Valle Álvarez EA, Chiao EY, Deshmukh AA. Recurrence of Anal High-Grade Squamous Intraepithelial Lesions among Women Living with HIV. J Acquir Immune Defic Syndr. 2020 Jan 16. doi: 10.1097/QAI.0000000000002304. [Epub ahead of print] PubMed PMID: 31977596.
3) Nyitray AG, D'Souza G, Stier EA, Clifford G, Chiao EY. The Utility of Digital Anal Rectal Examinations in a Public Health Screening Program for Anal Cancer. J Low Genit Tract Dis. 2020 Jan 16. doi: 10.1097/LGT.0000000000000508. [Epub ahead of print] PubMed PMID: 31972661.
4) Sandulache VC, Wilde DC, Sturgis EM, Chiao EY, Sikora AG. A Hidden Epidemic of "Intermediate Risk" Oropharynx Cancer. Laryngoscope Investig Otolaryngol. 2019 Oct 17;4(6):617-623. doi: 10.1002/lio2.316. eCollection 2019 Dec. Review. PubMed PMID: 31890879; PubMed Central PMCID: PMC6929570.
5) Sandulache VC, Lei YL, Heasley LE, Chang M, Amos CI, Sturgis EM, Graboyes E, **Chiao EY**, Rogus-Pulia N, Lewis J, Madabhushi A, Frederick MJ, Sabichi A, Ittmann M, Yarbrough WG, Chung CH, Ferrarotto R, Mai W, Skinner HD, Duvvuri U, Gerngross P, Sikora AG. Innovations in risk-stratification and treatment of Veterans with oropharynx cancer; roadmap of the 2019 Field Based Meeting. Oral Oncol. 2019 Oct 21:104440. doi: 10.1016/j.oraloncology.2019.104440. [Epub ahead of print] PubMed PMID: 31648864.
6) White, DL; Oluyomi, A; Royse, K,; Dong, Y, Nguyen, H; Chang, E, Richardson, P; Jiao, L; Garcia, J.; Kramer, JR.; Thrift, A, **Chiao, EY**, Incidence of AIDS-related Kaposi Sarcoma in all 50 United States from 2000 to 2014. JAIDS. 2019 Aug 1;81(4):387-394. doi: 10.1097/QAI.0000000000002050. PMID: 31242141
7) Stier, A., Lensing,S., Darragh, M., Deshmukh, A., Einstein, M., Palefsky, J., Jay,N. Berry-Lawhorn, J.M., Wilkin, T., Wiley, D., Barroso, L., Cranston, R., Levine, R., Guiot, H., French, A., Citron, D., Rezaei, M.K., Goldstone, S., **Chiao, E**. Prevalence of and risk factors for anal high-

grade squamous intraepithelial lesions in women living with HIV. Clin Infect Dis. 2019 Jul 11. pii: ciz408. doi: 10.1093/cid/ciz408. Epub ahead of print. PMID: 31292602

8) Kramer J, Hartman C, White DL, Royse K, Richardson P, Thirft A, Raychaudhury S, Desiderio R, Sanchez D, **Chiao E.** Validation of HIV cohort identification using automated clinical data in the Department of Veterans Affairs. HIV Medicine. 2019 May 26. doi: 10.1111/hiv.12757. Epub ahead of print. PMID: 31131549
9) El-Mallawany N, Kamiyango W, Villier J, Peckham-Gregory E, Scheurer M, McAtee C, Allen C, Kovarik C, Frank D, Eason A, Caro-Vegas C, Chiao E, Schutze G, Ozuah N, Mehta P, Kazembe P, Dittmer D. Kaposi Sarcoma Herpesvirus Inflammatory Cytokine Syndrome (KICS)-like Clinical Presentation in HIV-Infected Children in Malawi. Clin Infect Dis. 2019 Mar 22 pii: ciz250. doi: 10.1093/cid/ciz250. Epub ahead of print. PMID: 31102440.
10) Thrift AP, Kramer JR, Hartman CM, Royse K, Richardson P, Dong Y, Raychaudhury S, Desiderio, R, Sanchez D, Anandasabapathy S, White DL, **Chiao EY**. Risk and Predictors of Esophageal and Stomach Cancers in HIV-infected Veterans: A Matched Cohort Study. J Acquir Immune Defic Syndr. 2019 Mar 29. Epub ahead of print. PMID: 30939533
11) Harms A, Kansara S, Stach C, Richardson P, Chen G, Lai S, Sikora AG, Parke R, Donovan D, **Chiao E**, Skinner H, Sandulache VC. Swallowing Function in Survivors of Oropharyngeal Cancer Is Associated With Advanced T Classification. Ann Otol Rhinol Laryngol 2019 Mar 27:3489419839091. doi: 10.1177/0003489419839091. Epub ahead of print PMID:30913911
12) Fokom Domgue J, Messick C, Milbourne A, Guo M, Salcedo MP, Dahlstrom KR, **Chiao EY**, Deshmukh AA, Sturgis EM, Schmeler KM. Prevalence of high-grade anal dysplasia among women with high-grade lower genital tract dysplasia or cancer: Results of a pilot study. Gynecologic Oncology. 2019 Mar 1. Doi: 10.1016/j.ygyno. Epub ahead of print. PMID: 30827725
13) Kahn JA, Belzer M, Chi X, Lee J, Gaur AH, Mayer K, Martinez J, Futterman DC, Stier EA, Paul ME, **Chiao EY**, Reirden D, Goldstone SE, Ortiz Martinez AP, Cachay ER, Barroso LF, Da Costa M, Wilson CM, Palefsky JM; AIDS Malignancy Consortium and Adolescent Medicine Trials Network for HIV/AIDS Interventions. Pre-vaccination prevalence of anogenital and oral human papillomavirus in young HIV-infected men who have sex with men. Papillomavirus Res. 2019 Jan 15;7:52-61. doi: 10.1016/j.pvr.2019.01.002. Epub ahead of print. PMID: 30658128
14) Badr, H, Herbert, K, Chhabria, K, Sandulache, V, Bobby R, **Chiao, E,** Wagner, T. Couple-Based Self-Management for Head and Neck Cancer: Results of A Randomized Pilot Trial. Cancer. 2018 Dec 6. doi: 10.1002/cncr.31906. PMID: 30521075
15) Hicks, JT, Hwang, LY, Barnaiuk ,S, White, M, **Chiao, EY,** Onwuka, N, Ross, MW, Nyitray, AG. Factors associated with self-reported anal cancer screening history in men who have sex with men. Sex Health. 2018 Dec 6. Doi: 10.1071/SH18D39. PMID: 30517839
16) El-Mallawany,N, Villiera, J, Kamiyango, W, Peckham-Gregory, E, Scheurer, M, Allen,C, McAtee, C, Legarreta, A, Dittmer, D, Kovarik, C, **Chiao, E,** Martin,S, Ozuah,N, Mehta,P, Kazembe, P. Endemic Kaposi Sarcoma in HIV-Negative Children and Adolescents: An Evaluation of Overlapping and Distinct Clinical Features in Comparison with HIV-Related Disease. Infectious Agents and Cancer. Infect Agent Cancer.2018 Nov9; 13:33. doi:10.1186/s1307-018-0207-4. eCollection 2018. PMID: 30455728; PMCID: PMC6230225
17) Richardson P, Kansara S, Chen G, Sabichi A, Sikora A, Parke R, Donovan D, **Chiao E**, Sandulache V. Treatment Patterns in Veterans with Laryngeal and Oropharyngeal Cancer and Impact on Survival. Laryngoscope Investig Otolaryngol. 2018 Aug 9;3(4):275-282. doi: 10.1002/lio2.170. eCollection 2018 Aug. PMID: 30186958 ; PMCID: PMC6119785
18) Suk,R, Mahale,P, Sonawane, P, Sikora,A, Chhatwal, J, Schmeler, K, Sigel, K, Cantor, S, **Chiao, E*** , Deshmukh, A*. Trends in risks for second primary cancers associated with index Human Papillomavirus-Associated cancers. *JAMA Network Open.* 2018;1(5) e181999. doi:10.1001/jamanetworkopen.2018.1999. PMID: 30646145 ; PMCID: PMC6324459
19) Bender Ignacio R, Lin L, Rajdev L, **Chiao E**. Evolving Paradigms in HIV Malignancies: Review of Ongoing Clinical Trials. *Journal of the National Comprehensive Cancer Network : JNCCN*. 2018;16(8):1018-1026. doi:10.6004/jnccn.2018.7064. PMID: 30099376; PMCID: PMC6109631
20) Oseso LN, **Chiao EY**, Ignacio RAB. Evaluating Antiretroviral Therapy Ini tiation in HIV-Associated Malignancy: Is There Enough Evidence to Inform Clinical Guidelines? Send to J Natl Compr Canc Netw. 2018 Aug;16(8);927-932. doi: 10.6004/jnccn.2018.7057. PMID: 30099368 ; PMCID: PMC6207434

21) Chang E, Sabichi AL, Kramer JR, Hartman C, Royse KE, White DL, Patel NR, Richardson P, Yellapragada SV, Garcia JM, **Chiao EY**. Nivolumab Treatment for Cancers in the HIV-infected Population. J Immunother. 2018 Jul 16. doi: 10.1097/CJI.0000000000000240. [Epub ahead of print] PMID: 30020193 ; PMCID: PMC6128753
22) Chang E, Mapakshi SR, Mbang P, El-Mallawany NK, Kramer JR, White DL, **Chiao EY**. The impact of protease inhibitors on HIV-associated Kaposi sarcoma incidence: a systematic review. J Acquir Immune Defic Syndr. 2018 Jul 6. doi: 10.1097/CJI.0000000000000240 [Epub ahead of print.] PMID: 29985803
23) Deshmukh AA, Shirvani SM, Likhacheva A, Chhatwal J, **Chiao EY**, Sonawane K. The Association Between Dietary Quality and Overall and Cancer-Specific Mortality Among Cancer Survivors, NHANES III. JNCI Cancer Spectr. 2018 Apr;2(2):pky022. doi: 10.1093/jncics/pky022. Epub 2018 Jun 5. PMID: 29905226 ; PMCID: PMC5989369
24) Thrift AP, **Chiao EY**. Are Non-HIV Malignancies Increased in the HIV-Infected Population? Curr Infect Dis Rep. 2018 May 26;20(8):22. doi: 10.1007/s11908-018-0626-9. Review. PMID: 29804238
25) Wilkin TJ, Chen H, Cespedes MS, Leon-Cruz JT, Godfrey C, **Chiao EY,** Bastow B, Webster-Cyriaque J, Feng Q, Dragavon J, Coombs RW, Presti RM, Saah A, Cranston RD. A randomized, placebo-controlled trial of the quadrivalent HPV vaccine in HIV-infected adults age 27 or older: AIDS Clinical Trials Group protocol A5298. Clin Infect Dis. 2018 Apr 5. doi: 10.1093/cid/ciy274. [Epub ahead of print] PMID: 29659751 ; PMCID: PMC6186857
26) Cranston RD, Cespedes MS, Paczuski P, Yang M, Coombs RW, Dragavon J, Saah A, Godfrey C, Webster-Cyriaque JY, **Chiao EY**, Bastow B, Wilkin T; ACTG 5298 Study Team. High Baseline Anal Human Papillomavirus and Abnormal Anal Cytology in a Phase 3 Trial of the Quadrivalent Human Papillomavirus Vaccine in Human Immunodeficiency Virus-Infected Individuals Older Than 26 Years: ACTG 5298. Sex Transm Dis. 2018 Apr;45(4):266-271. doi: 10.1097/OLQ.0000000000000745. PMID: 29528986; PMCID: PMC5868482
27) Hwang JP, Ahmed S, Ariza-Heredia EJ, Duan Z, Zhao H, Schmeler KM, Ramondetta L, Parker SL, Suarez-Almazor ME, Ferrajoli A, Shih YT, Giordano SH, **Chiao EY**. Low rate of cervical cancer screening among women with hematologic malignancies after stem cell transplant. Biol Blood Marrow Transplant. 2018 May;24(5):1094-1098. doi: 10.1016/j.bbmt.2018.01.019. Epub 2018 Feb 9. PMID: 29378304
28) Chang E, Rivero G, Patel N, **Chiao E**, Lai S, Bajaj K, Mbue J, Yellapragada S. HIV-Related Refractory Hodgkin Lymphoma: A Case Report of Complete Response to Nivolumab. Clin Lymphoma Myeloma Leuk. 2018 Feb;18(2):e143-e146. doi: 10.1016/j.clml.2017.12.008. Epub 2018 Jan 3. PMID: 29342442; PMCID: PMC5809264
29) Stier EA, **Chiao EY**. Anal Cancer and Anal Cancer precursors in Women with a History of HPV-Related Dysplasia and Cancer. Semin Colon Rectal Surg. 2017 Jun;28(2):97-101. doi: 10.1053/j.scrs.2017.04.008. Epub 2017 Apr 26. PMID:29204065 ; PMCID: PMC5710808
30) Sonawane K, Suk R, **Chiao EY**, Chhatwal J, Qiu P, Wilkin T, Nyitray AG, Sikora AG, Deshmukh AA. Oral Human Papillomavirus Infection: Differences in Prevalence Between Sexes and Concordance with Genital Human Papillomavirus Infection, NHANES 2011 to 2014.Ann Intern Med. 2017 Nov 21;167(10):714-724. doi: 10.7326/M17-1363. Epub 2017 Oct 17 PMID:29049523 ; PMCID: PMC6203692
31) Deshmukh AA, **Chiao EY**, Cantor SB, Stier EA, Goldstone SE, Nyitray AG, Wilkin T, Wang X, Chhatwal J. Management of precancerous anal intraepithelial lesions in HIV-positive MSM: clinical and cost-effectiveness. Cancer. 2017 Dec 1;123(23):4709-4719. doi: 10.1002/cncr.31035. Epub 2017 Sep 26. [Available on 2018-12-01] PMID: 28950043 ;PMCID: PMC5693634
32) Biggerstaff KS, Frankfort BJ, Orengo-Nania S, Garcia J, **Chiao E**, Kramer JR, White D. Validity of code based algorithms to identify primary open angle glaucoma (POAG) in Veterans Affairs (VA) administrative databases. Ophthalmic Epidemiol. 2018 Apr;25(2):162-168. doi: 10.1080/09286586.2017.1378688. Epub 2017 Sep 25. PMID: 28945495
33) Nyitray AG, Hicks JT, Hwang L-Y, Baraniuk S, White M, Millas S, Onwuka N, Zhang X, Brown EL, Ross MW, **Chiao EY**. A Phase II clinical study to assess the feasibility of self- and partner anal exams to detect anal canal abnormalities including anal cancer. Sex Transm Infect. 2018 Mar;94(2):124-130. doi: 10.1136/sextrans-2017-053283. Epub 2017 Aug 23. PMID: 28835533; PMCID: PMC6173609

34) Royse KE, El Chaer F, Amirian ES, Hartman C, Krown SE, Uldrick TS, Lee JY, Shepard Z, **Chiao EY**. Disparities in Kaposi Sarcoma Incidence and Survival in the United States: 2000-2013. PLoS One. 2017 Aug 22;12(8):e0182750. doi: 10.1371/journal.pone.0182750. eCollection 2017. PMID: 28829790; PMCID: PMC5567503

35) Deshmukh AA, Cantor SB, Fenwick E, **Chiao EY**, Nyitray AG, Stier EA, Goldstone SE, Wilkin T, Chhatwal J. Adjuvant HPV vaccination for anal cancer prevention in HIV-positive men who have sex with men: The time is now. Vaccine. 2017 Sep 12;35(38):5102-5109. doi: 10.1016/j.vaccine.2017.08.006. Epub 2017 Aug 12. PMID: 28807605; PMCID: PMC5581672 [Available on 2018-09-12]

36) Butame SA, Lawler S, Hicks JT, Wilkerson JM, Hwang LY, Baraniuk S, Ross MW, **Chiao EY**, Nyitray AG. (2017). A qualitative investigation among men who have sex with men on the acceptability of performing a self- or partner anal exam to screen for anal cancer. Cancer Causes Control. 2017 Oct;28(10):1157-1166. doi: 10.1007/s10552-017-0935-6. Epub 2017 Aug 4. [Available on 2018-10-01].PMID: 28779467; PMCID: PMC5731636

37) Chew EY, Hartman CM, Richardson PA, Zevallos JP, Sikora AG, Kramer JR, **Chiao EY**. Risk factors for oropharynx cancer in a cohort of HIV-infected veterans. Oral Oncol. 2017 May;68:60-66. doi: 10.1016/j.oraloncology.2017.03.004. Epub 2017 Mar 23. PMID: 28438295 ; PMCID: PMC6365160

38) Kahn JA, Lee J, Belzer M, Palefsky JM**, AIDS Malignancy Consortium and Adolescent Medicine Trials Network for HIV/AIDS Interventions (Chiao EY** is listed as a senior author of this group). HIV-Infected Young Men Demonstrate Appropriate Risk Perceptions and Beliefs about Safer Sexual Behaviors after Human Papillomavirus Vaccination. AIDS Behav. 2017 Feb 20 [Epub ahead of print] PubMed [Available on 2018-08-20] PMID: 28220313; PMCID: PMC5563486

39) Oliver NT, **Chiao EY**. Malignancies in women with HIV infection. Curr Opin HIV AIDS. 2017 Jan;12(1):69-76. PMID: 27849632 ;PMCID: PMC5568069

40) Nyitray A, **Chiao E.** Maybe it isn't time to abandon the digital rectal exam for all conditions. Curr Med Res Opin. 2017 Feb;33(2):315-316. doi: 10.1080/03007995.2016.1254608. Epub 2016 Dec 8. PMID: 27805418

41) Deshmukh AA, Zhao H, Das P, **Chiao EY**, You YN, Franzini L, Lairson DR, Swartz MD, Giordano SH, Cantor SB. Clinical and economic evaluation of treatment strategies for T1N0 anal canal cancer. Am J Clin Oncol. 2016 Oct 17. [Epub ahead of print]. PMID: 27755059; PMCID: PMC5393969

42) Oliver, NT, Hartman, CM, Kramer, JR, **Chiao, EY.** Statin drugs decrease progression to cirrhosis in HIV/hepatitis C virus coinfected individuals. AIDS. 2016 Oct 23;30(16):2469-2476. PMID:27753678; PMCID: PMC5290260;

43) Lai S, Wenaas AE, Sandulache VC, Hartman C, **Chiao E**, Kramer J, Zevallos JP. Prognostic Significance of p16 Cellular Localization in Oropharyngeal Squamous Cell Carcinoma. Ann Clin Lab Sci. 2016 Mar;46(2):132-9. PMID:27098618

44) Varier I, Keeley BR, Krupar R, Patsias A, Dong J, Gupta N, Parasher AK, Genden E, Miles B, Teng M, Bakst RL, Gupta V, Misiukiewics K, **Chiao E**, Scheurer M, Laban S, Zhang DY, Ye F, Cui M, Demicco EG, Posner MR, Sikora A. Clinical Characteristics and Outcomes of Oropharyngeal Carcinoma Related to High Risk Non-HPV16 Viral Subtypes. Head Neck. 2016 Sep;38(9):1330-7. doi: 10.1002/hed.24442. Epub 2016 Apr 15. PMID:27080140

45) Mbang PA, Kowalkowski MA, Amirian ES, Giordano TP, Richardson PA, Hartman CM, **Chiao EY**. Association between Time on Protease inhibitors and the Incidence of Squamous Cell Carcinoma of the Anus among U.S. Male Veterans. *PLoS One.* 2015 Dec 2;10(12):e0142966. doi: 10.1371/journal.pone.0142966. PMID:26629701; PMCID:PMC4668039

46) Deshmukh AA, Zhao H, Franzini L, Lairson DR, **Chiao EY**, Swartz MD, Das P, Giordano SH, Cantor SB. Total Lifetime and Cancer-related Costs for Elderly Patients Diagnosed with Anal Cancer in the United States. *Am J Clin Oncol*. 2015 Oct 29. [Epub ahead of print] PMID:26523440 ; PMCID: PMC5592145;

47) **Chiao E**, Stier EA. Reply. Am J Obstet Gynecol. 2016 Mar;214(3):411-2. doi: 10.1016/j.ajog.2015.10.917. Epub 2015 Oct 30. PMID: 26522860

48) Battaglia TA, Gunn CM, McCoy ME, Mu HH, Baranoski AS, **Chiao EY**, Kachnic LA, Stier EA. Beliefs About Anal Cancer among HIV-Infected Women: Barriers and Motivators to Participation

in Research. Womens Health Issues. 2015 Nov-Dec;25(6) :720-6. doi:10.1016/j.whi.2015.06.008. Epub 2015 Aug 4. PMID:26253825; PMCID:PMC4641840

49) Hwang JP, Granwehr BP, Torres HA, Suarez-Almazor ME, Giordano TP, Barbo AG, Lin HY, Fish MJ, **Chiao EY**. HIV testing in patients with cancer at the initiation of therapy at a large US comprehensive cancer center. J Oncol Pract. 2015 Sep;11(5):384-90. doi: 10.1200/JOP.2015.005116. Epub 2015 Aug 4. PMID:26243649 ; PMCID:PMC4575402

50) Deshmukh AA, Chhatwal J, **Chiao EY**, Nyitray A, Das P, Cantor SB. Long-term outcomes of adding HPV vaccine to the anal intraepithelial neoplasia treatment regimen in HIV-positive men who have sex with men. Clin Infect Dis. 2015 Jul 29. pii: civ628. PMID:26223993; PMCID:PMC4614412

51) Robinson JO, Slashinski MJ, **Chiao E**, McGuire AL. It depends whose data are being shared; considerations for genomic data sharing policies. J Law Biosci. 2015 jul 21;2(3):697-704. doi: 10.1093/jlb/lsv030. eCollection 2015 Nov. PMID: 27774218 ; PMCID: PMC5034404;

52) Moscicki A, Darragh TM, Berry-Lawhorn JM, Roberts JM, Khan MJ, Boardman LA, **Chiao E**, Einstein MH, Goldstone SE, Jay N, Likes WM, Stier EA, Welton ML, Wiley DJ, Palefsky JM. Screening for Anal Cancer in Women. J Low Genit Tract Dis. 2015 Jul;19(3 Suppl 1):S26-41. doi:10.1097/LGT.0000000000000117. PMID:26103446; PMCID:PMC4479419

53) Stier EA, Sebring MC, Mendez AE, Ba FS, Trimble DD, **Chiao EY**. Prevalence of anal human papillomavirus infection and anal HPV-related disorders in women: a systematic review. Am J Obstet Gynecol. 2015 Sep;213(3):278-309. doi: 10.1016/j.ajog.2015.03.034. Epub 2015 Mar 19. PMID:25797230; PMCID:PMC4556545

54) Kowalkowski MA, Kramer JR, Richardson PR, Suteria I, **Chiao EY**. Use of boosted protease inhibitors reduces Kaposi sarcoma incidence among male veterans with HIV Infection. Clin Infect Dis. 2015 May 1;60(9):1405-14. doi:10.1093/cid/civ012.Epub 2015 Jan 13. PMID:25586682; PMCID:PMC4462659

55) Kim MH, Ahmed S, Hosseinipour MC, Giordano TP, **Chiao EY**, Yu X, Nguyen C,Chimbwandira F, Kazembe PN, Abrams EJ. Implementation and operational research: The impact of Option B+ on the antenatal PMTCT cascade in Lilongwe, Malawi. J Acquir Immune Defic Syndr. 2015 Apr 15;68(5):e77-83. doi:10.1097/QAI.0000000000000517. PMID:25585302; PMCID:PMC4359035

56) Ahmed S, Kim M, Dave A, Sabelli R, Kanjelo K, Preidis G, Giordano TP, **Chiao EY**, Hoessinipour M, Kazembe P, Chimbwandira F, Abrams E. Improved identification and enrollment into care of HIV-exposed and infected infants and children following a community health worker intervention in Lilongwe, Malawi. J Int AIDS Soc. 2015 Jan 7;18(1)19305. doi:10.7448/IAS.18.1.19305. eCollection 2015. PMID: 25571857; PMCID:PMC4287633

57) Kramer JR, Kowalkowski MA, Duan Z, **Chiao EY**. The Effect of HIV Viral Control on the Incidence of Hepatocellular Carcinoma in Veterans with Hepatitis C and HIV Coinfection. J Acquir Immune Defic Syndr. 2015 Apr 1;68(4):456-62. doi:10.1097/QAI.0000000000000494. PMID:25559606; PMCID:PMC4334674

58) Dailey Garnes NJ, D'Souza G, **Chiao E**. Number of Primary Care Visits Associated with Screening for Cervical Dysplasia among Women with HIV Infection in Harris County, Texas, United States of America. HIV Adv Res Dev. 2015;1(2). pii: 107. Epub 2015 Feb 16. PMID:27500276; PMCID:PMC4974513

59) Deshmukh AA, **Chiao EY**, Das P, Cantor SB. Clinical effectiveness and cost-effectiveness of quadrivalent human papillomavirus vaccination in HIV-negative men who have sex with men to prevent recurrent high-grade anal intraepithelial neoplasia. Vaccine. 2014 Nov;32(51):6941-6947 doi:10.1016/j.vaccine.2014.10.052. PMID:25444820; PMCID:PMC4254641

60) Zevallos JP, Hartman CM, Kramer JR, Strugis EM, **Chiao EY**. Increased Thyroid Cancer Incidence Corresponds to Increased Utilization of Thyroid Ultrasound and Fine Needle Aspiration: A Population-based Study in the Veterans Affairs Healthcare System. Cancer. 2014 Nov 6. doi: 10.1002/cncr.29122. PMID:25376872

61) Luu HN, Amirian ES, **Chiao EY**, Scheurer ME. Age patterns of Kaposi's sarcoma incidence in a cohort of HIV-infected men. Cancer Med. 2014 Aug 20. doi: 10.1002/cam4.312. PMID:25139791; PMCID:PMC4298390

62) Kowalkowski M, Day R, Du X, Chan W**, Chiao E**. Cumulative HIV Viremia and Non-AIDS-Defining Malignancies Among a Sample of HIV-Infected Male Veterans. J Acquir Immune Defic Syndr. 2014 Jul 30. PMID:25078536; PMCID:PMC4162758

63) Zevallos JP, Sandulache VC, Hamblin J, Skinner HD, Kramer J, Hartman CM, Horter KL, Lai S, Zhou X, **Chiao EY**. The impact of race on oropharyngeal squamous cell carcinoma presentation and outcomes among veterans. Head Neck. 2016 Jan;38(1):44-50. doi: 10.1002/hed.23836. Epub 2015 Jan 27.PMID:24992520

64) Kowalkowski MA, Mims MA, Day RS, Du XL, Chan W, **Chiao EY**. Longer duration of combination antiretroviral therapy reduces the risk of Hodgkin lymphoma: A cohort study of HIV-infected male veterans. Cancer Epidemiol. 2014 Aug;38(4):386-92. doi: 10.1016/j.canep.2014.05.009. Epub 2014 Jun 16. PMID:24947588; PMCID:PMC4447432

65) Sandulache VC, Hamblin J, Lai S, Pezzi T, Skinner HD, Khan NA, Dioun SM, Hartman C, Kramer J, **Chiao E**, Zhou X, Zevallos JP. Oropharyngeal squamous cell carcinoma (OPSCCA) in the veteran population is associated with traditional carcinogen exposure and poor clinical outcomes. Head Neck. 2014 May 7; PMID:24801106; PMCID:PMC4496314

66) Dinardo AR, Lewis DS, Koo HL, Goodman JC, **Chiao E**, Andrade R. Paradoxical immune reconstitution inflammatory syndrome due to toxoplasmic encephalitis: two cases and review of initiation of antiretroviral timing in toxoplasmic encephalitis IRIS. F1000Res. 2013 May 30;2. doi: 10.12688/f1000research.2-133. PMID:24358883; PMCID:PMC3814919

67) Valentin L, Dinardo A, **Chiao E**, Woc-Colburn L, Nachiappan A. Tuberculosis IRIS a mediastinal problem. F1000Res. 2013 Feb 18;2. doi: 10.12688/f1000research.2-54 PMID:24358876; PMCID:PMC3799548

68) Kowalkowski MA, Lulla P, Mims MP, Amirian ES, **Chiao EY**. Effect of Immune Reconstitution on the Incidence of HIV-Related Hodgkin Lymphoma. *PLoS One.* 2013 Oct 2;8(10):e77409. doi: 10.1371/journal.pone.0077409. PMID:24098586 ; PMCID:PMC3788758

69) Kim MH, Ahmed S, Preidis GA, Abrams EJ, Hosseinipour MC, Giordano TP, **Chiao EY**, Paul ME, Bhalakia A, Nanthuru D, Kazembe PN. Low Rates of Mother-to-Child HIV Transmission in a Routine Programmatic Setting in Lilongwe, Malawi. PLoS One. 2013 May 31;8(5):e64979. PMID:23741437; PMCID:PMC3669205

70) Amirian ES, **Chiao EY**, Hill KT, Marquez-Do D, Scheurer ME. Preliminary findings from a pilot study on the effects of interferon-α treatment on human papillomavirus infection in HIV and hepatitis C virus co-infected men. Sexual health. 2013 November 22; 10(6):570-570 https://doi.org/10.1071/SHv10n6ab2

71) **Chiao EY**, Hartman CM, El-Serag HB , Giordano TP. The Impact of HIV Viral Control on the Incidence of HIV-Associated Anal Cancer. 2013 Apr 22 JAIDS PMID:23614995; PMCID:PMC3797186

72) Amirian ES, Fickey PA Jr, Scheurer ME, **Chiao EY**. Anal Cancer Incidence and Survival: Comparing the Greater San-Francisco Bay Area to Other SEER Cancer Registries. PLoS One. 2013;8(3):e58919. doi: 10.1371/journal.pone.0058919. PMID:23484057; PMCID:PMC3590168

73) Betancourt EM, Wahbah MM, Been LC, **Chiao EY**, Citron DR, Laucirica R. Anal cytology as a predictor of anal intraepithelial neoplasia in HIV-positive men and women. Diagn Cytopathol. 2013 Jan 3. doi: 10.1002/dc.22941. PMID:23288861

74) Kim M, Ahmed S, Buck W, Preidis G, Hosseinipour M, Bhalakia A, Nanthuru D, Kazembe P, Chimbwandira F, Giordano T, **Chiao E**, Schutze G, Kline M, The Tingathe program: a pilot intervention using community health workers to create a continuum of care in the Prevention of Mother to Child Transmission of HIV (PMTCT) cascade of services in Malawi, Journal International AIDS Society. 2012 Jul 11;15(4):1-11 PMID:22789644; PMCID:PMC3499848

75) **Chiao EY**, Nambi PV, Naik AD. The impact of diabetes process and outcome quality measures on overall survival in patients with co-morbid colorectal cancer. J Cancer Surviv. 2010 Dec;4(4):381-7. PMID:20721633; PMCID:PMC3175493

76) **Chiao EY**, Dezube BJ, Krown SE, Wachsman W, Brock MV, Giordano TP, Mitsuyasu R, Pantanowitz L. Time for oncologists to opt in for routine opt-out HIV testing? JAMA. 2010 Jul 21;304(3):334-9. PMID:20639567; PMCID:PMC3160789

77) **Chiao EY**, Engels EA, Kramer JR, Pietz K, Henderson L, Giordano TP, Landgren O. Risk of immune thrombocytopenic purpura and autoimmune hemolytic anemia among 120 908 US veterans with hepatitis C virus infection. Arch Intern Med. 2009 Feb 23;169(4):357-63. PMID:19237719; PMCID:PMC2782638

78) **Chiao EY**. Duration of anal human papilloma virus infection among immunocompetent women: clues to anal cancer epidemiology and possible prevention strategies. Clin Infect Dis. 2009 Mar 1;48(5):547-9. PMID:19191637
79) El-Serag HB, Engels EA, Landgren O, **Chiao E**, Henderson L, Amaratunge HC, Giordano TP. Risk of hepatobiliary and pancreatic cancers after hepatitis C virus infection: A population-based study of U.S. veterans. Hepatology. 2009 Jan;49(1):116-23. PMID:19085911; PMCID:PMC2719902
80) Davila JA, **Chiao EY**, Hasche JC, Petersen NJ, McGlynn KA, Shaib YH. Utilization and determinants of adjuvant therapy among older patients who receive curative surgery for pancreatic cancer. Pancreas. 2009 Jan;38(1):e18-25.PMID:18797424; PMCID:PMC3835699
81) **Chiao EY**, Giordano, TP, Richardson, P, El-Serag, HB. Human immunodeficiency virus-associated squamous cell cancer of the anus: epidemiology and outcomes in the highly active antiretroviral therapy era. J Clin Oncol. 2008 Jan 20;26(3):474-9. PMID:18202423
82) Arora A, **Chiao E**, Tyring SK. AIDS malignancies. Cancer Treat Res. 2007;133:21-67. PMID:17672037
83) Giordano TP, Henderson L, Landgren O, **Chiao EY**, Kramer JR, El-Serag H, Engels EA. Risk of non-Hodgkin lymphoma and lymphoproliferative precursor diseases in US veterans with hepatitis C virus. JAMA. 2007 May 9;297(18):2010-7. PMID:17488966
84) **Chiao EY**, Giordano TP, Palefsky JM, Tyring S, El Serag H. Screening HIV-infected individuals for anal cancer precursor lesions: a systematic review. Clin Infect Dis. 2006 Jul 15;43(2):223-33. Review. PMID:16779751
85) **Chiao EY**, Krown SE, Stier EA, Schrag D. A population-based analysis of temporal trends in the incidence of squamous anal canal cancer in relation to the HIV epidemic. J Acquir Immune Defic Syndr. 2005 Dec 1;40(4):451-5. PMID:16280701
86) Fields KS, Petersen MJ, **Chiao E**, Tristani-Firouzi P. Case reports: treatment of nevirapine-associated dress syndrome with intravenous immune globulin (IVIG). J Drugs Dermatol. 2005 Jul-Aug;4(4):510-3. PMID:16004028
87) Stier EA, Krown SE, Chi DS, Brown CL, **Chiao EY**, Lin O. Anal dysplasia in HIV-infected women with cervical and vulvar dysplasia. J Low Genit Tract Dis. 2004 Oct;8(4):272-5. PMID:15874871
88) Teruya-Feldstein J, **Chiao E**, Filippa DA, Lin O, Comenzo R, Coleman M, Portlock C, Noy A. CD20-negative large-cell lymphoma with plasmablastic features: a clinically heterogenous spectrum in both HIV-positive and -negative patients. Ann Oncol. 2004 Nov;15(11):1673-9. PMID:15520070
89) **Chiao EY**, Krown SE. Update on non-acquired immunodeficiency syndrome-defining malignancies. Curr Opin Oncol. 2003 Sep;15(5):389-97. PMID:12960522
90) **Chiao EY**, Ries KM, Sande MA. AIDS and the elderly. Clin Infect Dis. 1999 Apr;28(4):740-5. PMID:10825030
91) **Chiao E**, Hadler J. From the Centers for Disease Control. Early childhood vaccination levels. JAMA. 1992 Feb 5;267(5):628-9NB. As reported from: CDC. Early Childhood Vaccination Levels Among Urban Children in Connecticut 1990 and 1991. MMWR RR2; 40: 888-90.1991. PMID:1731124

II. In Press

1. Gutierrez AM, Hofstetter JD, Dishner E, **Chiao EY**, Rai D, McGuire AL. A right to privacy and confidentiality: Ethical medical care for patients in United States immigration detention. Journal of Law, Medicine, and Ethics; Spring 2020

2.Sandulache VC, Wilde DC, Sturgis, **Chiao EY**, Sikora AG. A Hidden Epidemic of "Intermediate Risk" Oropharynx Cancer. Laryngoscope Investigative Otolaryngology.

III. Submitted/Under Review

1. Suk R, Montealegre J, Nemutlu G, Nyitray A, Chhatwal J, Bauer C, Chiao E, Schmeler K, Sonawane K, Deshmukh A. Knowledge of Human Papillomavirus (HPV), HPV Vaccine, and HPV-associated Cancers: Sex Differences in the United States, HINTS-5. JAMA IM.

b. Abstracts given during last three years:

1) **Elizabeth Chiao**, MD, MPH, Dorothy J. Wiley PhD, Shelly Y Lensing, MS, Teresa Darragh, MD, Mark H Einstein, MD, Naomi Jay, PhD, J. Michael Berry Lawhorn, MD, Ashish A Deshmukh, PhD, Joel M Palefsky, MD, Timothy Wilkin, MD, Luis F Barroso, MD, Rebecca Levine, MD, Audrey L French, MD, Humberto Guiot MD, Ross D Cranston, MD, Elizabeth Stier, MD. Screening Tests for Anal High-Grade Squamous Intraepithelial Lesion Detection in Women Living with HIV. Poster presented at 17th International Conference on Malignancies in HIV/AIDS (ICMH), Bethesda, MD, October 21-22, 2019.

2) Eva Clark, Liang Chen,Yongquan Dong, Suchismita Raychaudhury, Jennifer Kramer, Donna White, **Elizabeth Chiao**. HIV+ Female Veterans Are At Increased Risk of Developing Genital Cancers. Poster presented at 17th International Conference on Malignancies in HIV/AIDS (ICMH), Bethesda, MD, October 21-22, 2019.
3) Eva Clark MD, Kathryn E. Royse, Yongquan Dong, Elaine Chang, Suchismita Raychaudhury, Jennifer Kramer, Donna White, **Elizabeth Chiao.** Burkitt Lymphoma in The ART Era: Stable Incidence, Poor Survival. Poster presented at 17th International Conference on Malignancies in HIV/AIDS (ICMH), Bethesda, MD, October 21-22, 2019.
4) Kathryn E. Royse, Jose M. Garcia, Donna L. White, Jennifer R. Kramer, Yongquan Dong, Suchismita Raychaudhury, Peter A. Richardson, Christine Hartman, **Elizabeth Y. Chiao**. Prostate adenocarcinoma incidence and risk factors in Veterans with well controlled HIV infection. In: Proceedings of the American Association for Cancer Research Annual Meeting 2019, March 29- Apr 3; Atlanta, GA. Philadelphia

5) Domgue JF, Messick C, Milbourne A, Guo M, Salcedo M, **Chiao E**, Dahlstrom K, Sturgis E, Schmeler K. Prevalence of anal dysplasia and cancer in women with lower genital tract dysplasia and cancer: Preliminary results of the PANDA Study. Accepted for presentation at the 17th Biennial Meeting of the International Gynecologic Cancer Society. Kyoto, Japan. September 14-16, 2018.

6) Mapakshi S, Kramer JR, Royse K, **Chiao E**, Garcia J, Kanwal F, El-Serag HB, Jiao L, White DL. Statins Use and Overall Survival in Pancreatic Cancer Patients: A Systematic Review and Meta-analysis. Accepted for presentation at the annual Digestive Disease Week 2018. Washington, DC. June 2-5, 2018.

7) Chang E, Thrift AP, White DL, Kramer J, Sabichi AL, Hartman C, Royse KE, Richardson P, **Chiao EY**. Nivolumab efficacy and safety in veterans with and without HIV infection. Accepted for presentation at the annual American Association for Cancer Research 2018. Chicago, Illinois. April 14-18, 2018.

8) Garcia JM, Kramer JR, Richardson PA, White D, Raychaudhury S, Chang E, Hartman C, **Chiao EY**. Effect of Diabetes, Metabolic factors and Medications on Risk of Lung Cancer among HIV-Infected Veterans. Accepted for presentation at the annual Endocrine Society 2018. Chicago, Illinois. March 17-20, 2018.

9) Thrift AP, Royse KE, Richardson PA, Raychaudhury S, Desiderio R, White DL, Kramer JR, **Chiao E**. Risk of Non-AIDS-Defining Cancers among Veterans with well-controlled HIV Infection. Accepted for presentation at the Conference on Retroviruses and Opportunistic Infections, Boston, MA, March 4-8, 2018.

10) Thrift AP, White DL, Nguyen HP, Royse KE, Kramer JR, **Chiao EY**. Trends in incidence of Kaposi Sarcoma among males in all 50 United States between 2000 and 2013. Accepted for presentation at the Conference on Retroviruses and Opportunistic Infections, Boston, MA, March 4-8, 2018.

11) Mapakshi S, Mbang P, Kramer JR**,** White DL, **Chiao EY**. Impact of Protease Inhibitor Based Regimens on Incidence of HIV associated Kaposi Sarcoma: A Systematic Review of Literature.

Presented at the International Conference on Malignancies in HIV/AIDS. Bethesda, MD. October 23-24, 2017

12) Thrift AP, Royse KE, Richardson PA, Raychaudhury S, Desiderio R, White DL, Kramer JR, **Chiao EY**. Risk Of Non-AIDS-Defining Cancers Among Veterans With Well-Controlled HIV Infection. Presented at the International Conference on Malignancies in HIV/AIDS. Bethesda, MD. October 23-24, 2017

13) Chang E, Hartman C, Royse K, Kramer J, White D, Richardson P, **Chiao EY**. A Case Series of Nivolumab in Veterans with HIV Infection and Malignancy. Presented at the International Conference on Malignancies in HIV/AIDS. Bethesda, MD. October 23-24, 2017

14) Mapakshi SR, Kramer JR, Royse KE, **Chiao E**, Garcia JM, Kanwal F, El-Serag H, Jiao L, White D. Statins Use and Overall Survival in Pancreatic Cancer Patients: A Systematic Review and Meta-analysis. Presented at the annual Digestive Disease Week Meeting, Chicago, Illinois, May 6, 2017.

15) Biggerstaff K, Kramer J, **Chiao E**, Richardson P**,** Orengo-Nania S, Frankfort B, White D. Open Angle Glaucoma (OAG) and Uric Acid (UA) Levels in the Veteran Population. Presented at the 27th Annual Meeting of the American Glaucoma Society, Coronado, California. March 3, 2017.

16) Biggerstaff K, Frankfort B, Orengo-Nania S, Garcia J, **Chiao E**, Kramer J, White D. Diagnostic Algorithms to Identify Primary Open Angle Glaucoma in Veterans Affairs Administrative Databases. Poster presented at 2016 Michael E. DeBakey VA Medical Center Research Poster Day, Houston, Texas, October 26, 2016.

17) Biggerstaff K, Frankfort B, Orengo-Nania S, Garcia J, **Chiao E**, Kramer J, White D. Diagnostic Algorithms to Identify Primary Open Angle Glaucoma in Veterans Affairs Administrative Databases. Poster presented at 2016 Baylor Graduate Student Symposium, Houston, Texas, October 19, 2016.

18) Varier I, Chew E, Ramsey D, Sikora A, **Chiao E**. HEALTHCARE UTILIZATION IN HPV - RELATED CANCERS. Presented at the AHNS 9th International Conference on Head and Neck Cancer, Seattle, WA, July 18, 2016.

19) Wilkin TJ**,** Chen H, Cespedes M, Paczuski P, Godfrey C, **Chiao E**, Luque A, Webster-Cyriaque JY, Bastow B, Cranston R. ACTG A5298: A Phase 3 Trial of the Quadrivalent HPV Vaccine in Older HIV+ Adults. CROI February 23, 2016.

20) Oliver N, Hartman CM, Kramer JR, **Chiao EY**. Statin Use and the Impact on Cirrhosis Progression in a HIV/HCV Co-infected Population. Poster Presented at the Conference on Retroviruses and Opportunistic Infections, Boston, MA, February 23, 2016.

21) Oliver N, Hartman CM, Kramer JR, **Chiao EY.** Metabolic Risk Factors Associated with HCC Development in an HIV/HCV Co-Infected Cohort. Poster Presented at the 15th Conference on Malignancies in AIDS and Other Acquired Immunodeficiencies, Bethesda, MD, October 26, 2015.

c. Books:
   a. complete books written: N/A
   b. books edited: N/A
   c. book chapters written
      1) Chang E, **Chiao EY**. Oncologic Manifestations of HIV Infection. In The Sub-Specialty Care of HIV-Infected Patients. Nova Scientific Publications, 2018.
      2) Oliver N, **Chiao EY.** Malignant Diseases in HIV. In AAHIVM Fundamentals of HIV Medicine. Oxford University Press. 2017
      3) **Chiao E**. Malignant Diseases in HIV. In Looking for Daylight: Evidence in Medicine and Federal Policy on Comparative Effectiveness Research. Oxford University Press, 2016

4) Mbang P, **Chiao E.** Malignancies and Neoplasms. In AAHIMV Fundamentals of HIV Medicine. AAHIVM, 2012
5) Tarakaji M, **Chiao E.** Anal Canal Carcinoma. In Tumor Board Reviews, Guidelines and Case Reviews in Oncology, Demos Medical. 2012
6) **Chiao. E**. Epidemiology and Clinical Characteristics of Non-AIDS-Defining Malignancies in Molecular basis for therapy of AIDS defining cancers, Springer 2010
7) **Chiao EY**, Krown SE**.** Non-AIDS-Defining Cancers in HIV Infected Individuals. In, Viral and Immunological Malignancies. PA Volberding and J Palefsky, eds. American Cancer Society, Atlas of Clinical Oncology. 2006
8) Arora A, **Chiao E**, Tyring S. Treatment of AIDS-Associated Viral Oncogenesis. In AIDS Associated Viral Oncogenesis. Myers, C editor. Springer publishing, 2007.

d. Other works communicating research results to scientific colleagues: N/A
e. Other works communicating research results to general public : N/A

III. TEACHING INFORMATION

A. Educational Leadership Roles

1. CSTP research mentor,
2. T32 research mentor, Infectious Disease T32, medical oncology T32

B. Didactic course work

1. Courses taught at current institution:
   a. Implicit Association Test (IAT) “Best Intentions” Workshop for the LACE course 2009-present
   b. Patient Safety Course Steering Committee, 2011-2012
   c. Infectious Diseases Course: Viruses and Cancer 2012-2018
2. Courses taught at other institutions: N/A
3. Courses expected to be taught at BCM: Undergraduate Medical Education: Infectious Diseases Course

C. Curriculum development work None

D. Non-didactic teaching

1. Resident training: 80 hours
2. Clinical Fellow training: Ben Taub General Hospital 4 weeks per year
3. Graduate Student training: PhD Dissertation Committee: Mark Kowalkowski, PhD September, 2013, Ashish Deshmukh, UTSPH PhD 2014, Hsuan-Chen Liu PhD 2019 (expected)
4. Estimate of kinds of non-didactic teaching expected at BCM: Mentor for internal Medicine Residents and Fellows Research; Dan Haim Cohen 2007-2008, and Natalie Dailey 2009-2010, Virginia Jackson 2011-2012, Pamela Mbang 2015-2016, Nora Oliver, Elaine Chang 2017-2018, Eva Clark 2018-2021
5. Medical School Mentor 2009-2011 Medical Students: Erin Chew 2016-2018, Alison Kremer Yoder 2018-2019
6. Mentor Junior Faculty: Maria Kim, MD; Saeed Ahmed, MD; Jose Zevallos, MD- recipient VISN 16 Pilot; Aaron Thrift, PhD, Michael Scheurer, PhD, Vlad Sandluche, MD/PhD, Bich Dang, MD, Andrew Dinardo, MD (pediatrics), Lillie Lin, MD (MDACC), Ashish Deshmukh, MD (University of Florida), Rachel Bender Ignacio, MD (University of Washington), Alan Nyitray, PHD (University of Texas School of Public Health)

E. Lectures and Presentations:

1. International:

a. **Chiao, E.** Panelist, Confronting the Challenges Relevant to HIV/AIDS Malignancies in Sub-Saharan Africa Symposium, Capetown, South Africa 7/31-8/2/2015

2. National:

a. **Chiao, E.** Human Immunodeficiency Virus and Cancer: *A Multi-disciplinary Approach to Optimizing and Advancing Clinical Care.* Boston University Infectious Diseases Grand Rounds, March 21, 2019
b. **Chiao, E**. HIV in the Southern United States. Symposium: An Interdisciplinary History of the Struggle Against HIV/AIDS. University of Utah Law school, October 2, 2015
c. "HIV and the 50 plus population" 2007. AETC. Cornell University Medical College, NY, NY. June 15, 2007
d. "Oncology and HIV Disease" 2005. Quarterly Roundtable Discussion. Moderated by Kristen Ries, University of Utah.

3. *Regional:*
   a. The Epidemiology and Outcomes of HPV-Associated Malignancies. Cancer Program Continuing Medical Education, Alexandria, VA, 8/8/13
   b. "HIV and the over 50 population" 15th Annual Thomas Street HIV Conference. Houston Hyatt. December 16, 2006
   c. "HIV and the Elderly" West Houston Medical Center. Sponsored by Texas-Oklahoma AIDS Education Training Center. April 8, 2005

4. *Local:* (See FAP Educational Portfolio for additional recurring lectures)
   a. Research in Progress: VA Research Symposium, Michael E. Debakey, January 2018
   b. Research in Progress: Infectious Diseases Division, Baylor College of Medicine, May 2017
   c. Citywide Infectious Diseases Conference, Baylor College of Medicine, March 2016
   d. BCM Grand Rounds: "Infectious Disease Update: HPV vaccine update", January 2012
   e. BCM Grand Rounds: "CPC: Lumps on the Head", January 2012
   f. Research in Progress: Infectious Diseases Division, Baylor College of Medicine, February 2008
   g. CPC Internal Medicine, Baylor College of Medicine March 2007
   h. "Update on AIDS-Related Maligancies" VA and Thomas Street Clinical Noon Conferences. January, 2006
   i. Anal Cancer and Anal Cancer Precursors among HIV-Infected Individuals. Quality Research in Progress Seminar Series. Houston Center for Quality Care and Utilization Services (HCQCUS). October 8, 2005

F. Visiting professorships: N/A

IV. MEDICAL AND SERVICE INFORMATION

A. Patient care responsibilities
1. Department-wide: N/A
2. Section or specialty:
   a. HIV/Infectious Disease Attending: Ben Taub General Hospital
      1. 1.5 months per year, 2006-current
   b. HIV/Infectious Disease Clinic: Thomas Street Clinic
      1. ½ day every other week, 2006-current
   c. Medical Oncology Clinic: Thomas Street Clinic
      1. ½ day every other week, plus emergency weekly visits, 2006-current
   d. Anal Dysplasia Clinic: Thomas Street Clinic
      1. ½ day every week, 2006-current
   e. Research Clinic (Med Onc and Anal Dysplasia) for AMC trials
      1. ½ day every week 2008-current

B. Clinical Leadership or Business Development: N/A

C. Voluntary Health Organization Participation: N/A

V. SERVICE CONTRIBUTIONS

A. Administrative assignments

1. Department administration, committees, etc:
2. College, School or University administration, committees, etc
    a. IRB member July 2006- July 2009,
    b. Baylor Department Medicine Research Committee, January 2018

B. National, Regional or Local Participation in Professional or Voluntary Organizations

1. Hurricane “Harvey” Hero September 2017

Last updated 12/30/2019

Exhibit C –

Expert Declaration of Dr. Jaimie Meyer filed in *Velesaca v. Wolf*

Declaration of Dr. Jaimie Meyer

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

I. 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.

II. Heightened Risk of Epidemics in Jails and Prisons

7. 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.

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. 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] 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.

14. 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.

15. 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.

16. 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.

17. 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.

18. 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.

19. 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] 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] 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.

III. Profile of COVID-19 as an Infectious Disease[4]

20. 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.

---

[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-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-need-to-know-in-corrections.

21. 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] 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] 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.

22. The care of people who are infected with COVID-19 depends on how seriously they are ill.[7] 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.

23. 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.

24. 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] To date, few state or federal prison systems have adequate (or any) pandemic preparedness plans in

---

[5] *Coronavirus Disease 2019 (COVID-19): Situation Summary*, Centers for Disease Control and Prevention (March 14, 2020), https://www.cdc.gov/coronavirus/2019-ncov/summary.html.

[6] *Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study.* The Lancet (published online March 11, 2020), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext

[7] *Coronavirus Disease 2019 (COVID-19): Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease*, Centers for Disease Control and Prevention (March 7, 2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html.

[8] *Iran temporarily releases 70,000 prisoners as coronavirus cases surge*, Reuters (March 9, 2020), https://www.reuters.com/article/us-health-coronavirus-iran/iran-temporarily-releases-70000-prisoners-as-coronavirus-cases-surge-idUSKBN20W1E5.

place.[9] 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.

IV. Risk of COVID-19 in ICE's NYC-Area Detention Facilities

25. 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.

26. 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.

27. 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.

28. 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.

29. 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.

30. 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.

---

[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-significant/story?id=69433690.

31. 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.

32. 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.

33. 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.

34. 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.

35. 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.

V. Conclusion and Recommendations

36. 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.

37. 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.

38. 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.

39. 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.

40. 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 identified in a facility, it will likely be too late to prevent a widespread outbreak.

41. 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
New Haven, Connecticut

Dr. Jaimie Meyer

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

1. **Meyer JP**, Qiu J, Chen NE, Larkin GL, Altice FL. Emergency department use by released prisoners with HIV: an observational longitudinal study. PloS One 2012, 7:e42416.
2. Chen NE, **Meyer JP**, Bollinger R, Page KR. HIV testing behaviors among Latinos in Baltimore City. Journal Of Immigrant And Minority Health / Center For Minority Public Health 2012, 14:540-51.
3. Chitsaz E, **Meyer JP**, Krishnan A, Springer SA, Marcus R, Zaller N, Jordan AO, Lincoln T, Flanigan TP, Porterfield J, Altice FL. Contribution of substance use disorders on HIV treatment outcomes and antiretroviral medication adherence among HIV-infected persons entering jail. AIDS And Behavior 2013, 17 Suppl 2:S118-27.

4. Chen NE, **Meyer JP**, Avery AK, Draine J, Flanigan TP, Lincoln T, Spaulding AC, Springer SA, Altice FL. Adherence to HIV treatment and care among previously homeless jail detainees. AIDS And Behavior 2013, 17:2654-66.
5. Althoff AL, Zelenev A, **Meyer JP**, Fu J, Brown SE, Vagenas P, Avery AK, Cruzado-Quiñones J, Spaulding AC, Altice FL. Correlates of retention in HIV care after release from jail: results from a multi-site study. AIDS And Behavior 2013, 17 Suppl 2:S156-70.
6. Williams CT, Kim S, **Meyer J**, Spaulding A, Teixeira P, Avery A, Moore K, Altice F, Murphy-Swallow D, Simon D, Wickersham J, Ouellet LJ. Gender differences in baseline health, needs at release, and predictors of care engagement among HIV-positive clients leaving jail. AIDS And Behavior 2013, 17 Suppl 2:S195-202.
7. **Meyer JP**, Wickersham JA, Fu JJ, Brown SE, Sullivan TP, Springer SA, Altice FL. Partner violence and health among HIV-infected jail detainees. International Journal Of Prisoner Health 2013, 9:124-41.
8. **Meyer JP**, Qiu J, Chen NE, Larkin GL, Altice FL. Frequent emergency department use among released prisoners with human immunodeficiency virus: characterization including a novel multimorbidity index. Academic Emergency Medicine : Official Journal Of The Society For Academic Emergency Medicine 2013, 20:79-88.
9. **Meyer JP**, Cepeda J, Springer SA, Wu J, Trestman RL, Altice FL. HIV in people reincarcerated in Connecticut prisons and jails: an observational cohort study. The Lancet. HIV 2014, 1:e77-e84.
10. **Meyer JP**, Zelenev A, Wickersham JA, Williams CT, Teixeira PA, Altice FL. Gender disparities in HIV treatment outcomes following release from jail: results from a multicenter study. American Journal Of Public Health 2014, 104:434-41.
11. **Meyer JP**, Cepeda J, Wu J, Trestman RL, Altice FL, Springer SA. Optimization of human immunodeficiency virus treatment during incarceration: viral suppression at the prison gate. JAMA Internal Medicine 2014, 174:721-9.
12. **Meyer JP**, Cepeda J, Taxman FS, Altice FL. Sex-Related Disparities in Criminal Justice and HIV Treatment Outcomes: A Retrospective Cohort Study of HIV-Infected Inmates. American Journal Of Public Health 2015, 105:1901-10.
13. Boyd AT, Song DL, **Meyer JP**, Altice FL. Emergency department use among HIV-infected released jail detainees. Journal Of Urban Health : Bulletin Of The New York Academy Of Medicine 2015, 92:108-35.
14. Shrestha R, Karki P, Altice FL, Huedo-Medina TB, **Meyer JP**, Madden L, Copenhaver M. Correlates of willingness to initiate pre-exposure prophylaxis and anticipation of practicing safer drug- and sex-related behaviors among high-risk drug users on methadone treatment. Drug And Alcohol Dependence 2017, 173:107-116.
15. Peasant C, Sullivan TP, Weiss NH, Martinez I, **Meyer JP**. Beyond the syndemic: condom negotiation and use among women experiencing partner violence. AIDS Care 2017, 29:516-523.
16. Wickersham JA, Gibson BA, Bazazi AR, Pillai V, Pedersen CJ, **Meyer JP**, El-Bassel N, Mayer KH, Kamarulzaman A, Altice FL. Prevalence of Human Immunodeficiency Virus and Sexually Transmitted Infections Among Cisgender and Transgender Women Sex Workers in Greater Kuala Lumpur, Malaysia: Results From a Respondent-Driven Sampling Study. Sexually Transmitted Diseases 2017, 44:663-670.
17. Hoff E, Marcus R, Bojko MJ, Makarenko I, Mazhnaya A, Altice FL, **Meyer JP**. The effects of opioid-agonist treatments on HIV risk and social stability: A mixed methods study of women with opioid use disorder in Ukraine. Journal Of Substance Abuse Treatment 2017, 83:36-44.

18. Rutledge R, Madden L, Ogbuagu O, **Meyer JP**. HIV Risk perception and eligibility for pre-exposure prophylaxis in women involved in the criminal justice system. AIDS Care 2018, 30:1282-1289.
19. Peasant C, Sullivan TP, Ritchwood TD, Parra GR, Weiss NH, **Meyer JP**, Murphy JG. Words can hurt: The effects of physical and psychological partner violence on condom negotiation and condom use among young women. Women & Health 2018, 58:483-497.
20. Loeliger KB, Altice FL, Desai MM, Ciarleglio MM, Gallagher C, **Meyer JP**. Predictors of linkage to HIV care and viral suppression after release from jails and prisons: a retrospective cohort study. The Lancet. HIV 2018, 5:e96-e106.
21. Odio CD, Carroll M, Glass S, Bauman A, Taxman FS, **Meyer JP**. Evaluating concurrent validity of criminal justice and clinical assessments among women on probation. Health & Justice 2018, 6:7.
22. Loeliger KB, Altice FL, Ciarleglio MM, Rich KM, Chandra DK, Gallagher C, Desai MM, **Meyer JP**. All-cause mortality among people with HIV released from an integrated system of jails and prisons in Connecticut, USA, 2007-14: a retrospective observational cohort study. The Lancet. HIV 2018, 5:e617-e628.
23. Loeliger KB, **Meyer JP**, Desai MM, Ciarleglio MM, Gallagher C, Altice FL. Retention in HIV care during the 3 years following release from incarceration: A cohort study. PLoS Medicine 2018, 15:e1002667.
24. Azbel L, Wegman MP, Polonsky M, Bachireddy C, **Meyer J**, Shumskaya N, Kurmanalieva A, Dvoryak S, Altice FL. Drug injection within prison in Kyrgyzstan: elevated HIV risk and implications for scaling up opioid agonist treatments. International Journal Of Prisoner Health 2018, 14:175-187.
25. Peasant C, Montanaro EA, Kershaw TS, Parra GR, Weiss NH, **Meyer JP**, Murphy JG, Ritchwood TD, Sullivan TP. An event-level examination of successful condom negotiation strategies among young women. Journal Of Health Psychology 2019, 24:898-908.
26. Ranjit YS, Azbel L, Krishnan A, Altice FL, **Meyer JP**. Evaluation of HIV risk and outcomes in a nationally representative sample of incarcerated women in Azerbaijan, Kyrgyzstan, and Ukraine. AIDS Care 2019, 31:793-797.
27. Rhodes T, Azbel L, Lancaster K, **Meyer J**. The becoming-methadone-body: on the onto-politics of health intervention translations. Sociology Of Health & Illness 2019, 41:1618-1636.
28. Olson B, Vincent W, **Meyer JP**, Kershaw T, Sikkema KJ, Heckman TG, Hansen NB. Depressive symptoms, physical symptoms, and health-related quality of life among older adults with HIV. Quality Of Life Research : An International Journal Of Quality Of Life Aspects Of Treatment, Care And Rehabilitation 2019.

Chapters, Books, and Reviews

29. Azar MM, Springer SA, **Meyer JP**, Altice FL. A systematic review of the impact of alcohol use disorders on HIV treatment outcomes, adherence to antiretroviral therapy and health care utilization. Drug And Alcohol Dependence 2010, 112:178-93.
30. **Meyer JP**, Springer SA, Altice FL. Substance abuse, violence, and HIV in women: a literature review of the syndemic. Journal Of Women's Health (2002) 2011, 20:991-1006.
31. **Meyer JP**, Chen NE, Springer SA. HIV Treatment in the Criminal Justice System: Critical Knowledge and Intervention Gaps. AIDS Research And Treatment 2011, 2011:680617.
32. Springer SA, Spaulding AC, **Meyer JP**, Altice FL. Public health implications for adequate transitional care for HIV-infected prisoners: five essential components. Clinical Infectious Diseases : An Official Publication Of The Infectious Diseases Society Of America 2011, 53:469-79.

33. Chen NE, **Meyer JP**, Springer SA. Advances in the prevention of heterosexual transmission of HIV/AIDS among women in the United States. Infectious Disease Reports 2011, 3.
34. **Meyer J**, Altice F. HIV in Injection and Other Drug Users. Somesh Gupta, Bhushan Kumar, eds. Sexually Transmitted Infections 2nd ed. New Delhi, India: Elsevier, 2012: 1061-80. ISBN 978-81-312-2809-8.
35. **Meyer JP**, Althoff AL, Altice FL. Optimizing care for HIV-infected people who use drugs: evidence-based approaches to overcoming healthcare disparities. Clinical Infectious Diseases : An Official Publication Of The Infectious Diseases Society Of America 2013, 57:1309-17.
36. **Meyer J**, Altice F. Chapter 47, Treatment of Addictions: Transition to the Community. Robert L. Trestman, Kenneth L. Appelbaum, Jeffrey L. Metzner, eds. Oxford Textbook of Correctional Psychiatry (Winner of the 2016 Guttmacher Award). Oxford University Press 2015. ISBN 9780199360574.
37. **Meyer JP**, Moghimi Y, Marcus R, Lim JK, Litwin AH, Altice FL. Evidence-based interventions to enhance assessment, treatment, and adherence in the chronic Hepatitis C care continuum. The International Journal On Drug Policy 2015, 26:922-35.
38. Mohareb A, Tiberio P, Mandimika C, Muthulingam D, **Meyer J**. Infectious Diseases in Underserved Populations. Onyema Ogbuagu, Gerald Friedland, Merceditas Villanueva, Marjorie Golden, eds. Current Diagnosis and Treatment- Infectious Diseases. McGraw-Hill Medical 2016.
39. **Meyer JP**, Womack JA, Gibson B. Beyond the Pap Smear: Gender-responsive HIV Care for Women. The Yale Journal Of Biology And Medicine 2016, 89:193-203.
40. **Meyer JP**, Muthulingam D, El-Bassel N, Altice FL. Leveraging the U.S. Criminal Justice System to Access Women for HIV Interventions. AIDS And Behavior 2017, 21:3527-3548.
41. Shrestha R, McCoy-Redd B, **Meyer J**. Pre-Exposure Prophylaxis (PrEP) for People Who Inject Drugs (PWID). Brianna Norton, Ed. The Opioid Epidemic and Infectious Diseases. Elsevier 2019.
42. **Meyer JP**, Isaacs K, El-Shahawy O, Burlew AK, Wechsberg W. Research on women with substance use disorders: Reviewing progress and developing a research and implementation roadmap. Drug And Alcohol Dependence 2019, 197:158-163.

Peer-Reviewed Educational Materials

43. The Fortune Society Reentry Education Project Detailing Kit. New York City Department of Health and Mental Hygiene. October 2014
44. United Nations Office on Drugs and Crime. Vienna, Austria

Invited Editorials and Commentaries

45. **Meyer JP**. Capsule Commentary on Pyra et al., sexual minority status and violence among HIV infected and at-risk women. Journal Of General Internal Medicine 2014, 29:1164.
46. Brinkley-Rubinstein L, Dauria E, Tolou-Shams M, Christopoulos K, Chan PA, Beckwith CG, Parker S, **Meyer J**. The Path to Implementation of HIV Pre-exposure Prophylaxis for People Involved in Criminal Justice Systems. Current HIV/AIDS Reports 2018, 15:93-95.
47. **Meyer JP**. The Sustained Harmful Health Effects of Incarceration for Women Living with HIV. Journal Of Women's Health (2002) 2019, 28:1017-1018.

Case Reports, Technical Notes, Letters

48. **Paul J**. Bullous pemphigoid in a patient with psoriasis and possible drug reaction: a case report. Connecticut Medicine 2004, 68:611-5.
49. How J, Azar MM, **Meyer JP**. Are Nectarines to Blame? A Case Report and Literature Review of Spontaneous Bacterial Peritonitis Due to Listeria monocytogenes. Connecticut Medicine 2015, 79:31-6.
50. Vazquez Guillamet LJ, Malinis MF, **Meyer JP**. Emerging role of Actinomyces meyeri in brain abscesses: A case report and literature review. IDCases 2017, 10:26-29.
51. Harada K, Heaton H, Chen J, Vazquez M, **Meyer J**. Zoster vaccine-associated primary varicella infection in an immunocompetent host. BMJ Case Reports 2017, 2017.
52. Bernardo R, Streiter S, Tiberio P, Rodwin BA, Mohareb A, Ogbuagu O, Emu B, **Meyer JP**. Answer to December 2017 Photo Quiz. Journal Of Clinical Microbiology 2017, 55:3568.
53. Bernardo R, Streiter S, Tiberio P, Rodwin BA, Mohareb A, Ogbuagu O, Emu B, **Meyer JP**. Photo Quiz: Peripheral Blood Smear in a Ugandan Refugee. Journal Of Clinical Microbiology 2017, 55:3313-3314.

Scholarship In Press

54. Hoff E, Adams Z, Dasgupta A, Goddard D, Sheth S, **Meyer J**. Reproductive Health Justice and Autonomy: A systematic review of pregnancy planning intentions, needs, and interventions among women involved in US criminal justice systems. J Women's Health

Exhibit D – Declaration of Sarah V. Wood

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISION

RUSSELL, et al. Plaintiffs, v. HARRIS COUNTY, TEXAS, et al. Defendants.	Case No. 4:19-cv-00226 (Class Action) The Honorable Lee H. Rosenthal U.S. District Judge

DECLARATION OF SARAH V. WOOD

1. My name is Sarah V. Wood.
2. I am an attorney, licensed to practice law in the state of Texas.
3. I serve as Policy Director for the Harris County Public Defender's Office (PDO). I have been licensed since 2005, having worked in private criminal trial and appellate practice until joining PDO when it opened in 2011. I served in the PDO's Appellate Division for over six years, litigating appeals and consulting on felony trials. I am Board Certified in Criminal Appellate Law. In 2017, during the federal litigation challenging the County's unconstitutional misdemeanor bail practices, the PDO was finally permitted to provide representation at initial bail hearings and I focused on developing policies and procedures for our newly formed Bail Division as well as working inside the jail representing arrestees. I was appointed Policy Director in early 2019 and have since focused on systemic policy reform in coordination with other government agencies with an emphasis on bail and booking center operations.
4. I am over the age of 18.

A. Arrest and the Initial Bail-Setting Process

5. For decades, Harris County has used a predetermined money bail schedule, promulgated by the Harris County District Court Judges ("the felony judges"), to determine financial

conditions of pretrial release for felony arrestees in Harris County.

6. Some arrestees are required to remain in custody until a magistrate determines conditions of release at a probable cause hearing.
7. For most felony arrestees, money bail is automatically set at the scheduled amount at the time charges are filed.
8. Those who cannot pay the predetermined amount will be detained.
9. On March 20, in the midst of the global Covid-19 pandemic, the felony judges promulgated an order requiring the release of certain people arrested for any of a list of 20 enumerated state jail felony offenses.
10. As of Wednesday, March 24, the order had apparently gone into effect, but not everyone eligible for release was being released.
11. As the order only applies to certain offenses, large categories of people are still subject to detention because they cannot afford money bail and without a constitutionally adequate hearing to determine ability to pay or whether detention is necessary.
12. About 75% of people arrested for felonies in Harris County are arrested by either Harris County or the Houston Police Department ("HPD").[1]
13. Those people are taken directly after arrest to the Joint Processing Center ("JPC") in downtown Houston.
14. People arrested by other agencies are sometimes taken to "field stations" before being transported to the JPC.
15. At the scene, officers call the District Attorney's Office's ("DAO") intake hotline to ask

[1] Harris County Pretrial Services, 2017 Annual Report (2017), at 16, https://pretrial.harriscountytx.gov/Library/2017%20Annual%20Report.pdf

the DAO whether they will accept charges. If the DAO declines charges, the person is released.

16. If the DAO wants to accept the charge, the the officer submits a probable cause statement and the DAO eventually files a complaint with the District Clerk who then creates a case number and assigns the case to a specific judge's courtroom.
17. Pretrial Services runs the person's information through an algorithm to create a "risk assessment" score and applies the felony judges' bail schedule by using the charged offense and the person's "risk" score to identify the scheduled amount of money required by the felony judges for release.
18. Once this scheduled monetary amount is set, the arrestee can pay the secured money bail amount and, absent another basis for detention such as a warrant from another jurisdiction or an immigration detainer, the person will be released.
19. If a person arrested by an agency other than the Harris County Sheriff's Office or HPD pays the amount required for release pursuant to the bail schedule before transport to the JPC, the person may be released without being transported to or booked into the Harris County Jail.
20. If a person pays the amount required for release in the felony case but is subject to detention for any other reason, such as a hold from another jurisdiction, that person will be eligible for release, subject to the other basis for detention.
21. Typically, there is a set time period within which the jurisdiction asserting the hold must pick the individual up. The time period by which the holding jurisdiction must take custody of the person does not begin to run until bail is posted on Harris County charges.
22. Sometime after a person arrives at the JPC—and usually before the person is assigned to

a housing unit—the person will be taken by Sheriff's Office employees to a courtroom in the jail with other recent arrestees to appear before a Hearing Officer, who will determine probable cause for warrantless arrests and set conditions of release.

23. If a person pays money bail after arriving at the JPC but prior to the probable cause hearing, she will be released and the probable cause determination in her case is to be made at a subsequent court appearance.

B. Probable Cause and Bail Hearings

24. The first post-arrest hearing before a judicial officer is referred to locally by a variety of terms, including "magistration," "Article 15.17 hearing," "bail hearing," and "probable cause hearing."

25. Each of these terms refers to the initial hearing before a Criminal Law Hearing Officer, which occurs inside the JPC.

26. Defendants attempt to provide arrestees with a probable cause and bail hearing within 48 hours of arrest.

27. The Public Defender's Office represents felony arrestees at these bail hearings.

28. By order of the judges, the PDO is appointed for the limited purpose of arguing bail and is not authorized to represent the person during the portion of the hearing in which probable cause is determined.

29. When determining conditions of release on felonies at the magistration hearings:

- Hearing Officers routinely do not make findings as to whether a person can pay any particular amount of money before requiring secured money bail as a condition of release.
- Hearing Officers routinely do not make findings as to whether an order to pay secured bail will operate to detain the person because the person cannot pay it.
- Hearing Officers routinely do not make findings that detention is necessary to meet a compelling government interest or that less-restrictive conditions are inadequate to meet a compelling government interest.

- Hearing Officers do not apply any evidentiary standard to any factual finding.

30. When the docket begins, arrested individuals sit on benches in a courtroom inside the JPC.

31. The Hearing Officer calls an individual's name, determines probable cause, and asks the person whether he or she wishes to be represented by a public defender for purposes of the bail decision.

32. A typical felony bail hearing proceeds as follows:

- An ADA, who appears by video, reads the allegations in the law enforcement officer's probable cause statement.
- In cases involving warrantless arrests, the Hearing Officer decides whether there is probable cause.
- Next, the Hearing Officer considers whether to adjust the money bail amount pre-determined by the schedule, or, if no amount was set, whether to release the person and if so on what conditions.
- If the person arrested accepted the representation of the public defender's office, the public defender will provide information about the person's ties to the community and other life circumstances.
- Sometimes Hearing Officers grant personal bonds.
- Routinely, the Hearing Officers condition release on payment of a secured money bail amount without first determining the person's ability to pay or making any findings.

33. These financial conditions often result in the pretrial detention of people who are too poor to pay them, but the Hearing Officer makes no findings concerning the availability of less-restrictive, alternative conditions, or the necessity of detaining the person.

34. Hearing Officers believe that they are not permitted to impose non-monetary conditions of release in certain cases.

35. Throughout the hearing, the arrestees remain in the JPC, supervised by Sheriff's Office employees.

36. Sheriff's Office employees and agents also observe the probable cause hearings.

37. If an individual is not brought to the probable cause hearing due to medical reasons, which is a frequent occurrence, the Hearing Officer will make a finding of probable cause and require financial conditions of pretrial release in that person's absence.

38. The County's protocol generally prohibits assistant public defenders from representing people on felonies who are not present at the hearing. In these cases, the money bail amount is set without any argument on the arrestee's behalf.

C. The Use of Personal Bonds

39. Hearing Officers sometimes recommend arrestees for release on "personal bonds," a term Defendants use to describe unsecured release without requiring an up-front payment prior to release, i.e., without a secured financial condition of release.

40. For decades, Hearing Officers adhered strictly to written and oral directives regarding the money bail–setting process issued by the felony judges, who control their employment.

41. For decades, Hearing Officers simply reviewed the bail amount previously affixed to ensure that it conformed to the schedule and the specific instructions from the felony judges.

42. These instructions included charts and emails instructing Hearing Officers about who could be released on personal bonds and in what circumstances Hearing Officers could deviate from the cash bail schedule (rarely, according to the instructions).

43. Some judges instructed Hearing Officers never to set non-financial conditions for any person who was assigned to their courtroom at all, or for particular categories of individuals.

44. Judges placed other policy limitations on Hearing Officers.

45. Although the felony judges purportedly rescinded these instructions in 2017 with the implementation of a new felony bail schedule and expanded the Hearing Officers' authority to determine money bail amounts and other conditions of release, Hearing Officers continue to require secured financial conditions of release without making

findings concerning ability to pay, the necessity of pretrial detention, or the adequacy of alternative conditions, and without application of the clear-and-convincing-evidence standard or a statement of reasons concerning why a particular financial condition or pretrial detention is necessary.

D. Completion of Booking Process

46. In total, it often takes a minimum of 24 hours for a person to be fully booked into the jail, assigned to a housing unit, and made available for a visit by a lawyer or by family or friends.

47. At any point during the period of time after arrest and prior to first appearance before a felony judge, a person whose bail is set at a monetary amount can pay and be released.

E. People Who Cannot Afford Money Bail Will Often Be Detained For Two to Four Weeks Prior to First Appearance

48. Pursuant to Defendants' current practice, if an arrestee is unable to pay the secured bail amount initially set, she often must wait two to four weeks, or longer, to be taken to court for a first appearance.

49. There is typically no review of the money bail amount previously imposed at that hearing, except that some judges routinely revoke personal bonds or increase the monetary amount set by the magistrate and without notice or a formal hearing.

50. Although an informal, off-the-record request for a reduction in the amount required may theoretically occur at first appearance, the felony judges do not provide for an adversarial bail hearing on the record at that time.

51. As a matter of routine practice, the felony judges do not conduct bail hearings at first appearance: they make no findings concerning ability to pay; they make no findings as to whether pretrial detention is necessary to serve any government interest; they do not allow

arrestees to confront the evidence and arguments of the government or put on evidence and argument in support of pretrial release; and they do not provide other basic procedural safeguards, such as making findings by any evidentiary standard or issuing any statement of reasons concerning why a particular financial condition or pretrial detention is required.

52. Detained individuals typically remain in lock-up outside of the courtroom and are not brought into the courtroom on this court date.

53. The case is almost always then "reset," meaning that another hearing is scheduled, typically weeks in the future.

54. As a result, individuals who cannot pay money bail remain in detention after first appearance and are returned to the Harris County Jail, often without ever having been brought into the courtroom.

55. If a person wishes to have an evidentiary hearing concerning their pretrial detention and whether less-restrictive conditions of release are available, the person's lawyer usually must file a motion and then schedule a court proceeding for a later date.

56. A hearing on the motion will likely not occur for more than a week after the motion is filed—likely longer in light of the current public health crisis and the decreased number of courtrooms open each day.

57. This hearing will be the arrestee's first opportunity to present witnesses or documentary evidence.

58. If an arrestee agrees to plead guilty at this appearance, then the arrestee will be brought out from the lock-up to plead guilty.

59. The felony judges routinely accept guilty pleas from individuals who are in jail solely because they are too poor to pay money bail.

I declare under penalty of perjury that the foregoing statements are true and correct to the best of my ability.

/s/ *Sarah V. Wood*
Sarah Wood
Policy Director
Harris County Public Defender's Office

3/26/20
DATE

Exhibit E – Felony Bond Schedule

Felony Bond Schedule

A defendant who meets any of the criteria *or* is charged with any offense listed below will remain in custody and have a bail hearing at the 15.17 proceeding:

- Capital Felony
- First Degree Felony
- On bail for any felony charge
- On bail with multiple pending misdemeanor cases stemming from different arrest events
- Felony and twice convicted of a felony (higher than SJF)
- On felony probation or deferred adjudication
- Felony involving a deadly weapon and prior felony conviction
- NVCA flag or either the FTA or NCA risk score is 6*
- Assault Family Violence
- PC 25.07- Violation of Certain Court Orders or Conditions of Bond (family violence, sexual assault or abuse, stalking, or trafficking)
- PC 38.06- Escape
- PC 38.10- Bail Jumping and Failure to Appear
- PC 46.04 - Unlawful Possession of Firearm by felon

Otherwise, the table below contains the bond recommendation**

Offense	Below Average Risk (1-2)	Average Risk (3-4)	Above Average Risk (5)
State Jail Felony	Presumption PR Bond for Listed Offenses Other $1,000	No Early Presentment Refer to Magistrate for PR Bond Other $1,500	$15,000
Third Degree	Presumption PR Bond for Listed Offenses Other $2,500	$5,000	$10,000
Second Degree	$10,000	$20,000	$30,000
Third Degree -- Specified Charges Intoxication offenses Kidnapping Deadly Conduct Injury Child/Elderly	$15,000	$25,000	$35,000
Second Degree -- Specified Charges Agg Assault Offenses Sexual Assaults Burglary Habitation Intoxication Manslaughter Manslaughter Compelling Prostitution	$30,000	$40,000	$50,000

Risk Levels

* Definitions: NCA = new criminal activity; FTA = failure to appear; NVCA = new violent criminal activity

- High Risk -- An NVCA flag or either the FTA or NCA risk score is 6
- Above Average Risk -- Either the FTA or NCA risk score is 5
- Average Risk -- Either the FTA or NCA risk score is 3 or 4
- Below Average Risk -- Both FTA and NCA risk scores are 1 or 2

Felony Bond Schedule

Presumption of PR Bond

Credit/Debit Card Abuse 32.31(d)(SJF)
Criminal Nonsupport 25.05
Evading 38.04(b)(1)(a)
False Alarm/Report 42.06(b)(SJF)
Interference w/ Emerg Call 42.062(c) (w/ prior)
Prostitution 43.02(c)(2) and (c-1)(2)
Possession/Delivery/Manufacture (SJF)
Delivery of Marijuana less than 5 lb (SJF)
Possession of Marijuana less than 5 lb (SJF)
Possession of Marijuana 5-50 lbs (3rd degree)
Criminal Mischief (28.03)(b)(4)
False Stmt to Obtain Property/Credit 32.32(c)(4)
Fraudulent Transfer of Motor Vehicle 32.34(f)(1)
Unauth. Use Motor Vehicle 31.07(b)
Graffiti 28.08(b)(4)
Insurance Fraud 35.02(c)(4)
Money Laundering 34.02(e)(1)
Theft of Service 31.04(e)(4)
Theft 31.03 (e)(4)
Trademark Counterfeiting 32.23(e)(4)
Bigamy 25.01(e) (3rd degree)
Hindering Sec'd Creditors 32.33(d)(4) and (e)(4)
Interference with Railroad Property 28.07(e)(3)
Misapplication of Fiduciary Property 32.45(c)(4)
Unauthorized Use of Telecomm Services 33A.02(b)(3)
Forgery 32.21 (d)(SJF)
Forgery 32.21(e) (3rd degree)
Tampering with Evidence 37.09(c)(3rd degree)
Securing Execution of Document by Deception 32.46(b)(4)
Illegal Recruitment of Athlete 32.441(e)(4)

**** Code of Criminal Procedure art. 17.03**

(b) Only the court before whom the case is pending may release on personal bond a defendant who

(1) is charged with an offense under the following sections of the Penal Code
(A) Section 19.03 (Capital Murder);
(B) Section 20.04 (Aggravated Kidnapping);
(C) Section 22.021 (Aggravated Sexual Assault);
(D) Section 22.03 (Deadly Assault on Law Enforcement or Corrections Officer, Member or Employee of Board of Pardons and Paroles, or Court Participant);
(E) Section 22.04 (Injury to a Child, Elderly Individual, or Disabled Individual);
(F) Section 29.03 (Aggravated Robbery);
(G) Section 30.02 (Burglary);
(H) Section 71.02 (Engaging in Organized Criminal Activity);
(I) Section 21.02 (Continuous Sexual Abuse of Young Child or Children); or
(J) Section 20A.03 (Continuous Trafficking of Persons);

(2) is charged with a felony under Chapter 481, Health and Safety Code, or Section 485.033, Health and Safety Code, punishable by imprisonment for a minimum term or by a maximum fine that is more than a minimum term or maximum fine for a first degree felony; or

(3) does not submit to testing for the presence of a controlled substance in the defendant's body as requested by the court or magistrate under Subsection (c) of this article or submits to testing and the test shows evidence of the presence of a controlled substance in the defendant's body.

Exhibit F – General Order Bond Order

Harris County Criminal District Court Trial Division

GENERAL ORDER BOND FOR CERTAIN OFFENSES

In an effort to stem the tide of accused citizens being admitted to the Harris County Jail and to expedite the release of those arrested, the Harris County District Court Judges Trying Criminal Cases have approved a General Order Bond to facilitate the immediate release of people arrested and charged with certain non-violent state jail felony offenses. No person shall be released under this General Order Bond who already has an open, pending felony case, or who has an open warrant or hold, or who is on supervised release, such as felony probation or felony deferred adjudication.

Effective immediately, upon identification by the Harris County District Attorney's Office and before the matter is placed on the Hearing Officers' docket, Harris County Pretrial Services is **ORDERED** to process the immediate release of the following persons under this General Order Bond, to be supervised by Pretrial Services:

Any person booked into the Harris Joint Processing Center, arrested for the offenses listed below, who is not already on felony probation or felony deferred adjudication, or does not have another warrant, hold, or pending felony charge:

- Bribery, 36.02
- Credit or Debit Card Abuse, 32.31(d)
- Criminal Mischief, 28.03
- Electronic Access Interference, 33.022
- Delivery of Marihuana, 481.120(b)(3)
- False Statement to Obtain Property or Credit, 32.32
- Forgery, 32.23(e)
- Fraudulent Transfer of a Motor Vehicle, 32.34
- Fraudulent Use or Possession of Identifying Information, 32.51(c)(2)
- Graffiti, 28.08
- Health Care Fraud, 35A.02(b)(4)-(6)
- Insurance Fraud, 35.02(c)(4)-(6)
- Manufacture or Delivery of Substance in Penalty Group 1, 481.112(b)
- Possession of Substance in Penalty Group 1, 481.115(b)
- Manufacture, Possession, or Delivery of Unlawful Telecommunications Device, 33A.03
- Possession of Marihuana, 481.121(b)(3)
- Theft, 31.03(e)(4)
- Theft of Service, 31.04(e)(4)

- Theft of Telecommunications Service, 33A.04(b)(3)
- Unauthorized Use of Telecommunications Service, 33A.02(b)(3)

Signed the 20th day of March, 2020

Herb Ritchie
Administrative Judge
Harris County District Courts Trying Criminal Cases