

COMMONWEALTH OF MASSACHUSETTS
SUPREME JUDICIAL COURT FOR
THE COMMONWEALTH

SUFFOLK, ss.

NO. SJC-12926

COMMITTEE FOR PUBLIC COUNSEL SERVICES &
MASSACHUSETTS ASSOCIATION OF CRIMINAL DEFENSE LAWYERS,
Petitioners

v.

CHIEF JUSTICE OF THE TRIAL COURT,
Respondent

**OPPOSITION TO THE PETITIONERS' G.L. c. 211, § 3 PETITION BY THE DISTRICT
ATTORNEYS FOR THE BRISTOL, CAPE & ISLANDS, ESSEX, HAMPDEN, MIDDLE,
NORFOLK, & PLYMOUTH DISTRICTS**

The petitioners, the Committee for Public Counsel Services (CPCS) and the Massachusetts Association of Criminal Defense Lawyers (MACDL), have filed a petition under G.L. c. 211, § 3 seeking release of certain classes of incarcerated individuals, whether detained in pretrial custody or under sentence, as well as modifications to probationers' conditions of release (No. SJ-2020-0115). We, the District Attorneys for the Bristol, Cape and Islands, Essex, Hampden, Middle, Norfolk, and Plymouth Districts [*hereinafter* “the seven district attorneys”], support the continued lawful practice of individualized hearings to address issues of bail and sentences.

“Ensuring the public’s safety is of the first order of government, a duty underlying all government action.” *Lavallee v. Justices in Hampden Superior Court*, 442 Mass. 228, 245 (2004). The seven district attorneys share the concerns of the petitioners regarding the risks presented by COVID-19 in detention facilities in the Commonwealth. But as the chief law

enforcement officers in seven districts responsible for the safety of some 3.8 million Commonwealth residents, and the rights and interests of crime victims, we submit that the crisis is not cause to abandon government's most basic function of safeguarding its citizens.

The petitioners do not account for the safety and rights of the victims of crime, and they do not account for the safety and rights of the public. Likewise, the petitioners do not account for the hard work of the trial courts, practitioners representing actual clients, prosecutors, and probation offices, all of whom are diligently and expeditiously conducting appropriate hearings and protecting the safety and the rights of the public and the individual defendants.

The seven district attorneys are committed to taking appropriate steps consistent with public safety to mitigate the risks of infection in jails and prisons. Such measures are already underway. In questions surrounding bail and pre-trial detention, our staffs are advised to consider, and judges are already taking into account, the risks of confinement posed by COVID-19. We have staff available at every courthouse in our respective jurisdictions to entertain any and all emergency motions for release. Trial court measures have facilitated quick hearings on such motions. And in individual cases, our offices have agreed, and will continue to agree, to meritorious petitions for release based on medical vulnerability where release is also compatible with public safety. As a result of this on-going practice, and a sharp decline in new arrests, new entries into pre-trial detention have dropped precipitously across the Commonwealth.

And though we are mindful of the dangers of the virus in confined settings, we are also aware of extraordinary efforts on the part of correctional institutions' staffs, in partnership with their contracted healthcare providers and the Department of Public Health, to prevent the introduction and spread of the virus within their institutions. These are interests that inmates and correctional staff, as well as the broader law enforcement community, share in common.

Though, as in civil society, some degree of infection is to be expected, it is hoped that these efforts will help to mitigate risks to the health and safety of inmates and correctional staff and their families. Our offices are in constant communication with custodial authorities concerning these issues as they develop.

But the petitioners' claims, calling for the release of broad categories of inmates without appropriate safeguards for the general public, and the departing inmates themselves, are not consistent with government's basic mission. For example, the petitioners demand "immediate[] release, with or without conditions," of any incarcerated inmate under sentence "diagnosed with a condition or disease that puts them at increased risk" from COVID-19, including such common conditions as diabetes, without regard to the offense upon which the inmate was sentenced. They suggest release be premised upon such sentences being deemed served. This would presumably include convicted murderers serving life sentences, rapists, domestic abusers who have violated stay away orders, drug dealers, and repeat drunk drivers, to name a few. This action would not only risk public safety at a time when law enforcement is stretched thin by the COVID-19 pandemic, but also risk the safety of vulnerable inmates without viable release plans or supports in the community.

While recognizing the situation is unprecedented and fast moving, the seven district attorneys also have concerns about the legality of measures proposed -- some of which appear to encroach on core executive and legislative functions. That said, the seven district attorneys are committed to cooperating with our law enforcement partners and others in coming to reasonable and measured solutions, when necessary.

II. STATEMENT OF THE CASE

On March 24, 2020, the petition was docketed in the Supreme Judicial Court for Suffolk County. On March 24, 2020, Budd, J., sitting as single justice, named the district attorneys, among others, as necessary parties, and ordered the respondents to reply by 11:59 P.M. on March 26, 2020. On March 25, 2020, the single justice reserved and reported the matter to the full court and extended the necessary parties' response due date to 5:00 P.M. on March 27, 2020. In response to that order, the seven district attorneys submit this memorandum of law.

III. STATEMENT OF THE FACTS

The petitioners have not identified any particular aggrieved pre-trial or post-conviction inmate or probationer, nor have they alleged that the trial court has failed to provide any incarcerated person or probationer with a vehicle by which to address concerns about his or her confinement or release conditions in light of COVID-19. The seven district attorneys have attached affidavits to support the factual assertions made herein. *See* Addendum attached.

IV. ARGUMENT

A. The petitioners' requests, in large measure, do not address safety concerns of the victims, public or defendants to be released.

The petitioners request immediate release, regardless of whether conditions are in place, of broad categories of detainees (petition at 15-17). Such requests include individuals held in lieu of bail under G.L. c. 276, §58, without any consideration that judges have already found that bail was necessary and appropriate under *Brangan v. Commonwealth*, 477 Mass. 691 (2017). Also included are individuals held on bail revocation for “technical violation of their conditions of release.” In discussing violations of probation (petition at 18), a “technical” violation of probation is interpreted as “violations other than an allegation of a new criminal offense.” Such interpretation would include standard conditions of release such as stay away and no contact

orders, for which violation would implicate both a dangerous disregard for court orders whose purpose was to ensure the safety of victims and witnesses, and which implicate the safety interests of those victims and witnesses, factors that should be considered as to whether the individual should be released.¹ Other categories include individuals over the age of 60 and individuals at greater risk of harm from COVID-19, without any regard for the offenses which they are alleged to have committed or the facts and circumstances of the crime.

The categories as to individuals who have already received due process and are serving a sentence via a valid conviction produce additional concerns. Such broad categories include any individual not incarcerated for an offense under G.L. c. 265 who is eligible for parole, over the age of 60, or serving a sentence in the House of Correction (petition at 16-17). There are a wide range of criminal offenses located outside of G.L. c. 265 which involve violence, abuse, or threat of harm to persons or society.² Moreover, that the committing offense is not an offense under G.L. c. 265 does not mean that the crime did not involve an offense against the person. During the course of plea-bargaining, offenses may be dismissed upon contemplation of a plea. The

¹ As to requests concerning bench warrants (request #2), probation orders (request #3), pre-trial conditions involving drug testing, employment, and education (request #4), the seven district attorneys recognize that this Court has jurisdiction over inferior courts, but suggest if such action is taken, it should be suspended until further court order and not vacated outright.

² See, e.g., G.L. c. 90, §24L (operating under the influence causing serious bodily injury); G.L. c. 90, §24V (child endangerment while operating under the influence); G.L. c. 90, §24G (motor vehicle homicide); G.L. c. 94C, §32E (trafficking controlled substances, including fentanyl and carfentanil); G.L. c. 209A, §7 (violations of abuse prevention orders); G.L. c. 258E, §9 (violations of harassment prevention order); G.L. c. 266, §§1-2 (arson); G.L. c. 266, §14 (armed burglary); G.L. c. 266, §§16 & 18 (breaking and entering with intent to commit a felony); G.L. c. 266, §§102 & 102C (possession of an incendiary device and possession of a biological, chemical, or nuclear weapon); G.L. c. 268, §13B (witness intimidation); G.L. c. 268, §§15A & 15B (escape); G.L. c. 269 (firearm convictions including armed career criminal enhancements under G.L. c. 269, §10G); G.L. c. 272, §4A (inducing a minor into prostitution); G.L. c. 272, §28 (dissemination of matter harmful to minors), G.L. c. 272, §29A (posing a child in state of nudity); G.L. c. 272, §35A (unnatural and lascivious acts with a child under 16); G.L. c. 272, §77 (cruelty to animals); G.L. c. 279, §25 (habitual offender).

exclusion of G.L. c. 265 crimes is underinclusive of those inmates who present a risk of harm to others or society. See G.L. c. 266, §§1, 14-18A.

The petitioners also seek release, without any conviction limitation, of those diagnosed with a condition putting them at increased risk of COVID-19 complications, individuals who qualify for medical parole, or individuals for whom a stay or release is appropriate. This request includes the most serious offenses, including murders and rapes. It would cover individuals who are serving long sentences and those who are serving life without parole sentences. It would include individuals who have been denied parole, indicating their unsuitability for return into society. As to the request for release of those who qualify for medical parole, to the extent the petition is seeking something other than the process currently employed, which involves findings of the Commissioner that the individual is eligible for medical parole by statute, would live and remain at liberty without violating the law and that the individual's release is not incompatible with the welfare of society, the categories of eligibility are statutory definitions, not medical definitions, which include both a medical component and public safety component. See G.L. c. 127, §119A (“‘Permanent incapacitation’, a physical or cognitive incapacitation that appears irreversible, as determined by a licensed physician, and that is so debilitating that the prisoner does not pose a public safety risk”; “‘Terminal illness’, a condition that appears incurable, as determined by a licensed physician, that will likely cause the death of the prisoner in not more than 18 months and that is so debilitating that the prisoner does not pose a public safety risk”).

Individuals serving long sentences likely would not have anticipated release, and may not have ready supports in the community. Re-entry programs may be unavailable due to the COVID-19 pandemic. Release of individuals into the community who may have no place to live or necessary supports presents both a public safety and a public health risk. Community supports,

including hospital resources, are stressed without the additional influx of individuals who currently have had those supports provided by the institution in which they reside. The proposed plan makes no mention of individuals who may have been in a facility where there is COVID-19, or how any individual exposed could self-quarantine if deemed appropriate.

Victims' statutorily granted rights under the Victim's Bill of Rights should not be abrogated. Chapter 258B grants victims "basic and fundamental rights", including to be informed by the prosecutor of the final disposition of the case, including an explanation of the type of sentence imposed, and a copy of the conditions of probation or release within thirty days of establishing the conditions, G.L. c. 258B, §3(q); to be informed by the parole board of the defendant's parole eligibility and status in the criminal justice system, G.L. c. 258B, §3(s); and, most critically, to be informed in advance by the appropriate custodial authority whenever the defendant receives a temporary, provisional or final release from custody, G.L. c. 258B, §3(t). The immediate release of defendants takes away what could be a critical time period for victims to assure their own safety. Further, victims and district attorneys also have rights to appear at certain parole hearings, *see* G.L. c. 127, §133A, and medical parole hearings, *see* G.L. 127, §119A(c)(2) & (d)(2), where they can be on notice of an individual's likely release and advocate any safety concerns they may have.

The admittedly immense presence of COVID-19 cannot and should not cause the Commonwealth to abandon its obligations under state law to provide victims with their statutorily-granted rights. Ignoring any consideration of any factor other than COVID-19 loses sight of the needs of the victim, which may include physical, emotional, and mental safety. Pre-trial release can be a dangerous time for a victim, particularly domestic violence victims. Pre-trial release, without conditions such as monitoring or the supervision of stay away or no contact

orders, takes away the safeguards provided to victims. Further, a sentence may have been imposed in light of specific considerations of the victim, including removal of harm to a minor child until the age of maturity or the need to ensure separation for a defined period of time. *See, e.g., Commonwealth v. McGonagle*, 478 Mass. 675, 678-680 (2018)(victim may recommend particular sentence); *see also Commonwealth v. Rodriguez*, 461 Mass. 256, 259 (2012)(“[T]o impose a just sentence, a judge requires not only sound judgment but also information concerning the crimes of which the defendant stands convicted, the defendant’s criminal and personal history, and the impact of the crimes on the victims”).

As of March 1, 2020, per the Massachusetts Department of Correction statistics, 73% of male inmates and 64% of female inmates had a violent governing offense.³ Immediate and unsupervised release both endangers public safety and unnecessarily overtaxes the criminal justice system. These individuals, who have had all the due process accordant with their convictions, are in state prison due to the seriousness of their criminal offenses and the judge’s imposition of sentence. If legally imposed protective measures for victims are unilaterally abandoned, an untold score of victims will have to seek immediate relief in the courts. Victims, who did not anticipate the release of dangerous inmates, may flood the system with emergency requests for restraining orders. But this Court, by order, for the safety of probation officers, has curtailed in all but extremely limited circumstances -- where there are findings of a compelling public safety need and an exclusion or inclusion zone -- the imposition of global positioning systems which could provide a measure of protection. Supports both in the criminal justice system and in the community are limited or unavailable.

³ [Mass.gov/service-details/quick-statistics](https://www.mass.gov/service-details/quick-statistics) (last accessed March 27, 2020),

B. As a matter of law, the petitioners do not assert claims where they are personally aggrieved and do not meet the legal requirements to assert such claims for others.

There is a preliminary matter for the Court's consideration: namely, whether the petitioner legal associations may assert potential claims in this Court of incarcerated defendants and probationers, who may or may not be their clients.

First, the petitioners have failed to identify an actual controversy. That is, facts where incarcerated persons and probationers have tried to go to court for relief but were denied access, or the Department of Correction and county sheriffs have ignored the safety hazards related to COVID-19. *See Massachusetts Ass'n of Indep. Ins. Agents & Brokers v. Comm'r of Ins.*, 373 Mass. 290, 292, 293 (1977)(there must be an actual controversy and standing).

Next, a bedrock principle of our judicial system requires litigants to have standing to appear before the court. *See Valley Forge Christian College v. Americans United for Separation of Church & State, Inc.*, 454 U.S. 464, 471 (1982); *Warth v. Seldin*, 422 U.S. 490, 498 (1975). It is an issue of subject matter jurisdiction for this Court; it is not procedural. *Doe v. The Governor*, 381 Mass. 702, 705 (1980)(citation omitted). Far from elevating form over substance, the standing doctrine reserves the courts' resources for matters of controversy between parties whose interests are directly affected by the claimed harm. *See Bonan v. City of Boston*, 398 Mass. 315, 320 (1986). This long-standing principle was explained by this Court, more than ninety years ago, in *Horton v. Attorney Gen.*, 269 Mass. 503, 514 (1930), as follows:

It is a general principle that no one can question in the courts the constitutionality of a statute already enacted except one whose rights are impaired thereby. The judicial department of government has no power to inquire into the constitutionality of statutes by proceedings directly to that end. It is only when some person invokes their aid to protect him in his liberty, rights or property as secured under the Constitution against invasion through the operation of a statute, that the courts examine objections to its constitutionality. Only those directly affected as to some personal interest by the operation of a statute can question its validity.

Thus, the question of standing is one of critical significance, and has been consistently applied only to persons who have themselves suffered, or who are in danger of suffering, a cognizable legal injury. *See Animal Legal Def. Fund, Inc. v. Fisheries & Wildlife Bd.*, 416 Mass. 635, 638 (1993)(quoting *Slama v. Attorney Gen.*, 384 Mass. 620, 624 (1981)).

In order to have standing, a party must have a personal stake in the outcome of the case. *See In re Care & Protection of Sharlene*, 445 Mass. 756, 771 (2006); *Commonwealth v. Lawson*, 79 Mass. App. Ct. 322, 325 n.3, *rev. denied*, 460 Mass. 1105 (2011). That is, the party seeking relief must be personally aggrieved. *See United States v. Pearce*, 531 F.3d 374, 381 (6th Cir. 2008). Injuries that are speculative, remote and indirect are insufficient to confer standing. *Perella v. Massachusetts Tpk. Auth.*, 55 Mass. App. Ct. 537, 539 (2002). “Not every person whose interests might conceivably be adversely affected is entitled to [judicial] review. . . . To have standing in any capacity, a litigant must show that the challenged action has caused the litigant injury.” *Ginther v. Comm’r of Ins.*, 427 Mass. 319, 323 (1998)(citations omitted). Neither petitioner meets this necessary legal threshold.

Lacking any legal cognizable injury, as these petitioners do, standing to bring the claims of others has been recognized in any one of three ways: association standing, the public interest doctrine, and representational standing. On this record, the petitioners fail upon all three alternative theories of standing.

In determining whether an association has standing to bring claims on behalf of its members, Massachusetts courts follow the three-part test enunciated by the United States Supreme Court in *Hunt v. Washington State Apple Advert. Comm’n*, 432 U.S. 333, 343 (1977). First, the association’s members would otherwise have standing to sue in their own right; second, the interests the petitioner seeks to protect are germane to the organization’s purpose; and third,

neither the claim(s) asserted nor the relief requested requires the participation of individual members in the lawsuit. *Animal Legal Def. Fund, Inc. v. Fisheries & Wildlife Bd.*, 416 Mass. at 638 n.4; *Modified Motorcycle Ass’n of Massachusetts, Inc. v. Commonwealth*, 60 Mass. App. Ct. 83, 85 n.6 (2003) (quoting *Hunt*, 432 U.S. at 343).

Recognizing, without conceding, that the petitioners arguably meet the second prong of this test, petitioners’ standing fails nonetheless because of their inability to meet the well-established first and third requirements.⁴

So too, the petitioners’, thus far implicit, invocation of the “public right doctrine”, to establish standing, in the absence of a cognizable legal injury, is insufficient to provide them standing in the instant matter. See *Perrella v. Mass. Tpk. Auth.*, 55 Mass. App. Ct. at 539-540.⁵

⁴ The petitioners’ legal associations do not have the right to bring suit individually. “[I]f the individual petitioners may not maintain the action on their own behalf, they may not seek relief on behalf of a class[.]” *Harvard Climate Justice Coalition v. President and Fellows of Harvard College & others*, 90 Mass. App. Ct. 444, 448 (2016) (quoting *Doe v. The Governor*, 381 Mass. 702, 704-705 (1980)). In addition, even if the rights of potential clients could be asserted by the petitioners -- a factual impossibility -- resolution of their claim(s) involves fact-intensive individualized inquiries. See, e.g., *National Ass’n of Gov’t Emp. v. Mulligan*, 914 F.Supp.2d 10, 13-14 (D.Mass. 2012) (associational standing is inappropriate if adjudicating merits or determining damages requires a fact-intensive individual inquiry); *Massachusetts Bay Transp. Auth. v. Local 586, Amalgamated Transit Union*, 406 Mass. 36, 41 (1981).

⁵ Under the public right doctrine, a petitioner may seek relief (in the nature of mandamus) to compel the performance of a duty required by law. *Perrella*, 55 Mass. App. Ct. at 539. Where the public right doctrine applies, the individual petitioner need not show he/she has any legal interest in the result since the people of the Commonwealth are considered the interested party. *Id.* at 539-540 (citations omitted). The petitioners’ claim fails because they have not shown that the respondents, individually or collectively, are refusing to or failing to perform or administer a law for the public benefit. *Id.* at 540. Only when this legal requirement is met, can courts be compelled to assume the difficult and delicate duty of passing upon the validity of the acts of a coordinate branch of government. *Ginther v. Comm’r of Ins.*, 427 Mass. 319, 322 (1998). Also, the public right doctrine cannot be invoked for broad purposes, or to challenge the constitutionality of a statute. *Tax Equity Alliance for Massachusetts v. Comm’r of Revenue*, 423 Mass. at 715.

Neither does the record provide the petitioners with representational standing. To be applied, a party must allege facts showing that it is difficult or impossible for the actual aggrieved party to assert their claims. *Slama v. Attorney Gen.*, 384 Mass. at 624. Even assuming *arguendo* that the petitioners' legal associations could state a claim asserting the current COVID-19 pandemic poses serious and immediate risks to the constitutional rights of incarcerated persons or probationers, who may or may not be their clients, petitioners have advanced no factual reasons why these potential clients could not prosecute the claims in their own right, either *pro se* or with legal aid, so as to avail themselves of the legal remedies available to their individual situations through the Massachusetts Rules of Criminal and/or Appellate Procedure, or executive orders of clemency, pardon or parole. Absent any alleged facts that it would be difficult or impossible for these potential clients to assert their constitutional rights in a case-by-case review of their individual situations amid the COVID-19 pandemic, the petitioners lack standing to represent those persons. *See Barbara F. v. Bristol Div. of the Juvenile Court Dep't*, 432 Mass. 1024, 1025 (2000). *Compare Planned Parenthood League of Massachusetts, Inc. v. Bell*, 424 Mass. 573, 578-579 (1997) (abortion clinic had representational standing to seek injunctive relief against protester, where privacy concerns of patients made it difficult for patients to assert their rights). In sum, the petitioners' claims must be rejected for not stating an actual controversy and for lack of any standing. For these reasons, the petitioners' petition should be dismissed.

C. The pleas for relief under G. L. c. 211, § 3 are legally unavailable as the statutory supervisory authority of this court is limited to the operations and functions of the courts and cannot supersede any existing laws that govern sentencing, parole, or pardons, and the relief sought would violate the constitutional separation of powers between the judicial, legislative and executive branches.⁶

⁶ The seven district attorneys are not addressing herein the legal relationships and authority of the Court to give guidance on how to proceed with bail hearings, as the trial courts are already

Under G.L. c. 211, §3, this Court "shall have the general superintendence of the administration of all courts of inferior jurisdiction, including, without limitation, the prompt hearing and disposition of matters pending therein" G.L. c. 211, §3. But its superintendence power "shall not include the authority to supersede any general or special law unless the supreme judicial court, acting under its original or appellate jurisdiction finds such law to be unconstitutional in any case or controversy" G. L. c. 211, §3.⁷

The relief sought by this petition is largely comprised of the categorical release, without individual hearings of facts and legal arguments, of thousands of persons currently serving lawful sentences for violent crimes who pose a grave danger of harm to public safety. Relief from sentences imposed after a fair trial, conviction and sentencing hearing, would require suspending or superseding many statutes regarding sentencing, parole, pardons and commutations. *See* G.L. c. 127; G.L. c. 265, et. seq.; Mass. Declaration of Rights, Article 73.⁸

proceeding and taking into account the risk to individual and public health during those hearings; nor are the undersigned addressing the legal relationship and authority of the Court and the Commissioner of Probation, and leave those matters to the Commissioner of Probation to address.

⁷ The Court will employ its G. L. c. 211, § 3 powers only when a party demonstrates "both a *substantial claim* of a violation of his *substantive rights and irremediable error*, such that he cannot be placed in status quo in the regular course of appeal." *Schipani v. Commonwealth*, 382 Mass. 685, 686 (1980) (*quoting Morrisette v. Commonwealth*, 380 Mass. 197, 198 (1980)(emphasis added)). "[T]he rights of criminal defendants are generally fully protected through the regular appellate process." *Morrisette*, 380 Mass. at 198 (*quoting Costarelli v. Commonwealth*, 374 Mass. 677, 679 (1978)). If a petitioner can raise a claim of error in the normal course of trial and appeal, the Court will deny him G. L. c. 211, § 3 relief. *Pandey v. Superior Court*, 412 Mass. 1001, 1001 (1992)(rescript); *C & C Bookshops, Inc. v. Commonwealth*, 388 Mass. 1009 (1983)(rescript). It falls to the petitioner to demonstrate the absence or inadequacy of other available remedies. *Callahan v. Superior Court*, 432 Mass. 1023, 1023 (2000)(rescript); *Jordan v. Superior Court*, 426 Mass. 1019, 1019 (1998)(rescript). The petitioners have not even attempted and, indeed, cannot satisfy that burden. Motions for release have been heard expeditiously in the trial courts.

⁸ Article 73 reads as follows: Article 8 of section I of chapter II of Part the Second of the Constitution of the Commonwealth is hereby annulled and the following is adopted in place

Generally this Court does not alter a sentence unless there has been a clear legal error in the sentence. *Commonwealth v. Woodward*, 427 Mass. 659, 683 (1998). Use of this Court's superintendence powers to order the release of inmates who are currently serving lawfully imposed sentences would be inconsistent with its prior decisions and a violation of both Articles 20 and 30 of the Massachusetts Declaration of Rights.

Pursuant to the General Laws, numerous judges of the Superior and District Courts have conducted individual hearings, made factual findings, and issued bail orders and executed sentences of the incarcerated persons who are the subject of this petition. Now, in a single petition, petitioners request the suspension of these laws so that these individuals can be released and their sentences prematurely deemed served. Because Article 20 forbids such action unless taken by the legislature, the petitioners' claims should be rejected.

"The power of suspending the laws, or the execution of the laws, ought never to be exercised but by the legislature, or by authority derived from it, to be exercised in such particular cases only as the legislature shall expressly provide for." Art. 20. The prisoners are in custody as a result of individual adjudications of each case, where defendants received the full range of state and constitutional protections. The petition seeks to sweep these individual adjudications aside in favor of granting these prisoners immediate release without judicial review *and* ordering a legally imposed sentence deemed served prior to its legally valid termination date. There is "no doubt that the legislature may suspend a law, or the execution or operation of a law, whenever

thereof:-- Art. 8. The power of pardoning offences, except such as persons may be convicted of before the senate by an impeachment of the house, shall be in the governor, by and with the advice of council, provided, that if the offence is a felony the general court shall have power to prescribe the terms and conditions upon which a pardon may be granted; but no charter of pardon, granted by the governor, with advice of the council before conviction, shall avail the party pleading the same, notwithstanding any general or particular expressions contained therein, descriptive of the offence or offences intended to be pardoned.

they shall think it expedient,” but such a determination is for the legislature, not the courts. *Holden v. James*, 11 Mass. 396, 405 (1814) (It is “manifestly contrary to the first principle of civil liberty and natural justice, and to the spirit of our constitution and laws, that only one citizen [or class of citizens] should enjoy privileges and advantages which are denied to all others under like circumstances.”).

Because the Massachusetts Constitution entrusted the legislature with “full power and authority” to define crimes and penalties and to establish courts for determining all matters, any suspension of the laws logically rests there. Mass. Const. Part II, c. 1, § 1 art. 3 and 4. “That power cannot be surrendered or delegated.” *Opinion of the Justices*, 286 Mass. 611, 617 (1934). Here, the General Court established laws pertaining to bail as well as sentencing for those convicted of crimes. The Superior and District courts dutifully executed those laws in individual cases. If it finds that the execution of such laws should now be suspended due to an emergency (not just for these current prisoners, but for all future persons who may be subject to the laws of the Commonwealth), the legislature has the exclusive prerogative to do so. *See, e.g., Gorman v. New Bedford*, 383 Mass. 57, 60 (1981) (legislation may suspend laws by permitting local option on water fluoridation); *MBTA Advisory Board v. MBTA*, 382 Mass. 569, 578 (1981) (governor’s executive order suspending operation of MBTA unconstitutional in absence of legislative authority); *Paddock v. Brookline*, 347 Mass. 230, 236-37 (1964) (special legislation creating tort cause of action for individual unconstitutional); *Opinion of the Justices*, 286 Mass. 611, 619 (1934) (legislation may suspend laws regarding animal traps by permitting adoption of local option); *In re Picquet*, 22 Mass. 65, 71-72 (1827) (legislature has “no authority by the constitution to suspend any of the general laws, limiting the suspension to an individual person, and leaving the law still in force in regard to everyone else”); *Holden v. James*, 11 Mass. at 405

(special legislation cannot create “new and different rule for the government of one particular case”).

A “fundamental principle of our system of government is that power to make laws for the general welfare is vested in the General Court.” *Opinion of the Justices*, 286 Mass. at 617. That principle would be seriously undermined if a petitioner, not a party to any prior proceedings, could succeed in cutting the legislature out of the decision-making process. This concern is especially real in this case because the wholesale release of prisoners without individual adjudication is entirely inconsistent with the ultimate purpose of government: “The end of the institution, maintenance, and administration of government, is to secure the existence of the body politic, to protect it, and to furnish the individuals who compose it with the power of enjoying in *safety* and tranquility their natural right, and the blessings of life” Preamble, Massachusetts Constitution (emphasis added).

Further, the Court lacks authority to grant the petition as the legislature has provided the custodians of prisoners with the authority to remove prisoners from one location to another in the event of necessity due to disease, by G.L. c. 126, § 26.⁹

Nearly ninety years ago this Court summarized the division of responsibilities among the branches in the criminal context:

⁹ Section 26: Removal of prisoners in case of disease:

If disease breaks out in a jail or other county prison, which, in the opinion of the inspectors of the prison, may endanger the lives or health of the prisoners to such a degree as to render their removal necessary, the inspectors may designate in writing a suitable place within the same county, or any prison in a contiguous county, as a place of confinement for such prisoners. Such designation, having been filed with the clerk of the superior court, shall be a sufficient authority for the sheriff, jailer, superintendent or keeper to remove all prisoners in his custody to the place designated, and there to confine them until they can safely be returned to the place whence they were removed. Any place to which the prisoners are so removed shall during their imprisonment therein be deemed a prison of the county where they were originally confined, but they shall be under the care, government and direction of the officers of the county where they are confined.

The definition of crimes and the establishment of penalties therefor, so far as not left to the common law, belong to the Legislature. The trial of those charged with crime and the imposition of sentences upon those convicted are a part of the functions of courts. The execution of sentences according to standing laws is an attribute of the executive department of government. This is in conformity to the sharp and strict separation of the legislative, the executive and the judicial departments of government in article 30 of our Declaration of Rights.

Sheehan, petitioner, 254 Mass. 342, 345 (1926).

This summary accurately captures our understanding of the separation of powers as it operates today. *Commonwealth v. Cole*, 468 Mass. 294, 303 (2014). Once imposed, only the executive branch holds the power and responsibility to execute the sentence. *Id.* at 302; *Commonwealth v. Dascalakis*, 246 Mass. 12, 21 (1923) (“The execution of the sentence belongs to the executive department of government” and is not “a judicial function”). Indeed,

once a judge has sentenced a defendant, *authority over the defendant passes from the judicial branch to the executive branch of government* in that the defendant becomes subject to the sheriff’s control. The Legislature has conferred on the sheriff broad authority over the house of correction. General Laws c. 126, § 16, states that “[t]he sheriff shall have custody and control of the jails in his county, and, except in Suffolk County, of the houses of correction therein, and of all prisoners committed thereto . . . and shall be responsible for them.” See *Sheehan v. Superintendent of Concord Reformatory*, 254 Mass. 342, 345 (1926) (“The execution of sentences according to standing laws is an attribute of the executive department of government”).

Commonwealth v. Donohue, 452 Mass. 256, 264 (2008) (emphasis added).

Accordingly, once a sentence is lawfully imposed, the judicial branch, including this Court under its superintendence and inherent powers, lacks the authority to modify sentences by either terminating a sentence early before it has been fully served or by directing that inmates eligible for parole be placed on parole. See, e.g., *Cole*, 468 Mass. at 302–303 (“The granting of parole, or conditional release from confinement, is a discretionary act of the parole board. It is a function of the executive branch of government with which, if otherwise constitutionally exercised, the judiciary may not interfere.”); see also *Commonwealth v. Amirault*, 415 Mass.

112, 116–17 (1993) (“By allowing a motion to revise or revoke sentences when the parole board does not act in accordance with a judge’s expectations, the judge is interfering with the executive function. The judge cannot nullify the discretionary actions of the parole board”).

In addition, by providing the broad relief of authorizing the release of inmates before the full terms of their validly imposed state sentences have been served, this Court would essentially be usurping the clemency powers that are held solely by the Governor of Massachusetts. *See In re Opinion of Justices*, 14 Mass. 472, 472 (1787) (emphasis added):

the General Court have not a right, in any case, to commute the punishment fixed by law, after sentence has been given. Our opinion is founded upon the eighth article of the first section of the second chapter of the frame of government, *which article lodges the power of pardoning offences* (except such as persons may be convicted of before the Senate, by an impeachment of the House) *solely in the governor*, by and with the advice of the Council; to which power the right of commuting punishment, if by such right be meant a right of pardoning upon condition of the convict’s voluntarily submitting to a lesser punishment, must be a necessary incident. *And we need not cite the last article of the declaration of rights; which means to keep the legislative, executive, and judicial departments as separate and distinct as possible, in the exercise of the respective powers assigned them by the constitution.*

Importantly, this Court’s superintendence powers conferred by statute, *see* G.L. c. 211, § 3, only allow the Court to exercise those powers over all lower courts, and not over the function of the executive branch, which as discussed *supra*, solely holds the power to execute validly imposed sentences. *See Doe v. Sex Offender Registry Bd*, 480 Mass. 212, 221 n.3 (2018) (superintendence authority of Supreme Judicial Court *only empowers Court to exercise superintendence over courts of inferior jurisdiction, not executive agencies*) (emphasis added).

Nor can this Court point to its “inherent and common law and constitutional powers to supervise the administration of justice” and “protect and preserve the integrity of the judicial system” as grounds for providing the relief requested by the petitioners. The “inherent powers” of the judiciary are “those whose exercise is essential to the function of the judicial department,

to the maintenance of its authority, or to its capacity to decide cases.” *Cole*, 468 Mass. at 302. The early release of inmates from their sentences cannot be said to be essential to the function of the judicial department, maintenance of its authority, or its capacity to decide cases. *See, e.g., Campatelli v. Chief Justice of Trial Court*, 468 Mass. 455, 475–476 (2014) (inherent judicial powers flow from fundamental principles embedded in Massachusetts Declaration of Rights, including right to prompt and impartial administration of justice, and exercise of these powers is essential to function of judicial department, to maintenance of its authority, to its capacity to decide cases, and includes certain ancillary functions such as rule-making and judicial administration, including authority to control and supervise personnel within judicial system, power to control actions of officers of the court and environment of court); *Bower v. Bournay-Bower*, 469 Mass. 690, 698 (2014) (same).

D. The procedures currently in place, and being utilized, to protect incarcerated inmates and probationers from COVID-19 do not violate federal or state constitutional protections.

To succeed on an Eighth Amendment claim, the petitioners must demonstrate that “(1) a prison’s conditions of confinement present ‘a substantial risk of serious harm’; and (2) prison officials acted with ‘deliberate indifference’ to inmate health or safety.” *Torres v. Comm’r of Corr.* 427 Mass. 611, 613–614 (1998) (suit challenging disciplinary confinement), (*citing Farmer v. Brennan*, 511 U.S. 825, 834 (1994)). *See Langton v. Comm’r of Corr.*, 34 Mass. App. Ct. 564, 572 (1993) (“In order to establish an Eighth Amendment violation, a plaintiff must prove that the defendants’ actions amounted to ‘deliberate indifference to a serious medical need.’”; considering tuberculosis outbreak). “While the rights guaranteed under art. 26 ‘are at least equally as broad as those guaranteed under the Eighth Amendment,’ [] a prisoner seeking relief under this provision [] must point to both (1) a condition or situation ‘which poses a

substantial risk of serious harm’; and (2) facts establishing that a prison official ‘has knowledge of the situation and ignores it.’” *Torres*, 427 Mass. at 615–616.

An Eighth Amendment violation centered on medical treatment does not provide an inmate with release. *See, e.g., Glaus v. Anderson*, 408 F.3d 382, 387 (7th Cir. 2005) (“If an inmate established that his medical treatment amounts to cruel and unusual punishment, the appropriate remedy would be to call for proper treatment, or to award him damages; release from custody is not an option.”); *Gomez v. United States*, 899 F.2d 1124, 1126 (11th Cir. 1990) (even where a prisoner proves mistreatment in prison that amounts to cruel and unusual punishment, “relief of an Eighth Amendment violation does not include release from confinement”) “[R]elease from confinement is not a remedy available for an Eighth Amendment conditions of confinement claim.” *Hunt v. Johns*, No. 5:10–HC–2176–FL, 2011 WL 3664553, at *2 (E.D.N.C. Aug.18, 2011) (and cases cited therein); *see also Gomez v. United States*, 899 F.2d 1124, 1126 (11th Cir.1990) (in a habeas corpus context, court held that “relief of an Eighth Amendment violation does not include release from confinement”).

The petitioners’ assertion that “physical distancing and vigilant hygiene are impossible” in corrections settings is not borne out by reports from within these institutions. To be sure, the virus presents a unique challenge in such settings and complete immunity from infection is, unfortunately, unlikely to be achieved, any more than it is in a myriad of other settings, ranging from shared homes to supermarkets. But, no doubt, informed to some extent by their experience with prior disease outbreaks within their walls, the institutions have met this challenge with extensive measures commensurate with the heightened risk presented by COVID-19. These include global health and safety precautions to prevent introduction and spread of the virus,

measures limiting or eliminating visitor access, quarantine of those who are sick and the identification of those with whom they had been in contact.

Conclusion

For the foregoing reasons, the seven district attorneys will continue to represent the Commonwealth at any individualized hearing of an aggrieved incarcerated person or probationer, pursuant to the established Rules of Criminal and Appellate Procedure, during this COVID-19 pandemic, but respectfully suggest the petitioners' claims must be dismissed.

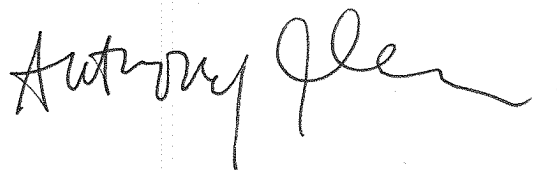
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March 27, 2020

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ADDENDUM

COMMONWEALTH OF MASSACHUSETTS
SUPREME JUDICIAL COURT FOR SUFFOLK COUNTY

SUFFOLK, ss

NO.: SJ-2020-0115

COMMITTEE FOR PUBLIC COUNSEL SERVICES &
MASSACHUSETTS ASSOCIATION OF CRIMINAL DEFENSE LAWYERS
Petitioners

v.

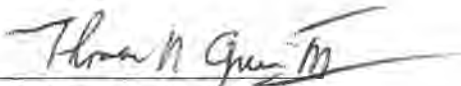
CHIEF JUSTICE OF THE TRIAL COURT,
Respondent

AFFIDAVIT OF DISTRICT ATTORNEY THOMAS M. QUINN III
DISTRICT ATTORNEY FOR THE BRISTOL DISTRICT

1. I am Thomas M. Quinn III, I am the elected District Attorney for the Bristol District;
2. Since March 16, 2020, the Bristol District Attorney's Office has been operating at a reduced staffing level, however we have had Assistant District Attorneys interacting with the Superior Court, each District Court, and the juvenile court on a daily basis.
3. I and my staff have spoken with supervisor's for the Bristol County Committee for Public Counsel services, a supervising attorney for the bar advocate program, privately retained attorneys and attorneys appointed to represent defendants on individual cases. We have explained how we are handling requests for release, arraignments and detention hearings following the issuance of this Court's orders;
4. We have appeared in support of and in opposition to requests for release, based on the specific facts of the case and all other relevant factors, including the danger posed generally as well as specifically by each defendant;
5. My staff is in regular contact with the superintendent of the Bristol County House of Correction and the Ash Street Jail. Prosecutors regularly convey the information we receive from him, concerning the conditions and procedures in those facilities, to the courts holding hearings on defendants' requests to be released. I have been informed that there has been a marked reduction in the population since March 16, 2020. Based on information from the superintendent I believe that in the first four days of the week March 23rd, the population decreased by 5%;

6. I have been in contact with Chiefs of Police and I am also aware of the directives of the Massachusetts State Police concerning law enforcement activities in the community in response to the outbreak of coronavirus;
7. During the last two weeks, there have been marked decreases in the number of new cases being arraigned in the district courts across the county. In calendar year 2019, an average week of new case arraignments (total number of new cases/52 weeks) was as follows: Attleboro District Court -- 48.5; Fall River District Court -- 118; New Bedford District Court -- 145.5; and Taunton District Court -- 72.5 based on the information available to me, since the court reopened on March 18, 2020, after a two-day shutdown, there have been 50 arraignments in the district courts.¹ This number includes the arraignments of defendants arrested following the close of court business on Friday, March 13, 2020, who were not released by the clerk-magistrate or judge prior to March 18, 2020. Based on our current activity level, we are averaging 36 new cases coming into the court for all of Bristol County, compared to 384.5 new cases per week in 2019. Most of the defendants in these new cases have not been held on bail or detained, either because there was no request made or because the district court judge ordered the defendant's release. The majority of the business in the district court is comprised of hearings on defendants' motions to be released from custody due to the coronavirus. I am not aware of any difficulties in the timely scheduling and hearing of these motions;
8. Bail reviews, appeals of detention orders pursuant to MGL ch. 276, 58A, and motions for release due to the coronavirus are being expeditiously processed, scheduled and heard in the Superior Court. An Assistant District Attorney assigned to the Superior Court appears telephonically on every case. In my observation, there is nothing interfering with the Superior Court's ability to hear these requests within one or two business days from the filing of such a request; and
9. In my view the fair balance of defendant's rights, victim's rights and public safety can only be met when these issues are considered during an individualized hearing before the court.

Signed under the Pains and Penalties of Perjury, this 27th day of March, 2020.


THOMAS M. QUINN III
DISTRICT ATTORNEY
Bristol District

¹ As of the close of business on March 26, 2020.

SUFFOLK, ss.

COMMONWEALTH OF MASSACHUSETTS

SUPREME JUDICIAL COURT
FOR SUFFOLK COUNTY
SJ-2020-0115

COMMITTEE FOR PUBLIC COUNSEL SERVICES AND MASSACHUSETTS
ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

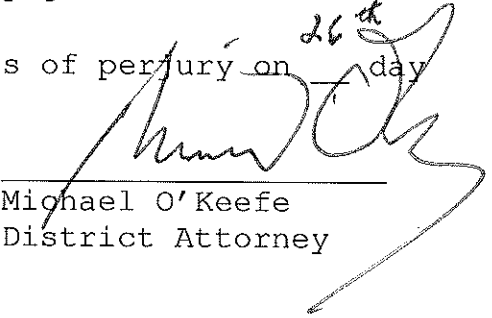
V.

CHIEF JUSTICE OF THE TRIAL COURT

AFFIDAVIT OF CAPE AND ISLANDS DISTRICT ATTORNEY'S OFFICE
DISTRICT ATTORNEY MICHAEL O'KEEFE

1. I, Michael O'Keefe, am the District Attorney for the Cape and Islands District. The District includes the counties of Barnstable, Nantucket, and Dukes County.
2. The Cape and Islands District Attorney's Office is staffed every day and has been throughout the COVID-19 timeframe.
3. The Cape and Islands District Attorney's Office will continue to address time-sensitive motions relating to COVID-19 and assist defense attorneys with scheduling on a case by case basis, pursuant to the laws and regulations of the Commonwealth. See G.L. c. 126, § 27; G.L. c. 127, § 49; G.L. c. 127, § 119A; G.L. c. 127, § 90A; see also *Commonwealth v. Donohue*, 452 Mass. 256 (2008) (holding that Sheriffs have discretion to release inmates with GPS if completed a reasonable portion of incarceration); but see Order Concerning the Imposition of GPS Monitoring, OE-144 (GPS only to be imposed when there is a compelling public safety need).
4. Police, prosecutors, defense attorneys who represent actual clients, and judges have been and will continue to exercise forbearance and common sense as they go about their duties.

Signed under the pains and penalties of perjury on ^{26th} day
of March, 2020.



Michael O'Keefe
District Attorney

COMMONWEALTH OF MASSACHUSETTS
SUPREME JUDICIAL COURT

SUFFOLK, ss.

NO. SJC-12926

COMMITTEE FOR PUBLIC COUNSEL SERVICES and
MASSACHUSETTS ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

I
V.

CHIEF JUSTICE OF THE TRIAL COURT

AFFIDAVIT OF ESSEX DISTRICT ATTORNEY'S OFFICE
FIRST ASSISTANT DISTRICT ATTORNEY JOHN T. DAWLEY

1. I, John T. Dawley, am the First Assistant District Attorney for the Essex District Attorney's Office.
2. I am responsible for overseeing and managing the operation of the Office. My responsibilities include supervision of all case-related and legal matters within the jurisdiction of the Essex District Attorney's Office and supervision of Superior Court cases. The Deputy First Assistant District Attorney/Chief of District Courts and the Deputy Chief of the District Courts are responsible for supervision of all cases in the eight district and four juvenile courts in Essex County.
3. In response to the COVID-19 pandemic, the Essex District Attorney's Office, on a case by case basis, has been reviewing issues such as renewed requests to address bail and motions to revise and/or a revoke sentence. The review process includes the nature of the case, reasons for the bail request, victim input, victim safety and medical documentation, if any.
4. Starting on March 16, 2020, there has been an Assistant District Attorney on duty each day at the Superior Court. That Assistant District Attorney's responsibilities include

being available in the morning to address any bail reviews before the Superior Court, which are heard by video conferencing, and being available in the afternoon to address any bail hearings on Superior Court matters. In other words, we are always available, including evenings, in every court.

5. For Superior Court there have been fifteen emergency petitions from release filed; five have been heard, then denied. During one arraignment, our office factored in COVID-19 virus concerns and agreed to release with conditions. Bail reviews are taking place at which COVID-19 concerns are being generally broached and considered. In one particular case involving a defendant charged with domestic abuse and being held pursuant to G.L. c. 276, § 58A, the defendant's age and medical condition were considered with regard to COVID-19 concerns, but the petition was denied without prejudice due to the defendant's plan upon release and concerns for victim safety. In another case involving a § 58A detention, we received a request for review on the basis of health issues. Due to the facts of the case, which included a rape of a child, we could not agree to release, but did agree to have the matter brought forward for an immediate hearing.
6. Likewise, Assistant District Attorneys are available each day to argue motions via teleconference for all district and juvenile court locations. Judges, clerks and probation have staffed court sessions in Essex County District and Juvenile courthouses since the shutdown. Motions for Relief are received by Assistant District Attorneys from either the Clerk-Magistrate or the defense attorney. All are received via email. Assistant District Attorneys are typically prepared to argue these motions on the date they are received. On the rare occasion that they are continued, it is agreed upon to ensure the petitions are complete.
7. Often times, these requests lack sufficient information and thus do not facilitate a quick response. We have endeavored to respond and gather the information as quickly as humanly possible given the Assistants' juggling their

own COVID-19 related circumstances. The process has never been delayed on our account.

8. By way of example with regard to incomplete filings, in one case, a defendant charged with Operating after Suspension, whose bail was revoked on two open matters in another county, requested relief and release. The petition did not include what the charges were in his other matters or a copy of his CARI. The prosecutor then requested that the attorney furnish the Commonwealth with the necessary information. The open cases were Unlawful Possession of a Loaded Firearm and Possession of a Class "D" Substance with Intent to Distribute.

Similarly, in a Youthful Offender Case, the perpetrator, was charged with three counts of Rape of a Child and one count of Witness Intimidation. He was originally released on personal recognizance with GPS monitoring and no contact with the victim. His recognizance was revoked on March 12th. The Motion was silent as to the reasons for the revocation. The Commonwealth later learned that he left his home at 1:00AM and traveled to the area of the victim's home. This was his second GPS violation. The attorney had written on behalf of the Youthful Offender that "Mr. D is not a danger to the community in that his revocation was not related to those conditions which were meant to keep the alleged victim safe."

9. In spite of these incomplete and sometimes misleading filings, in most instances, Assistant District Attorneys argued the motions as requested by the Court.
10. Additionally, we have agreed to conditions of release in two cases out of the Haverhill District Court and one case out of the Peabody District Court. In one Haverhill case the defendant was a participant in Essex County Sheriff Kevin Coppinger's Twenty-Eight Detoxification Program but appeared ready for the next step in his treatment plan. The prosecutor agreed for the defendant to be released from the custody of the Middleton House of Correction to allow him to enter a residential treatment program. In another Haverhill case, a defendant was assigned to the Sheriff's Detox Program and was ineligible. The prosecutor agreed to his petition for an alternate treatment program. In the

Peabody case, we agreed that a female defendant should be released from the Sheriff's Detox Program to enter a treatment program.

11. Thus far, approximately twenty-nine motions requesting release have been filed in the district court and juvenile courts. Seventeen of those motions have had hearings. The others have been scheduled by the court. We have only requested a continuance in one case to obtain medical records from the Middleton House of Correction. The motion for continuance was denied.

12. The Essex District Attorney's Office thus remains available for time-sensitive requests heard before all courts. It is important to note that law enforcement is generating substantially fewer arrests amid the COVID-19 crisis and clerks are issuing summons for defendants to appear when possible. Prosecutors remain available for the reduced number of arraignments that are occurring.

13. Our office has also maintained daily contact with Essex Sheriff Coppinger to monitor conditions at their facilities. He has assured us that he has taken all appropriate measures to protect the health of the inmates/detainees. As of 2:30 P.M. this date, Sheriff Coppinger has informed this Office that one correctional officer has tested positive for the virus, and has been ordered to stay home and self-quarantine.

Signed under the penalties of perjury this 27th day of March, 2020 at 2:30 P.M.

/s/ John T. Dawley
John T. Dawley

AFFIDAVIT OF KEVIN F. COPPINGER

I, Kevin F. Coppinger, 20 Manning Avenue, Middleton, MA 01949, on oath depose and state as follows:

1. I am the duly elected Sheriff of Essex County and in that role I oversee operations at the Essex County Correctional Facilities in Middleton, Massachusetts, the Pre-Release Center in Lawrence, Massachusetts, and the Women in Transition Facility in Salisbury, MA, (collectively hereafter referred to as the "Department"). I was sworn into office on January 4, 2017. Prior to my tenure in Essex County, I was a Police Officer in the City of Lynn for 32 years, serving the last 7 ½ years as Chief of Police.

2. At present, Massachusetts is operating under a State of Emergency regarding COVID-19. In conjunction with the Governor's proclamation, the Essex County Sheriff's Department has been taking strong, proactive steps at all our facilities to ensure our work and living environments are safe for all employees, visitors, and incarcerated individuals alike.

3. The following precautionary measures, designed to limit access to our facilities and to reduce possible exposure to COVID-19, has been put into effect and will remain so until further notice:

- a. All facilities have undergone a thorough deep-cleaning and these efforts continue daily on all three shifts at all locations. Efforts are focused not only on general access locations, but specific attention is given to areas such as door handles, countertops, light fixtures, or anywhere people touch.
- b. The Department has installed additional hand-sanitizing stations

throughout all locations. Inmates have also been given additional bars of soap and educated on proper hand-washing and personal hygiene techniques. Signage, in both Spanish and English, has been posted throughout our facilities with this information to keep these ideas fresh on everyone's mind.

- c. The Department is ensuring it is well stocked with medical masks, gloves, and protective eyewear for staff. Cleaning supplies remain at sufficient levels while an inventory for all needs is conducted and updated daily.
- d. All general public visitation has been suspended at our Middleton, Lawrence, and Salisbury locations. (Inmate access to telephones has been expanded to offset the temporary loss of visits. In addition, two free 30-minutes calls are being provided for each inmate weekly during this time.)
- e. Attorney visits will continue in Middleton but will be non-contact visits. Attorney visits in Lawrence and Salisbury will also continue but will be modified to respect "social distancing" for safety reasons.
- f. All programming, via outside vendors/volunteers, at all three locations will be suspended until further notice. However, outside sources are continuing their programs by providing curriculum-based learning packets which the inmates can work on during their day. Examples of these include but are not limited to:
 - i. Victim Impact
 - ii. Relapse Prevention Strategies
 - iii. Parenting Skills

- iv. Life Skills
 - v. Anger Management
 - vi. High Risk Offender
 - vii. Relationships and Family
 - viii. Cognitive Thinking
- g. Programming conducted via internal resources, i.e. Department Chaplain, inmate “peer-to-peer” led groups, etc. will continue. Counseling and treatment for substance abuse and mental illness continues.
- h. All volunteer visits of any type have been suspended.
- i. All facility tours have been discontinued.
- j. The Inmate Work Release Program has been suspended.
- k. Community Service Work Crews have been suspended.
4. The following operational procedures, designed to continue critical services to our inmate population, will remain in effect without change:
- a. Major outside vendors who provide critical services, i.e. Wellpath (our primary health care provider), Acadia Healthcare, Aramark Food Services, Spectrum Health Systems, etc. will remain operational at all facilities to serve the needs of the inmate population.
 - b. Medication Assisted Treatment will continue for eligible inmates per Department policy.
 - c. No disruption of routine medical care for inmates has been implemented.
 - d. Inmates residing in outside facilities such as sober houses, who have been deemed to be at a greater risk living there due to their frequent interaction

with other residents, have been returned to the Pre-Release Center where their health can be better monitored and their exposure limited.

5. The following housing and operational changes have been implemented to provide additional protections to keep the COVID-19 virus out of our facilities:

- a. We have implemented an enhanced screening process at our Intake Unit to help detect signs of COVID-19. WellPath has taken the lead on this working closely with our staff. This process has been in effect since early February. Inmates presenting with symptoms of COVID-19 are immediately referred to additional medical screening.
- b. We have thoroughly educated our staff as well as our inmates on MA Department of Public Health (DPH) and the Center for Disease Control (CDC) guidelines in this regard. Employees coming to work are asked a specific set of questions regarding their well-being upon arrival. We are awaiting delivery of infra-red thermometers and these will become part of the entry screening process as soon as they arrive.
- c. Employees have been educated that if they are sick with a fever or have flu-like symptoms such as cough, sore throat, or shortness of breath, they should not report to work and should consult their doctor. Inmates have also been educated in their regard and encouraged to request health care services if symptoms present themselves.
- d. Separate male and female “safekeep” areas have been designated to house local police department prisoners prior to arraignment. Police Departments have been asked to implement COVID-19 screening

procedures at their stations prior to anyone being transported to our facilities.

- e. A “New Man” unit has been set up internally at our Middleton facility to house new Pre-Trial and/or Sentenced inmates for a 14-day period to monitor for signs of COVID-19.
- f. Our Medical Housing Unit, operated by WellPath, is equipped with two “negative pressure” rooms to assist with treatment/screening of potential COVID-19 cases. Routine medical care is also available 24/7.
- g. We have plans in place, and logistics identified, should this pandemic increase in severity and if it does, in fact, enter our jail. These plans have been developed between our staff and our health care providers following DPH and CDC guidelines.
- h. We have contacted judges and other court personnel to strongly consider using video conferencing in lieu of inmate transports to/from courts. This request was made prior to the recent shut down of the courts and it is hoped the courts will consider using video conferencing for health and safety purposes more frequently even after this crisis subsides.

6. We have activated our *Incident Command System (ICS)* to help focus on our continued preparedness and readiness to deal with this pandemic. The team is in constant communication with federal, state, and local health care authorities as well as other resources. ICS allows us to have a centralized command to oversee and coordinate a Department-wide safe and effective response.

- 7. History has shown us that many times, upon release from incarceration, inmates

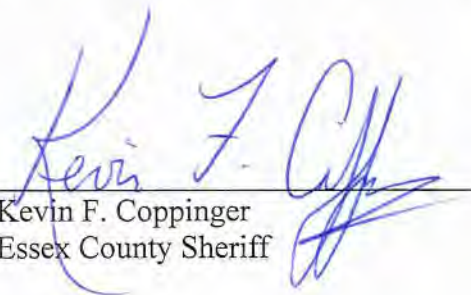
frequently rely on public homeless shelters and soup kitchens to meet their daily needs. Worse yet, many inmates return to living on the streets. Given the current circumstances under which we all live at present, I would suggest those life-sustaining necessities are better provided by the Sheriff's Department for those in our custody.

8. A substantial component of any successful re-entry program, and one which I strongly support, is community-based programming and housing for recently released inmates. While I cannot offer an opinion on the status of community-based initiatives during our current State of Emergency, I do believe that inmates suffering from Substance Abuse Disorders or Mental Illness, which make up a substantial portion of our incarcerated population, would be at greater risk in the community if these services were not provided.

9. The impact and spread of the COVID-19 pandemic are changing every day. Even the greatest minds in the medical community have admitted they do not know the full extent of where this will leave us. The Essex County Sheriff's Department will continue to monitor this crisis in partnership with our federal, state, and local partners focusing on best practices in health care and corrections for the health and safety of all who work or reside in our facilities.

The facts recited herein are based upon my personal knowledge.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS 24th DAY OF MARCH 2020.


Kevin F. Coppinger
Essex County Sheriff

COMMONWEALTH OF MASSACHUSETTS
SUPREME JUDICIAL COURT FOR
THE COMMONWEALTH

SUFFOLK, ss.

NO. SJ-12926

COMMITTEE FOR PUBLIC COUNSEL SERVICES &
MASSACHUSETTS ASSOCIATION OF CRIMINAL DEFENSE LAWYERS,
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v.

CHIEF JUSTICE OF THE TRIAL COURT,
Respondent

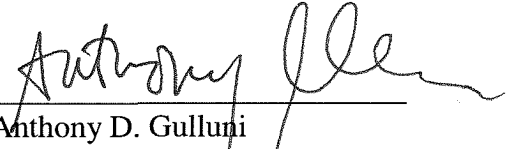
AFFIDAVIT OF ANTHONY D. GULLUNI
DISTRICT ATTORNEY FOR THE HAMPDEN DISTRICT

I, Anthony D. Gulluni, District Attorney for the Hampden District, do hereby state the following:

1. I am sworn as the District Attorney for the Hampden District. In that capacity, I am the chief law enforcement officer for Hampden County, encompassing twenty-three (23) cities and towns with an estimated population of 468,000.
2. There are eight (8) courts in the Hampden District in which my staff of assistant district attorneys regularly appear: Hampden County Superior Court, Chicopee District Court, Holyoke District Court, Palmer District Court, Springfield District Court, Westfield District Court, Holyoke Juvenile Court and Springfield Juvenile Court. A member of my staff appears in these courts every day. We have been working throughout the COVID-19 timeframe, when each court is in session.
3. I, and my assistant district attorneys, have addressed, and will continue to address, emergency motions relating to COVID-19 brought by defendants who have cases originating in the Hampden District. I have instructed my staff that we should consider each motion on a case-by-case basis, with our duty to victims, public safety, and the wellness of those incarcerated, particularly those defendants who have identified, with specificity and substance, age and/or medical condition(s) that would put them at a higher risk if the virus were contracted.
4. I, and members of my office, have been in constant contact with the Hampden County Sheriff's Department when individuals have been identified as appropriate for release or transfer to lower security and/or day reporting on a GPS bracelet.

5. I have designated one of my first assistant district attorneys and an administrative assistant to coordinate our office's response to these motions to promote consistency and fairness in our consideration of them. I have discussed these measures with leadership in the defense bar in Hampden County, and parties have worked cooperatively to ensure these motions are heard. I am confident that police, corrections officials and prosecutors will continue to act in good faith and exercise reasonable judgment in the performance of their duties amid this virus that has affected us all.

Signed under the pains and penalties of perjury, this 27th day of March, 2020.


Anthony D. Gulluni
Hampden District Attorney
Roderick L. Ireland Courthouse, 3rd Floor
50 State Street
Springfield, MA 01103
413-747-1000

AFFIDAVIT OF SHERIFF NICHOLAS COCCHI

I, Sheriff Nicholas Cocchi, Sheriff of Hampden County on oath depose and state as follows:

1. I am the duly elected Sheriff of Hampden County in the Commonwealth of Massachusetts.

2. At present, Massachusetts is operating under a State of Emergency regarding COVID-19. In conjunction with the Governor's proclamation, the Hampden County Sheriff's Department has been taking strong, proactive steps at all our facilities to ensure our work and living environments are safe for all employees and our justice involved population.

3. Currently the population of our facilities is well below maximum capacity, allowing us plenty of space to house individuals and maintain social distancing practices.

4. At this time, no member of our justice involved population have tested positive for COVID-19.

5. With input from our medical team under the leadership of Dr. Thomas Lincoln, and our Infectious Disease Nurse Stephanie Burgess, and in accordance with guidelines from the Department of Public Health (DPH), and the Center for Disease Control (CDC), the following precautionary measures, designed to limit access to our facilities and to reduce possible exposure to COVID-19, have been put into effect and will remain so until further notice:

CLEANING AND SANITIZATION EFFORTS

- a. All facilities have undergone a thorough deep-cleaning and these efforts continue daily on all three shifts at all locations. Efforts are focused not only on general access locations, but specific attention is given to areas

such as door handles, countertops, light fixtures, and all other commonly used surfaces. All cells are deep cleaned and sanitized and no one is allowed to occupy the cell for 24 hours after this process is completed.

- b. The Department has installed additional hand-sanitizing stations throughout all locations. Inmates have unlimited access to bars of soap and have been educated on proper hand-washing and personal hygiene techniques. Signage has been posted throughout our facilities with this information to keep these ideas fresh on everyone's mind.
- c. The Department is ensuring it is well stocked with medical masks, gloves, gowns and protective eyewear for staff and our jail and house of corrections populations when necessary. Cleaning supplies remain at sufficient levels while an inventory for all needs is conducted and updated daily.
- d. All transportation vehicles are sanitized after each use, and the interior of every department vehicle has been sanitized.

VISITING POLICY CHANGES

- e. All general public visitation has been suspended at all Hampden County facilities. No tours are allowed. Access to telephones has been expanded to offset the temporary loss of visits, and our population now receives 2 hours of free phone calls per week. Our population also receives 3 free envelopes per week to send letters to their loved ones. Additionally, we are providing video visitation for some of our population. We are currently working on expanding the technology and infrastructure with the goal of

providing this option to everyone as soon as possible.

- f. Attorney visits are non-contact only. Attorneys are screened by our staff and are required to wear a mask before entering any facility.
- g. In an effort to reduce attorney visits where possible, we have developed a system whereby attorneys can send emails to specific staff members in order to set up specific times for phone calls with their clients.
- h. There will be no property pick-ups until further notice. The regular 30 day time limit to pick up property will be extended. Individuals will be able to pick up property within 60 days from the time property pick up resumes.
- i. All volunteer visits of any type have been suspended

PROGRAMMING

- j. All programming, via outside vendors/volunteers, at all locations has been suspended until further notice. However, trained Sheriff's department staff continue to provide programs while ensuring social distancing is being practiced. Examples of programming include but are not limited to:
Victim Impact, Relapse Prevention Strategies, Parenting Skills, Life Skills, Anger Management, High Risk Offender Engagements, Relationships and Family, Cognitive Thinking, Peer to Peer led groups, Domestic Violence, Self Help Strategies, Violence Prevention, Dialectical Behavioral Therapy Groups, Release Planning, Creative Writing, Healthy Communication, Understanding Grief, and Mindfulness
- k. Counseling and treatment for substance abuse and mental illness continues.
- l. The Inmate Work Release Program has been suspended until further notice.

SCREENING/MEDICAL

- m. The Department has kept non-essential employees from reporting to work in accordance with the Governor's order.
- n. Medication Assisted Treatment (MAT) will continue for eligible inmates per Department policy.
- o. There has been no disruption of routine medical care for the population
- p. All mental health screening, referrals, evaluations and support continue without interruption.
- q. We are currently using telemedicine to connect our population to outside medical consultations when necessary.
- r. The Evaluation and Stabilization Unit (ESU) remains open and fully operational for mental health treatment and support.
- s. Day Reporting participants continue to reside at home or in a program on day reporting status.
- t. We have implemented enhanced screening processes at our Intake/Discharge Department to help detect potential signs of COVID-19. Our medical department, led by Doctor Thomas Lincoln and Infectious Disease Nurse Stephanie Burgess, have worked closely with our staff to train them to recognize concerning signs and symptoms. Inmates presenting with symptoms of COVID-19 are immediately referred to additional medical screening.
- u. If, after medical screening, there is a concern that the patient is exhibiting signs and or symptoms indicative of potential infection by COVID-19 virus, those individuals are placed in single cells in a specialized medical

quarantine area for further monitoring and observation.

- v. We have thoroughly educated our staff, as well as our inmates, on Massachusetts (DPH) and (CDC) guidelines in this regard. All staff were required to participate in a mandatory training that addresses the issue of prevention and spread of COVID-19. These trainings have been offered electronically to all staff.
- w. Employees coming to work are asked a specific set of questions regarding their well-being upon arrival and questions about recent travel by them or their household members. In addition, medial staff takes employee and staff body temperatures to screen for fever prior to their entrance into the facilities.
- x. Employees have been educated that if they are sick with a fever or have flu-like symptoms such as cough, sore throat, or shortness of breath, they should not report to work and they are instructed to contact their supervisor to report symptoms and to consult their doctor.
- y. If an employee is sent home with concerning symptoms, they must follow a medical screening process in order to return to work. Employees who have family members who have travelled to high risk areas, or are exhibiting signs and symptoms of the virus have been asked to stay at home until they are medically cleared to return to work.
- z. Our inmate population have also been educated with regard to recognizing symptoms of COVID-19 and have been encouraged to request health care services if symptoms present themselves.

- aa. Our medical staff is conducting in person screening of our population in all areas that have had no outside exposure to the virus.
- bb. We have set up a COVID-19 mailbox as a platform to receive and respond to all employee and staff inquiries on safety, health, and disease prevention.

HOUSING

- cc. Separate “safe keep” areas have been designated to house local police department arrestees prior to arraignment. Police Departments have been asked to implement COVID-19 screening procedures at their stations prior to anyone being transported to our facilities. All arrestees are given a more in depth screening upon arrival to the facilities and prior to being brought to a housing area.
- dd. Separate Housing Units have been set up at our facilities to house new Pre-Trial and/or Sentenced inmates for a minimum 14-day period to monitor for signs of COVID-19. Since March 13th there has been no co-mingling of new intakes and the pre-existing population.
- ee. The Department has limited unnecessary movement within and between its facilities.
- ff. Medical care is available 24/7.

COURTS

- gg. We are conducting video conferencing daily with the local courts for arraignments, and all other non-evidentiary proceedings.
- hh. Additionally we have the ability to conduct evidentiary hearings by video conference and the courts have conducted dangerousness hearings and section 35 civil commitment proceedings by video conference.

**COLLABORATION WITH CRIMINAL DEFENSE BAR ,
DISTRICT ATTORNEY'S OFFICES AND THE COURTS TO
IDENTIFY INDIVIDUALS APPROPRIATE FOR RELEASE**

- ii. We are in constant daily contact with the local defense bar, the District Attorney's office and the courts to identify individuals who are appropriate for release or transfer to lower security and/or day reporting on a GPS bracelet and we have honored these request when appropriate.
- jj. We are responding to requests to review individuals with low bails who may be at risk, and assisting them with finding resources to bail out once a discharge plan is in place.
- kk. Our population continues to receive earned good time. We have been able to continue participation in appropriate programming to allow the opportunity for earned good-time with the use of technology and other resources.
- ll. We are providing video conferencing for parole to ensure continuation of that process.

EMERGENCY MANAGEMENT PREPARATIONS

- mm. We have plans in place, and logistics identified, should this pandemic enter our jail and house of corrections facilities. These plans have been developed between our staff and our health care providers following DPH and CDC guidelines.
- nn. We have created a Command Response Team to help focus on our continued preparedness and readiness to deal with this pandemic. The team is in constant communication with federal, state, and local health care authorities as well as other resources. This team allows us to have a

centralized command to oversee and coordinate a Department-wide safe and effective response.

- oo. The Command Response Team and the Sheriff and his Superintendent have daily telephone conferences with the Medical and Health Services Team, the department's Health and Safety Officer, and department's staff from Human Resources, Housing Unit Directors, Food Services, Transportation, Warehouse and Supplies, Purchasing, Information Systems and Technology, Standards, Compliance, and Legal.
- pp. Two department staff members report to the regional MEMA Command Center in Agawam Massachusetts on a daily basis to provide assistance and obtain updates and critical supplies.

CONCERNS FOR THE SAFETY OF INDIVIDUALS RELEASED INTO THE COMMUNITY WITHOUT A DISCHARGE PLAN

- 6. As Sheriff of Hampden County I am gravely concerned about the prospect of a blanket release of our population for several reasons as set forth below:
 - Eighty-seven percent (87%) of the individuals in our custody suffer from Substance Use Disorder (SUD), and approximately Forty-three percent (43%) from mental health issues, twenty-five percent (25%) suffer from co-occurring disorders, and many have a plethora of other health issues. These inmates have access to very good health care and treatment 24 hours a day, seven days a week. I am sadly aware based on my 28 years working for the Hampden County Sheriff's Department that many of the individuals we have in our custody receive far better treatment while they are with us than they do when they are in their communities.

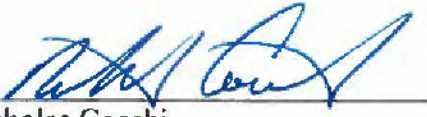
- The unfortunate reality is that the population we serve is highly susceptible to engaging in behaviors that threaten their physical and mental well-being. This is why a thorough discharge plan that involves the necessary triad that includes employment, housing and wrap around services is key to a successful and healthy re-entry back into the community. It would be disastrous to discharge individuals without an appropriate release plan. Many of the needed support services agencies in the community are currently either closed or have very limited access. Sheriff's Department efforts to ensure our offender population is connected to the appropriate community services right now is extremely difficult because of the measures the Commonwealth has had to put into place to protect its citizens. With limited housing and employment opportunities our men and women will be forced back into leading lifestyles that will cause them to reoffend such as stealing, substance use, and seeking the comfort of others who behave similarly. This will place additional pressures on our law enforcement efforts in the community when our officers have been trying to minimize interactions that result in contact and potential arrest that may not have otherwise occurred but for the premature release of that individual into the community.
- Many of our population are homeless, and if returned to the streets or to the already crowded homeless shelters, they are far more likely to acquire and spread the COVID-19 virus. Many are without health insurance and run the risk of losing access to health care if we are unable to ensure that they regain their Mass Health benefits prior to their release. Many are on

medication assisted treatment (MAT). If released without an appointment in the community for MAT they will be at significant risk for overdose and death.

- At this point letting people out of jail indiscriminately is not the right thing to do. Those that make up our population are very vulnerable to relapse and contracting many illnesses, and in particular the COVID-19 virus. Currently, our population of men and women are in a controlled, safe, and healthy environment and in many cases should remain there for their wellbeing.
- I recognize that this virus has a mind of its own, and this pandemic is like nothing most of us have seen in our lifetimes. Things are constantly evolving, and I know we will be faced with new challenges each day and the way in which we respond to those challenges will always be with the health and safety of our population, staff, and the citizens of Hampden County in mind.
- Hampden County Sheriff's Department will continue to monitor this crisis in partnership with our federal, state, and local partners focusing on best practices in health care and corrections for the health and safety of all who work or reside in our facilities.

The facts recited herein are based upon my personal knowledge.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS 26th DAY OF
MARCH 2020.



Nicholas Cocchi
Hampden County Sheriff

Ex A

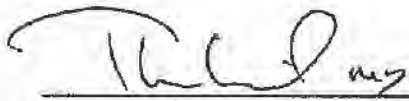
Affidavit of Dr. Thomas Lincoln

I hereby depose and say:

1. My name is Thomas Lincoln, and I am a physician licensed to practice in the Commonwealth of Massachusetts. I received my medical degree from the University of Massachusetts Medical School in 1989. I have attached my Curriculum Vitae as support of my education, training, and experience, and qualifications to render an opinion on the matters discussed below.
2. I am the Medical Director for the Hampden County Sheriff's Department. I have held this position for 27 years.
3. I am familiar with the evolving standard of care required in order to safely address, treat and prevent the spread of infectious diseases including COVID-19 within a jail and house of corrections setting.
4. Based on my training and experience as a physician who has practiced within the correctional environment and my training and experience as a practicing physician in the community, it is my professional opinion to a reasonable degree of medical certainty that the Hampden County Sheriff's Department is currently well prepared and equipped to prevent the spread of COVID-19 within its facilities, provide the appropriate medical screening and monitoring necessity for staff and the justice involved population, and to provide care and treatment for high risk patients
5. Based on my training and experience as a physician who has practiced within the correctional environment and my training and experience as a practicing physician in the community, it is my professional opinion to a reasonable degree of medical certainty, that the indiscriminate release of our jail and house of corrections population could likely put those already health compromised individuals at a greater risk of contracting COVID-19 and perpetuating its further spread without proper discharge and release planning.
6. Based on my training and experience as a physician who has practiced within the correctional environment and my training and experience as a practicing physician in the community, it is my professional opinion to a reasonable degree of medical certainty, that because there is currently even more limited access to residential programs and facilities offering Medication Assisted Treatment, the individuals who suffer from Substance Use Disorder are at a significant risk of overdose and death if they are released without an appropriate discharge plan and community resources.

7. Our medical team is working around the clock to make sure we are doing everything we should to keep our population safe and prevent a COVID-19 outbreak behind the walls.
8. Over the 27 years that I have been a physician with the Hampden County Sheriff's Department, we have encountered and managed a variety of public health crises with attention to both the health of those currently incarcerated and their health upon return to the free community with a community-oriented public health model of care. We are doing the same now with respect to the COVID-19 virus. We are following the guidelines from the Centers for Disease Control, the Department of Public Health, the Massachusetts Emergency Management Agency and the World Health Organization.
9. I am confident that the protocols put into place at the Hampden County Sheriff's department and outlined in Sheriff Cocchi's affidavit will help us manage this crisis effectively.
10. I am in favor of considering for release, on a case by case basis, those who may do well in the community and have appropriate discharge planning. My understanding is that Sheriff Cocchi and his staff are currently doing this, in that the Department is in daily contact with the local defense bar, the District Attorney's office and the courts to identify individuals who are appropriate for release or transfer to lower security and/or day reporting on a GPS bracelet and are honoring these requests when appropriate, as well as responding to requests to review individuals with low bails who may be at risk, and assisting them with finding resources to bail out once a discharge plan is in place.

Signed under the pains and penalties of perjury this 26th day of March, 2020



Thomas Lincoln, M.D.

Thomas Lincoln, M.D.
 Department of Medicine
 Baystate Medical Center
 Baystate Brightwood Health Center
 380 Plainfield St.
 Springfield, MA 01107
 (413) 794-4458
thomas.lincoln@baystatehealth.org

Education

M.D., University of Massachusetts Medical School, Worcester, MA	1989
B.A., Physics, Wesleyan University, Middletown, CT	1983

Postdoctoral Training

Resident in Internal Medicine, Baystate Medical Center, Tufts University School of Medicine, Springfield, MA	1989-1992
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Academic Appointments

Adjunct Faculty, Physician Assistant Program, Springfield College, Springfield, MA	1998-present
Assistant Professor of Medicine, Department of Medicine, Tufts University School of Medicine, Springfield, MA	1992-present

Other Positions and Employment

Attending Physician, Division of General Medicine and Community Health, Department of Medicine, Baystate Brightwood Health Center, Baystate Medical Center, Springfield, MA	1992-present
Research Assistant, Cardiac Care and Helicopter Transport Study, University of Massachusetts Medical Center, Worcester, MA	1986-1987
Research Assistant, Harvard-Thorndike Laboratory, Departments of Gerontology and Cardiology, Beth Israel Hospital, Boston, MA.	1983-1985
Emergency Medical Technician- Intermediate, Professional Ambulance Service of Middlesex, Middletown, CT	1980-1983

Honors and Awards

Joan Shaw Herman Distinguished Service Award, Concord Academy, Concord, MA	2013
Baystate Medical Education & Research Foundation Academic Excellence Award	2006
Baystate Medical Education & Research Foundation Academic Excellence Award	2005
Baystate Medical Education & Research Foundation Academic Excellence Award	2004
Springfield College Physician Assistant Program Excellence in Teaching Award	2002
Baystate Medical Education & Research Foundation Academic Excellence Award	2001
Massachusetts Department of Public Health Recognition Award to the Hepatitis C Advisory Committee	2001
Innovations in American Government Award, sponsored by the Ford Foundation and the John F. Kennedy School of Government at Harvard University, to the Hampden County Correctional Center Health Program, Washington, DC	2000

American Hospital Association NOVA Award to Hampden County Corrections & Community Health Program and Baystate Health System, Orlando, FL	2000
Monroe E. Trout Premier Cares Award to Hampden County Corrections & Community Health Program and Baystate Health System	2000
Baystate Medical Education & Research Foundation Academic Excellence Award	2000
Professional Mentor Recognition Award, University of Massachusetts School of Public Health and Health Sciences	1999
National Commission on Correctional Health Care Facility of the Year to Hampden County Correctional Center	1998
Baystate Medical Center Excellence in Teaching, Tufts University School of Medicine	1992

Educational Activities

Educational Leadership, Administration and Service

Baystate Health Annual HIV Conference Planning Committee	2004-2015
Conference Planning Committee, HIV Care in the Correctional Setting, Sturbridge, MA. New England AIDS Education and Training Center	2014
Member, Internal Medicine Residency Competency Committee, Baystate Medical Center	1994-2000
Ambulatory Medicine Education Director, Community Medicine Track, Baystate Brightwood Health Center, Springfield, MA.	1994-1999

Teaching Activities in Programs and Courses

University of Massachusetts Medical School-Baystate (Formerly Tufts University School of Medicine/Baystate), Springfield, MA

Community Medicine Education sessions, Community Medicine Track, Baystate Brightwood Health Center, Springfield, MA. Group education sessions in ambulatory General Internal Medicine for residents based at Brightwood Health Center. 1-2 hours annually.	1999-present
"Alcohol Use Disorder & HIV". Infectious Disease Division, HIV Fellows Conference, Baystate Medical Center, Springfield MA. 1 hour, 20 clinicians including Infectious Disease Faculty and Fellows	Sep 14, 2017
Community Medicine Residency Track Community Month: Medication for Substance Use Disorders, collaboration on curriculum development, small group education sessions with 5 Internal Medicine residents, 3 hours.	2016
Lecturer/facilitator for Baystate Medical Center Department of Medicine Residency Board Review Noon Conference	Feb 17, 2006

University of Massachusetts Medical School, Worcester, MA

University of Massachusetts Medical School Population Health Clerkship: Correctional Health Site. Leading annual one-day on-site program at Hampden County Correctional Centers with multidisciplinary presentations for groups of 6-10 medical and nurse practitioner students	2014-2015
Community preceptor for Community Service Learning Project (N603 – Societal Forces – Community Service Learning) "Tobacco Relapse Prevention Education Program for a Smoke-Free Jail" (2 students), Nurse Practitioner Program, University of Massachusetts, Worcester. 6 months – 45 hours	2011-2012
Community Service Learning Project in Nurse Practitioner Program, Community Preceptor, 1 student. Project: "Revision of Nursing Protocol for Insertion and Ingestion of a Foreign Body" University of Massachusetts Medical School Graduate School of Nursing, Worcester. 6 months - 45 hours	2011-2012

University of Massachusetts Medical School Community Health Clerkship: Correctional Health Site. Leading annual 1-day on-site program at Hampden County Correctional Center with multidisciplinary presentations for group of 6-12 nursing, and medical students, and fellows. 1997-2008

University of Massachusetts, Amherst, MA

Preceptor for Practicum in Advance Public Health Nursing II & III courses, and Project Mentor and Committee Member for DNP Capstone Scholarly Project for Doctor in Nursing Practice, "Ingestion and Insertion Clinical Practice Guideline in the Correctional Setting: A Medical Clinical Practice Guideline". University of Massachusetts, Amherst. 2011-2012

Springfield College, Springfield, MA

Primary Instructor for HIV Medicine in Springfield College Physician Assistant Program. Design and coordinate 14-20 hours per year HIV classroom curriculum in Clinical Medicine. Teach 8-13 hours of the curriculum directly. 36 students. 1995-present

American International College, Springfield, MA

Reader for Capstone Scholarly Project for Doctorates of Physical Therapy "The Treatment and Management of Drug-Induced Rhabdomyolysis through an Interprofessional Rehabilitation Approach: A Case Report". PTR7730: Scientific Inquiry V. American International College, Springfield, MA. 2015

Clinical Education

University of Massachusetts Medical School-Baystate (Formerly Tufts University School of Medicine/Baystate), Springfield, MA

Correctional Health preceptor. Internal Medicine Residency Community Track and Medicine-Pediatrics Community Month sessions at county jail, 2-10 half-day sessions for individual residents annually. Baystate Medical Center. 1994-present

Community Health Medical Student Elective Rotation preceptor, Brightwood Health Center, Baystate Medical Center. 3-6 week elective in community health for medical students. Directors: J Scavron, D Von Goeler. Direct supervision of medical students in ambulatory care in inpatient, and ambulatory care (community health center and jail). On average 5 days per year. 1992-2015

Competency-based Apprenticeship in Primary Care. Co-preceptor. Tufts University School of Medicine. Precepting for 2 students for 40% of 22-day program annually. 2010-2012

Tufts University School of Medicine Family Medicine Clerkship at Brightwood Health Center. 2 half-days precepting at Correctional Center location. 2009-2012

Tufts Clinical Skills Interclerkship (CSI) Exercise for 3rd year medical students, preceptor. 1-2 half-day exercises per year. 2006-2012

HIV and Community Health Elective Director for Baystate Medical Center Internal Medicine Residency and Springfield College Physician Assistant Program. Supervising and precepting medical students, physician assistant students and residents in a one-month elective involving multiple sites of HIV-related care in the greater Springfield area. 1-3 student-months per year. 1995-2010

Inpatient Teaching General Medicine Service Attending, Baystate Medical Center. One month per year. 1 to 1.5 hours, 4 days per week conference, bedside, and other on-site education for 3-5 residents and 1-2 medical students. 1992-2007

Inpatient Teaching Attending, Brightwood Internal Medicine Service, Baystate Medical Center. 2 months per year. 1992-2007

Primary preceptor for the ambulatory continuity of care practice for Internal Medicine Community Medicine Track residents based at Brightwood Health Center, Baystate Medical Center, Springfield, MA. (4-8 hours per week, 9 months per year) 1994-1999

Correctional Health Baystate Medical Center General Internal Medicine Continuity Clinic Preceptor, Ludlow, MA. 3 hours per week for 6 months 1997

University of Massachusetts Medical School, Worcester, MA

University of Massachusetts Medical School Fellowship in Preventive Medicine, preceptor. For 1 Fellow in Correctional Medicine, precepted clinical work and administrative project, 1 day per week for 8 months. 2007-2008

University of Massachusetts, Amherst, MA

General Internal Medicine preceptor, University of Massachusetts at Amherst Family Nurse Practitioner Program. 1 day per week for 3 months. 1992-1993

External Educational Activities

"The Opioid Epidemic: An Ongoing Crisis and Opportunities for Intervention". The 38th Annual Richard B. Brown Infectious Diseases Symposium, Baystate Department of Medicine, Infectious Diseases Division & Baystate Continuing Interprofessional Education, Holyoke, MA May 4, 2018

"Practical Approach to HIV Prevention: PrEP and Beyond". The Annual HIV Conference, Baystate Health Systems Continuing Medical Education, Holyoke, MA Dec 5, 2014

"Body fluid exposures: case-based discussion." The Annual HIV Conference, Baystate Health Systems Continuing Medical Education, Holyoke, MA Dec 6, 2013

"Update on HIV PrEP (Pre-exposure Prophylaxis)". The Annual HIV Conference, Baystate Health Systems Continuing Medical Education, Holyoke, MA Dec 7, 2012

"nPEP & PrEP". HIV Update 2011 Conference, Baystate Health Systems Continuing Medical Education, Holyoke, MA Dec 2, 2011

"Lipids and Cardiovascular Disease in HIV" HIV Update 2009 Conference, Baystate Health Systems Continuing Medical Education, Holyoke, MA Nov 6, 2009

Lincoln T, Skiest D, "Hepatitis C Reinfection: a Case Discussion". HIV Update 2009 Conference, Baystate Health Systems Continuing Medical Education, Holyoke, MA Nov 6, 2009

"Health Care Maintenance in HIV". Update HIV 2008 Conference, Baystate Health Systems Continuing Medical Education, Holyoke, MA Nov 14, 2008

"Case Presentation: Duty to Warn and HIV Disclosure". Update HIV 2007 Conference, Baystate Health Systems Continuing Medical Education, Holyoke, MA Nov 16, 2007

"HIV and Substance Abuse." Baystate Health Systems Continuing Medical Education, Holyoke, MA Nov 10, 2006

"HIV Update 2005. Case presentations" (Panel), Baystate Health Systems Continuing Medical Education, Springfield, MA Nov 18, 2005

Education for the Public/Community Education

"Open Discussion on Community Health Access" in In Search of Health Access, a City of Springfield Public Health Celebration. Springfield City Hall, Springfield, MA Apr 5, 2000

"HIV Medical Update" in HIV: It's Not Over Yet Community Event, River Valley AIDS Project, Holyoke, MA Aug 25, 1998

"The Challenge of HIV Infection: Adult Medical Update." MassCARE Retreat, Craigsville, MA Jun 12, 1998

"Immune Function and Medication Update" Peer Education Training Program, New North Citizens' Council, Springfield, MA Apr 7, 1998

Educational Development: Curricula and Educational Materials

Annual HIV Update Conference Planning Committee, Baystate Medical Center (annual 1-day conference) 2005-2015

HIV and Community Health Elective curricula and educational materials for Baystate Medical Center Internal Medicine Residency and Springfield College Physician Assistant Program. For medical students, physician assistant students and residents in a one-month elective involving multidisciplinary HIV-related care in the greater Springfield area. 1995-2010

Developed ambulatory General Internal Medicine curriculum for residents based at Brightwood Health Center, Community Medicine Track, Baystate Brightwood Health Center, Springfield, MA., and primary preceptor for their continuity of care ambulatory practice. 1994-1999

Advising and Mentoring**Students**

Stephen Gobeille RN, PA-C, Springfield College Physician Assistant Program, Thesis Preceptor 2005-2006
Urgent and Primary Care Provider, Family Medical Services, Springfield, MA

Residents

Benjamin Johnson, DO Internal Medicine Resident. Mentored in Addiction Medicine clinical practice and academic project for. Project: evaluation of a pilot program of extended-release naltrexone for opioid use disorder started during or following incarceration. 2015-2016
Current Position: Indian Health Service, Gallup Indian Health Center, Gallup, NM

Investigation**Grants****Current**

TI026202 Thomas Lincoln, MD (PI) (5% effort) 2015-2018
Substance Abuse and Mental Health Services Administration
The Bridge/El Puente Program
Intensive case management serving male and female clients with HIV and/or Hepatitis C and an opioid or alcohol use disorder being released from correctional centers in Hampden County, supporting medication-assisted treatment and other health-related needs.
Total cost: \$1,500,000

Completed

H97HA15150 Thomas Lincoln, MD (PI) (10% effort) 2013-2015
Health Resources and Services Administration
Enhancing Access to and Retention in Quality HIV/AIDS Care for Women of Color Initiative: Project LEAP (Latinas Unidas Para Promover la Salud del VIH)
New North Citizens' Council Inc. urban demonstration project serving women of color living with HIV/AIDS system navigation provided by Peer Promotoras and intensive case management.
Annual cost: \$400,000

R01DA030762	Sandra A. Springer, MD, Frederick L. Altice MD (PIs)	2010-2015
National Institutes on Drug Abuse		
Project New Hope, Naltrexone for Opioid Dependent Released HIV+ Criminal Justice Populations		
Multisite, randomized, placebo-controlled trial of XR-naltrexone among HIV+, opioid dependent released prisoners returning to greater New Haven, Hartford and Springfield		
Total site costs: \$925,650		
Role: Co-investigator (7.5% effort)		
H97HA08537	Thomas Lincoln, MD (PI) (15% effort)	2007-2012
Health Resources and Services Administration		
Enhancing Linkages to HIV Primary Care in Jail Settings Initiative: The Hampden County Public Model of Correctional Health Care Enhancement		
To implement and evaluate enhancements to a HIV jail and community program including a mental health program with clinicians continuing with HIV patients from jail into the community, family additions services (CRAFT) program, office based opiate buprenorphine treatment, Positive Self-Management program, and rapid HIV counseling and testing.		
Total cost: \$1,925,000		
RFR 802114	Colleen Labelle, RN, Program Director	2007-2010
Massachusetts Department of Public Health Bureau of Substance Abuse Services Agency		
Office Based Opioid Addiction Treatment, STATE OBOT B		
Nursing management of buprenorphine treatment for opioid addiction in community health centers, supporting 3 Baystate Health health centers.		
Total cost: \$50,914 annually		
Role: Medical Director; Baystate Health		
U52/CCU122343	Sally Cheney, (PI) Massachusetts Department of Public Health	2002-2006
Centers for Disease Control and Prevention Agency		
Monitoring Prevalence of Sexually Transmitted Diseases and Tuberculosis in Persons Entering Correctional Facilities		
National multi-site initiative for tuberculosis and STD surveillance		
Total cost: \$101,828		
Role: Co-investigator		
Massachusetts Department of Public Health		2004
Vaccination tracking in jail		
Role: Site Investigator		
No Salary Support		
R30/CCR119162	Peter Rice, MD (PI) Boston University School of Medicine	2003-2004
Centers for Disease Control and Prevention Agency		
Optimizing Strategies to Provide STD Partner Service		
Correctional center setting of PACT study of chlamydia screening and partner service model comparisons.		
Total cost: \$42,502 (\$38,306 direct; \$4,197 indirect)		
Role: Co-operating Investigator		
GlaxoSmithKline RES41083	Theodore Hammett, PhD (PI) Abl Associates, Inc.	2001-2002
Measuring the Cost Effectiveness of the HIV Counseling, Testing, and Treatment Program at Hampden County Correctional Center Title		
Role: Co-investigator		
Massachusetts Department of Public Health	Thomas Lincoln (Medical Director)	2000-2001
Hepatitis C Counseling, Testing and Case Management at Hampden County Correctional Center		
Total cost: \$50,000		

Massachusetts Department of Public Health Thomas J Conklin MD (PI) 2000-2001
 Tuberculosis and STD Surveillance at Hampden County Correctional Center
 National multi-site initiative for tuberculosis and STD surveillance with the Centers for
 Disease Control and Prevention
 Role: Co-Investigator

Blinded Survey of Hepatitis Seroprevalence and Behavior on Intake to Hampden County 1999
 Correctional Center, Ludlow, Massachusetts. Collaborative with Massachusetts
 Department of Public Health, Hampden County Sheriff's Department, & Integrated Care
 Group, Inc. (Waltham, MA).
 Role: Principle Investigator

R18/CCU115989 Thomas J. Conklin, MD (PI) 1999-2002
 National Center for HIV Prevention of the Centers for Disease Control and Prevention
 Hampden County's Public Health Model of Correctional Health Care: A Demonstration
 and Evaluation Project
 Enhancement of health services, electronic database/medical records, and evaluation of
 multiple components of a novel community-integrated correctional health program (also
 supported by the National Institute of Justice (funds to Abt Associates, Inc.).
 Total cost: \$900,000
 Role: Co-Investigator

Bristol-Myers Squibb L.M. Kunches (PI), JSI Clinical Research, Inc. 1999-2000
 Pilot Open-Label Crossover Trial Comparing Tolerability of Videx EC Capsules to Videx
 Capsules in Adults with HIV Infection
 Role: Site Investigator

Center on Crime, Communities and Culture of the Open Society Institute Thomas J. 1998-2001
 Conklin, MD (PI)
 Hampden County's Public Health Model of Correctional Health Care: A Demonstration
 and Evaluation Project
 Total cost: \$750,000
 Role: Co-Investigator

Gilead Sciences (GS-52-427) 1998-2000
 Preveon (Adefovir) Expanded-Access Trial for HIV-Infected Adults with Failing
 Antiretroviral Regimens.
 Total cost: \$0, medication provided
 Role: Site Investigator.

Celgene Protocol No. W-002 1996-1997
 Thalidomide (Synovir), Expanded Access Program in Adults with HIV-Associated Wasting
 Total cost: \$0, medication provided.
 Role: Site Investigator.

Bristol-Meyers Squibb Co. 1993-1994
 Stavudine (d4T) parallel-track expanded-access trial
 The first drug available under the Food and Drug Administration's parallel track policy for
 promising new drugs for treating AIDS and other HIV-related diseases.
 Total cost: \$0, medication provided.
 Role: Site Investigator

Health Care Delivery

Leadership Positions

Medical Director, Hampden County Correctional Centers, Ludlow, MA 2005-present
 Director, Baystate Corrections & Community Health Program and Primary Responsible 1993-present
 Physician, Hampden County Correctional Centers, Ludlow and Springfield, MA.
 Medical Director (Alternate) of Carlson Recovery Center, Baystate Health and Behavioral 2005-2017
 Health Network, Springfield MA

Clinical Director, Western Massachusetts HIV Primary Care Partnership (Ryan White IIIb), Holyoke and Springfield, MA 1998-2008

Certification and Licensure

Diplomate, American Board of Preventive Medicine, Certification in Addiction Medicine	2018-present
Certified Correctional Health Professional – Physician (CCHP-P), National Commission on Correctional Health Care	2016-present
Diplomate, American Board of Addiction Medicine	2009-present
Drug Addiction Treatment Act of 2000 Waiver to Practice Opioid Addiction Treatment with Approved Schedule III, IV, and V Opioid Medications	2003-present
Certified Correctional Health Professional (CCHP), National Commission on Correctional Health Care	1999-present
Diplomate, American Board of Internal Medicine (Recertification 2002, 2013)	1992-present
Full License, Board of Registration in Medicine, Commonwealth of Massachusetts	1991-present

Clinical Discipline

General Internal Medicine, HIV Medicine, Addiction Medicine, Correctional Health Care	1992-Present
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Clinical Activities

Hampden County Correctional Centers. Primary Care General Internal Medicine, HIV Medicine, Addiction Medicine. 30-40% of full-time.	1993-present
Baystate Brightwood Health Center, Division of General Medicine and Community Health, Department of Medicine, Baystate Medical Center, Springfield, MA. Primary Care General Internal Medicine, HIV Medicine, Addiction Medicine. 40-80% of full-time	1992-present
Inpatient Service, Division of General Medicine and Community Health, Department of Medicine, Baystate Medical Center, Springfield, MA. General Internal Medicine Hospital Attending Physician. ~20-25% of full-time	1992-2007

Clinical Innovations, Safety, and Quality Improvement Projects

Baystate Health Addictions Task Force, member. Development of recommendations to expand Baystate Health's response to opioid use disorder and opioid overdose, including proposals for substance use disorder consult team and bridge clinic.	2016-present
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Clinical Guidelines and Protocols

Withdrawal Management Project, Performance Improvement, Baystate Franklin Medical Center. Working group member. Developed algorithms and electronic medical record order sets for hospital management of alcohol and opioid withdrawal.	2014-2016
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Scholarship

Peer-reviewed publications

1. Springer, SA, Di Paola, A, Azar, M, Barbour, R, Biondi, BE, Desabrais, M, Lincoln, T, Skiest, DJ, Altice, FL. Extended-Release Naltrexone Improves Viral Suppression among Incarcerated Persons Living with HIV with Opioid Use Disorders Transitioning to the Community: Results of a Double-Blind, Placebo-Controlled Randomized Trial. *JAIDS: Journal of Acquired Immune Deficiency Syndromes*, 2018 Jan, Publish Ahead of Print. doi:10.1097/qai.0000000000001634
2. Lincoln T, Johnson BD, McCarthy P, Alexander E. Extended-release naltrexone for opioid use disorder started during or following incarceration. *Journal of Substance Abuse Treatment*. 2018 Feb;85:97-100, published online April 6, 2017. doi: 10.1016/j.jsat.2017.04.002.

3. Safo SA, Blank AE, Cunningham CO, Quinlivan EB, Lincoln T, Blackstock OJ. Pain Is Associated with Missed Clinic Visits among HIV-Positive Women. *AIDS & Behavior*. 2017, Jun; 21(6):1782–1790. doi: 10.1007/s10461-016-1475-x.
4. Lincoln T, Simon-Levine D, Smith J, Donenberg G, Springer S, Zaller N, Altice FL, Moore K, Jordan A, Draine J, Desabrais M. Prevalence and Predictors of Psychiatric Distress Among HIV+ Jail Detainees at Enrollment in an Observational Study. *Journal of Correctional Health Care*. 2015 Apr;21(2):125-39. doi: 10.1177/1078345815574566.
5. Di Paola A, Lincoln T, Skiest DJ, Desabrais M, Altice FL, Springer SA. Design and methods of a double blind randomized placebo-controlled trial of extended-release naltrexone for HIV-infected, opioid dependent prisoners and jail detainees who are transitioning to the community. *Contemporary Clinical Trials*. 2014 Nov;39(2):256-68. doi: 10.1016/j.cct.2014.09.002. Epub 2014 Sep 18.
6. Vagenas P, DiPaola A, Herme M, Lincoln T, Skiest DJ, Altice FL, Springer SA. An Evaluation of Hepatic Enzyme Elevations Among HIV-Infected Released Prisoners Enrolled in Two Randomized Placebo-Controlled Trials of Extended Release Naltrexone. *Journal of Substance Abuse Treatment*. 2014;47: 35–40. doi: 10.1016/j.jsat.2014.02.008
7. Spaulding AC, Miller J, Trigg BG, Braverman P, Lincoln T, Reams PN, Staples-Horne M, Sumbry A, Rice D, Satterwhite CL. Screening for sexually transmitted diseases in short-term correctional institutions: summary of evidence reviewed for the 2010 Centers for Disease Control and Prevention Sexually Transmitted Diseases Treatment Guidelines. *Sexually Transmitted Diseases*. 2013 Sep;40(9):679-84. doi: 10.1097/01.olq.0000431353.88464.ab.
8. Chitsaz E, Meyer JP, Krishnan A, Springer SA, Marcus R, Zaller N, Jordan AO, Kopelev A, 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 & Behavior*. 2013 Oct;17 Suppl 2:S118-27. doi: 10.1007/s10461-013-0508-0.
9. Zelenev A, Marcus R, Kopelev A, Cruzado-Quinones J, Spaulding A, Desabrais M, Lincoln T, Altice FL. Patterns of Homelessness and Implications for HIV Health After Release from Jail. *AIDS & Behavior*. 2013 Oct;17 Suppl 2:S181-94. doi: 10.1007/s10461-013-0472-6.
10. Spaulding AS, Messina LC, Kim BI, Chung K, Lincoln T, Teixeira P, Avery AK, Cunningham M, Stein MS, Ahuja D, Flanigan TP. Planning for Success Predicts Virus Suppressed: Results of a Non-Controlled, Observational Study of Factors Associated with Viral Suppression Among HIV-Positive Persons Following Jail Release. *AIDS & Behavior*. 2013 Oct;17 Suppl 2:S203-11. doi: 10.1007/s10461-012-0341-8.
11. Avery AK, Ciomcia RW, Lincoln T, Desabrais M, Jordan AO, Rana AI, Machezano R. Jails as an Opportunity to Increase Engagement in HIV Care: Findings from an Observational Cross-Sectional Study. *AIDS & Behavior*. 2013 Oct;17 Suppl 2:S137-44. doi: 10.1007/s10461-012-0320-0.
12. 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 & Behavior*. 2013 Oct;17(8):2654-66. doi: 10.1007/s10461-011-0080-2.
13. Draine J, Ahuja D, Altice F, Jacob Arriola K, Avery AK, Beckwith CG, Booker CA, Ferguson A, Figueroa H, Lincoln T, Ouellet LJ, Porterfield J, Spaulding AC, Tinsley MJ. Strategies to Enhance Linkages between Care for HIV/AIDS in Jail and Community Settings. *AIDS Care*, 23(3), 366-77, 2011. doi:10.1080/09540121.2010.507738
14. Lincoln T, Robert W. Tuthill RW, Roberts CA, Kennedy S, Hammett TM, Langmore-Avila E, Conklin TJ. Resumption of Smoking after Release from a Tobacco-Free Correctional Facility. *Journal of Correctional Health Care*, 15(3), 190-196, 2009. doi: 10.1177/1078345809333388.
15. Joesoef MR, Weinstock HS, Kent CK, Chow JM, Boudov MR, Parvez FM, Cox T, Lincoln T, Miller JL, Sternberg M, and the Corrections STD Prevalence Monitoring Group. Sex and Age Correlates of Chlamydia Prevalence in Adolescents and Adults Entering Correctional Facilities, 2005: Implications for Screening Policy. *Sexually Transmitted Diseases*, 36(2), S67-S71, 2009. doi: 10.1097/OLQ.0b013e31815d6de8
16. Rieger D, Lincoln T, Aulakh S, Thomas DL. Readers Write: Insights from Practicing Correctional Health Professionals. *Journal of Correctional Health Care* 13(4), 248-251, 2007. doi:10.1177/1078345807307132

17. Lincoln T, Tuthill RW, DePietro SL, Tocco MJ, Keough K, Conklin TJ. Viral hepatitis, risk behaviors, aminotransferase levels, and screening options at a county correctional center. *Journal of Correctional Health Care*, 12(4), 249-261, 2006. doi: 10.1177/1078345806295428
18. Gift TL, Lincoln T, Miller A, Briggs P, Whelan M, Tuthill RW, Conklin TJ, Irwin K. A cost-effectiveness evaluation of a jail-based STD screening program for men and its impact on their partners in the community. *Sexually Transmitted Diseases*, 33(10), S103-S110, October 2006. doi: 10.1097/01.olq.0000235169.45680.7c
19. Lincoln T, Kennedy S, Tuthill RW, Roberts C, Conklin TJ, Hammett TM. Facilitators and Barriers to Continuing Healthcare after Jail: A Community-integrated Program. *Journal of Ambulatory Care Management* 29(1), 2-16, 2006. PMID: 16340615
20. Lincoln T, Rose DN. In reply. (Correspondence re: Completing tuberculosis prophylaxis in jail: targeting treatment and a comparison of rifampin/pyrazinamide with isoniazid regimens). *The International Journal of Tuberculosis and Lung Disease*, 9(2):230-231, 2005.
21. Nguyen MS, Ratelle S, Tang Y, Whelan M, Etkind P; Lincoln T, Dumas, W. Prevalence and Indicators of *Chlamydia trachomatis* Infections Among Men Entering Massachusetts Correctional Facilities: Policy Implications. *Journal of Correctional Health Care*, 10(4):543-554, 2004. doi: 10.1177/107834580401000404
22. Ratelle S, Nguyen MS, Tang Y, Whelan M, Etkind P; Lincoln T, Dumas, W. Low Sensitivity of the Leukocyte Esterase Test (LET) in Detecting *Chlamydia trachomatis* Infections in Asymptomatic Men Entering a County Jail. *Journal of Correctional Health Care*, 10(2):217-226, 2004. doi: 10.1177/107834580301000206
23. Lincoln T, Brannan GL, Lynch V, Conklin TJ, Clancey T, Rose DN, Tuthill RJ. Completing tuberculosis prophylaxis in jail: targeting treatment and comparison of rifampin-pyrazinamide to isoniazid regimens. *The International Journal of Tuberculosis and Lung Disease*, 8(3):306-311, 2004.
24. Conklin TJ, Lincoln T, Tuthill RW. Self-Reported Health and Prior Health Behaviors among Newly Admitted Correctional Inmates. *American Journal of Public Health*, 90:1939-1941, 2000. doi: 10.2105/AJPH.90.12.1939
25. Conklin TJ, Lincoln T, Flanagan TP. A public health model for connecting corrections with communities. *American Journal of Public Health*, 88(8):1249-50, 1998. doi: 10.2105/AJPH.88.8.1248
26. Lincoln T, Lynch V, Conklin TJ. Skin test anergy and tuberculosis surveillance. *Journal of Correctional Health Care*, 4(2):139-53, 1997. doi: 10.1177/107834589700400204
27. Lincoln T, Circeo L. Pneumoperitoneum following esophageal intubation and prior percutaneous gastrostomy. *Anesthesia & Analgesia*, 83:1115-6, 1996.
28. Wei JY, Li YX, Lincoln T, Grossman W, Mendelowitz D. Chronic exercise training protects aged cardiac muscle against hypoxia. *The Journal of Clinical Investigation*, 83(3), 778-84, 1989.
29. Li YX, Lincoln T, Mendelowitz D, Grossman W, Wei JY. Age-related differences in effect of exercise training on cardiac muscle function in rats. *American Journal of Physiology*, 251, H12-18, 1986.
30. Wei JY, Li YX, Lincoln T, Mendelowitz D, Grossman W. Does chronic exercise training protect cardiac muscle against hypoxia? *Circulation*, 70: 11-235, 1984.

Books & Chapters

1. Hsu K, Jolin K, Lincoln T, Lubelczyk R, Nijhawan A. *STDs in Corrections: A Guide for Clinicians, Second Edition*. Sylvie Ratelle STD/HIV Prevention Training Center of New England (in collaboration with the National Coalition of STD Directors, and the Society of Correctional Physicians). Boston, MA, 2011.
2. Lincoln T, Miles J, Scheibel S. "Public and Community Health Collaborations with Corrections" in Greifinger R (ed.), *Public Health Behind Bars—from Prisons to Communities*. Springer, New York, 2007.
3. Lincoln T, Miles J. "Correctional, Public and Community Health Collaboration in the USA" in Puisis M (ed.), *Clinical Practice in Correctional Medicine*, Mosby, Inc., St. Louis, 343-356, 2006.
4. Lincoln T, Lubelczyk R, Ratelle S. *STDs in Corrections: A Guide for Clinicians*, STD/HIV Prevention Training Center of New England, a Project of the Division of STD Prevention, Massachusetts Department of Public Health, with funding by the CDC. Boston, MA, 2006.
5. Conklin TJ, Lincoln T, Wilson R, Gramarossa G. *A Public Health Manual for Correctional Health Care*.

Ludlow, MA: Hampden County Sheriff's Department; 2002. Funding support from Innovations in American Government Award, sponsored by the Ford Foundation and the John F. Kennedy School of Government at Harvard University.

Policy Statements, White Papers, Reports

1. Hammett TM, Roberts C, Kennedy S, Rhodes W. & Hampden County Correctional Center: Conklin TJ, Lincoln T, Tuthill RW. Evaluation of the Hampden County Public Health Model of Correctional Health Care, Final Report. Prepared for: National Institute of Justice by: Abt Associates Inc. February 2004
<http://hcsdma.org/wp-content/uploads/2015/03/HCTYreport.pdf>

Non-peer-reviewed publications

1. Lincoln T. Film Review: The Dhamma Brothers. *CorrDocs*. Society of Correctional Physicians, 13(2), Spring, 2010.
2. Lincoln T, Chavez RS, Langmore-Avila E. US experience of smoke-free prisons (letter). *British Medical Journal*, 331:1473, 2005. doi: 10.1136/bmj.331.7530.1473-c
3. Karim SK, Lincoln T, Nichols JH. Methadone Monitoring. *Therapeutic & Toxins News*. American Association for Clinical Chemistry, 19(1): 1-4. February 2004.
4. Conklin T, Lincoln T, Wilson R, Gramarossa G. Innovative model puts public health services into practice. *CorrectCare* 17(3):1-6, 2003.

Non-print / Online materials

1. Tuthill RW, Lincoln T, Conklin TJ. Correctional Inmate Intake Health and Health Behavior Interview (ONLINE). (CD-ROM). Abstracts from: Ovid Technologies, HaPI Item.

Invited Presentations

National

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|---|--------------|
| Lincoln T, Simon-Levine D, Guerrero E, Desabrais M. "Case Management & Medication Addiction Treatment for Individuals Leaving Jail: The Bridge/El Puente Program in Hampden County." TCE HIV Grantee Meeting, Substance Abuse and Mental Health Services Administration, Rockville, MD. | Apr 6, 2017 |
| Simon-Levine D, Lincoln T, Desabrais M. "Advances in Medication-Assisted Treatment: Medication Addiction Treatment for Individuals Leaving Jail – The Bridge/El Puente Program." TCE HIV Grantee Meeting, Substance Abuse and Mental Health Services Administration, Rockville, MD | Apr 4, 2017 |
| Adler S, Bolan G, Lincoln T, Spaulding A. "Managing STDs in Correctional Settings: Behind the Walls" (Webinar). National Network of STD-HIV Prevention Centers and Centers for Disease Control and Prevention, Atlanta Georgia | Nov 7, 2011 |
| Keane V, Lincoln T, "Community Health Centers and Correctional Health Care: A Public Health Approach". The New York City Department of Health & Mental Hygiene, New York, NY | Sep 18, 2009 |
| "Community and Correctional Health Care Integration." Association of State and Territory Health Officials Correctional Health Roundtable: From Arrest to Release: Promoting the Health of Incarcerated Populations along the Corrections Continuum. Annapolis, MD | Nov 30, 2006 |
| "Hepatitis B & C in Prisons and Jails- the entry and exit case management strategies." Pennsylvania Viral Hepatitis Annual Conference, Harrisburg, PA | Nov 17, 2006 |
| "Health Care Continuity in Jail, Prison and Community." Association of State and Territory Health Officials Correctional Health Roundtable: From Arrest to Release: Promoting the Health of Incarcerated Populations along the Corrections Continuum. Savannah, Georgia, | Nov16, 2005 |
| "Electronic Health Records: Momentum Building." American Correctional Health Services Association Multidisciplinary Training Conference, Oakland, CA | Apr 1, 2005 |

"Hampden County Public Health Model for Corrections." Mayoral Policy Caucus on Prisoner Reentry- Session Three: Health- Exploring the Role of Treatment in Facilitating Successful Reentry and Preventing Reincarceration. Chicago, IL	Sep 22, 2004
"HIV Counseling and Testing: A Public Health Model of Correctional Health Care". HIV in Correctional Facilities: Meeting the Challenges in Arizona, University of Arizona Health Sciences Center, Phoenix, AZ,	Oct 25, 2001
Lincoln T, DePietro S, Keough K, Pisano D, Tuthill RW, Conklin, TJ. Prevalence of Viral Hepatitis and Risk Behaviors at Intake to the Hampden County Correctional Center. Recommendations for the Prevention and Control of Viral Hepatitis among Incarcerated Persons, Centers for Disease Control and Prevention Consultant Meeting, Atlanta, Georgia,	Mar 6, 2001
"Hepatitis in Jail Health Care-An Opportunity." National Hepatitis Coordinator Conference, San Diego, California	May 25, 2000
"Correctional Health Care- A Model Program." American Hospital Association, Orlando, FL,	April, 2000
Regional	
Update on STDs in Correctional Settings". Rhode Island Department of Corrections Medical Grand Rounds, Cranston, RI	Apr 17, 2013
"Update in HIV Health Care Maintenance". New England AIDS Education and Training Center Series. Great Brook Valley Health Center, Worcester, MA	May 27, 2009
"Update in HIV Health Care Maintenance". New England AIDS Education and Training Center Series, Family Health Center, Worcester, MA	April 17, 2009
"Update in HIV Health Care Maintenance". New England AIDS Education and Training Center Series, Holyoke Health Center, Holyoke, MA	Jan 20, 2009
"Bites and Stings." Mountain & Wilderness Medicine 2008, Mountain Medicine Education, Inc., Appalachian Mountain Club Pinkham Notch Camp, New Hampshire	Nov 7, 2008
"Office Based Treatment of Opiate Dependence: Buprenorphine- a New Option." Medical Grand Rounds, Cooley Dickinson Hospital, Northampton, MA	Nov 4, 2005
Lincoln T, Lubelczyk R, Ratelle S. "STDs in Corrections," 10th Northeast Correctional Health Care Conference, Sturbridge, MA	May 25, 2005
"Buprenorphine in the Office Setting." Providence Hospital Substance Abuse Program Seminar, Holyoke, MA,	Mar 16, 2005
"Reflections of a PCP on Prescribing Buprenorphine in the Primary Care Setting." Dual Diagnosis Seminar, Berkshire Medical Center and Berkshire AHEC, Pittsfield, MA	Oct 29, 2004
"HIV & STDs in Primary Care." Worcester AIDS Provider Group Meeting, University of Massachusetts Medical School and New England AIDS Education & Training Center, Great Brook Valley Health Center, Worcester, MA	Apr 28, 2004
Stone D, Brewer A, Lincoln T. "Infectious Disease & Chronic Illness in the Incarcerated Population." Correctional Health 101, Massachusetts Public Health Association, Boston, MA	Apr 26, 2002
"HIV Drug Resistance Testing and Application to Clinical Practice- Case-based Discussions." New England AIDS Education & Training Center, Newton, MA	Oct 3, 2001
"Medical Management of HCV." The Massachusetts Department of Public Health Educational Forum on Hepatitis C in Massachusetts, Springfield, MA	Jun 6, 2001
"Challenges in Transitioning from Corrections to Community with HIV and Other Medical Conditions." 5 th New England Correctional Health Care Conference, Sturbridge, MA	Jun 28, 2000

"Hepatitis at Hampden County Correctional Center." Hepatitis C Summit II, Integrated Care Group, Brandeis University, Waltham, MA	Jan 25, 2000
"The Challenge of Hepatitis C." Frontline Issues: Chronic Care in the Correctional Setting, Plymouth County, Massachusetts	Oct 1, 1999
"Hepatitis C and HIV Co-infection," Case Management Network Meeting, HIV Consortium of Central Massachusetts, AIDS Project Worcester, Worcester, MA	Apr 1 1999
"Hepatitis C Update." Massachusetts Coalition of Nurse Practitioners, Northampton, Massachusetts,	Oct 30,1998
"Connecting with Communities, HIV Treatment Update for Prisons and Jails." Brown University School of Medicine and AIDS Program, Cambridge, Massachusetts,	Mar 14, 1998
"HIV and Corrections: Challenges and Opportunities" (Keynote address). Second Annual HIV & Corrections Conference, Bangor, Maine	Sep 11, 1997
"Development of Integrated Models of Care: Bridging HIV, Mental Health and Substance Abuse" (panel member). New England HIV and Prisons Conference, Wesleyan University, Connecticut	May 21, 1994

Local

Churchill E, Lincoln T. "Addressing Health Disparities Through a Community Integrated Jail Health Program". Medical Grand Rounds, Baystate Medical Center, Springfield, MA	Nov 23, 2016
Wretzel S, Belforti R, Gordner C, Paez A, Lincoln T, Borden S, Meade L. "Mentors Matter – How to Be Successful in Medicine and Thrive in All Stages of Your Career". Medical Grand Rounds, Baystate Medical Center, Springfield, MA	Sep 9, 2015
Lincoln T, Jackson-Köhlin D, Gallo B. "Substance Use and Jail Health" (Oral presentation). 26 th Victim Rights Conference, Holyoke, MA	Apr 16, 2015
"Challenges in the Care of the Incarcerated Hospitalized Patient." (Panel Leader) Schwartz Center Rounds, Baystate Medical Center, Springfield, MA	Oct 20, 2014
"Buprenorphine use for opiate addiction: primary care experience." Behavioral Health Grand Rounds, Baystate Health Center, Springfield, MA	May 5, 2005
"HIV & STDs in Primary Care." Western Massachusetts Primary Care Partnership, New England AIDS Education & Training Center, and University of Massachusetts Medical School, Brightwood Health Center, Springfield, MA	Jan 20, 2004
"Buprenorphine and Home Detox." The State of Substance Abuse: Prevention, Treatment, and Recovery Forum, Community Health Network, Springfield, MA	Nov 7, 2003
"Health Care in Prisons and Jails." University of Massachusetts Medical School Generalist Physician Program	Oct 17, 2003
"Do Not Pass Go: Finding an Opportunity in Jail Health." Workshop in "Community Medicine and Public Health: Getting Involved and Staying Involved." The Annual Medicine Education Workshop. Baystate Medical Center, Springfield, MA	May 9, 2001
"Public Health Model of Correctional Health Care". Center for Health Services Research's Summer Lecture Series, Baystate Health System, Springfield, MA	Jul 28, 1999
"HIV Case Management" Franklin Medical Center Medicine Grand Rounds, Greenfield, MA	May 2, 1994

Other Presentations, Posters & Abstracts

National

- Johnson B, **Lincoln T**, McCarthy P, Alexander E. "Extended-Release Naltrexone for Opioid Use Disorder Started During or Following Incarceration" (Poster/Abstract). American Society of Addiction Medicine Annual Conference, Baltimore, MD, . Journal of Addiction Medicine, 10(3):E3, 2016. Apr 15, 2016
- Blackstock OJ, Blank AE, Fletcher J, Quinlivan EB, **Lincoln T**, Cunningham CO. "Greater intervention contact time is associated with less HIV viral load suppression" (Poster). 10th International Conference on HIV Treatment and Prevention Adherence, Miami, FL Jun 28, 2015
- Safo S, Cunningham CO; Blank AE, Quinlivan EB, **Lincoln T**, Blackstock OJ. "A high number of days in pain is associated with more missed clinic visits among HIV-positive women" (Poster). Society of General Internal Medicine 38th Annual Meeting, Toronto, ON, Canada Apr 24, 2015.
- Lincoln T**, Desabrais M, Simon-Levine D. "Integrating Jail and Community Health Practices by Neighborhood- Evidence from HIV Care" (Oral presentation 301546, speaker). American Public Health Association 142nd Annual Meeting and Exposition, New Orleans, LA Nov 18, 2014.
- Jordan A, **Lincoln T**, Desabrais M. "Jail Linkages: Two Evidence-Based Approaches for Linkages to Care in the Community" (Oral presentation, speaker). National Conference on Correctional Health Care, Nashville, TN Oct 29, 2013
- Desabrais M, Simon-Levine D, **Lincoln T**. "Mental Health Care as a New Continuity Enhancement in a Jail Setting: Effect on HIV Outcomes" (Poster). National Conference on Correctional Health Care, Nashville, TN Oct 27, 2013
- Lincoln T**, Guerrero E, Desabrais M, McCarthy PJ. Roundtable Discussion: Continuity of Mental Health Care for HIV-positive Jail Inmates" (Oral presentation, speaker). National Conference on Correctional Health Care, Las Vegas, NV Oct 23, 2012
- Simon-Levine D, Desabrais M, **Lincoln T**, Guerrero E. "Enhancing Linkages for HIV+ Jail Inmates: A Descriptive of Program Outcome Data" (Poster). National Conference on Correctional Health Care, Las Vegas, NV Oct 21, 2012
- Cheever L, Spaulding AC, Stein MS, **Lincoln T**, Simon-Levine D, Chitsaz E, Booker C. "Enhancing the Link: HIV, Jails, and Community Care" (Seminar, speaker). 5th Academic & Health Policy Conference on Correctional Health. Atlanta, GA, Mar 22, 2012
- Messina LC, Ahuja D, Avery A, Stein MS, Chung K, **Lincoln T**, Spaulding AC. "Suppression of HIV Achievable with Prompt Medical Follow Up: A Longitudinal Observation Study of Outcomes 6 Months Following Release from Jail: Data from the EnhanceLink Study" (Poster 1121). 19th Conference on Retrovirals and Opportunistic Infections. Seattle, WA Mar 6, 2012
- Simon-Levine D, **Lincoln T**, Desabrais M, Lyman M. "Does Dually-based Medical and Mental Health Care at a County Jail Reduce Recidivism for HIV+ Individuals?" (Oral presentation #246435). APHA 139th Annual Meeting & Exposition, Washington, DC Nov 2, 2011
- Spaulding AC, Jordan A, Ouellet LJ, **Lincoln T**, Flanigan TP, Simon-Levine D, Desabrais M, et al. "Making the Case for Case Management: Obtaining Outside Support for HIV-Infected Jail Detainees." (Oral presentation, speaker) National Conference on Correctional Health Care, Baltimore, MD Oct 17, 2011
- Lincoln T**, Lubelczyk R, Matson P, Miller J. "STDs in the Correctional Setting: New Guidelines and a Handbook." (Oral presentation, speaker) National Conference on Correctional Health Care, Baltimore, MD Oct 18, 2011
- Ciomcia MR, Desabrais M, Loewenthal H, Simon Levine D, **Lincoln T**, Flanagan T, Avery A. "Best Practices to Enhance Linkages for HIV+ Jail Inmates for Improved Health Outcomes." (Oral presentation) 23rd Annual National Conference on Social Work and HIV/AIDS, Atlanta, GA May 27, 2011

Chen NE, Meyer JP, Avery AK, Draine J, Flanigan TP, Lincoln T, Spaulding AC, Springer S, Altice FL. "Adherence to HIV treatment and care among previously homeless jail detainees" (Poster). 6th International Conference on HIV Treatment and Prevention Adherence. Miami, FL	May 23, 2011
Lincoln T, Lubelczyk R, Nijhawan A, Hsu K. "Managing STDs in the Correctional Setting: The New Guidelines and a Handbook for Clinicians" (Oral presentation, speaker). Academic & Health Policy Conference on Correctional Health, Boston, MA	Mar 22, 2011
Lincoln T, Desabrais M, Simon-Levine D. "Improving Medical Engagement of HIV+ Inmates Through Dually-based Mental Health and Case Management" (Peer session speaker). Academic & Health Policy Conference on Correctional Health, Boston, MA	Mar 22, 2011
Simon-Levine D, Lincoln T, Desabrais M. "MHANCE (Mental Health as New Continuity Enhancement): Improving Engagement into HIV+ Care by Engaging Families of Newly Released Inmates into the Substance Abuse Recovery Process" (Poster). National Conference on Correctional Health Care, Las Vegas, NV	Oct 11, 2010
Simon-Levine D, Lincoln T, Desabrais M. "MHANCE (Mental Health as New Continuity Enhancement): Improving Engagement into HIV+ Care by Engaging Families of Newly Released Inmates into the Substance Abuse Recovery Process" (Poster). National Conference on Correctional Health Care, Las Vegas, NV	Oct 11, 2010
Carley P, Lincoln T, Hillman L. "Use of Stand Assist Devices in the Correctional System: A Case Report" (Poster). National Conference on Correctional Health Care, Las Vegas, NV	Oct 11, 2010
Lincoln T, Verner M, Donelson K, Desabrais M, Simon Levine D. "A Jail-Community Program for HIV Inmates in Need of Mental Health Services," (Oral presentation, speaker) Correctional Mental Health, NCHC, Boston, MA	July 12, 2010
Lincoln T. "Strategies of Correctional Health Care Services Organization" (Oral presentation) Medical Director Boot Camp, National Commission on Correctional Health Care and Society of Correctional Physicians, Boston, MA,	July 9, 2010
Desabrais M, Loewenthal H, Simon Levine D, Lincoln T, Flanagan T. "Enhancing HIV and Mental Health Linkages between Jail and Community: The Example of Two HRSA-funded Sites," (Oral presentation). The Twenty-Second Annual National Conference on Social Work and HIV/AIDS, Denver	May 28, 2010
Lincoln T, Desabrais M, Simon-Levine D. "Adding Mental Health to a Community Integrated Health Model for Corrections" (Poster). National Conference on Correctional Health Care, Orlando, FL	Oct 18, 2009
Simon-Levine D, Desabrais M, Lincoln T. "MHANCE (Mental Health as New Continuity Enhancement): improving engagement into HIV+ care through continuity in mental health care and by engaging the families of newly released inmates into the substance abuse recovery process" (Poster). 2008 Ryan White Program Grantee Meeting, Washington, DC	Aug 25, 2008
Lincoln T, Binswanger I, Hayfron-Benjamin C, Kent C, Poshkus M. "Laboratory Testing at Intake: Evidence and Discussion" (Oral presentation, speaker). National Conference on Correctional Health Care, Nashville, TN	Oct 15, 2007
Lincoln T, Joesoef R, Kent C, Miller J. "Screening in Correctional Facilities Can Impact Community STD Rates— Strategies for Optimizing Prevention Resources." Academic and Health Policy Conference on Correctional Health Care, Quincy, MA	Mar 30, 2007
Lubelczyk R, Lincoln T. "Managing STDs in the Correctional Setting— A Guide for Clinicians" (Oral presentation, speaker). Academic and Health Policy Conference on Correctional Health Care, Quincy, MA	Mar 30, 2007

- Joeseof MR, Weinstock HS, Kent CK, Chow JM, Boudov MR, Parvez F, Cox T, **Lincoln T**, Miller JL, and the Corrections STD Prevalence Monitoring Project. "Gender and Age Correlates of Chlamydia Prevalence in Adolescents and Adults Entering Correctional Facilities, 2002-2004: Implications for Screening Policy" (Poster). 17th Meeting of the International Society for Sexually Transmitted Diseases Research, Seattle, WA, Abstract No. 128 Jan 30, 2007
- Gobeille SL, **Lincoln T**, Lupo M. "Screening for Hepatitis C virus by elevated serum alanine aminotransferase and injection drug use in a County Correctional Center" (Poster). National Conference on Correctional Health Care, Atlanta, GA Oct 30, 2006
- Lubelczyk R, **Lincoln T**, Ratelle S. "STDs in Corrections : A Guideline for Clinicians." (Oral Presentation) National Conference on Correctional Health Care, Atlanta, GA Oct 30, 2006
- Spaulding A, Page M, Goldenson J, Puisis M, Murray E, Sander L, **Lincoln T**. "Tuberculosis in Corrections 2006: Implementation of the New Guidelines" (Oral). National Conference on Correctional Health Care, Atlanta, GA Oct 31, 2006
- Chavez, RS, **Lincoln T**. "Tobacco Cessation for the Correctional Population: A Health Education Curriculum" (Oral presentation, speaker) 28th National Conference on Correctional Health Care, Denver, CO Oct11, 2005
- Lincoln T**, Hanson A, MacAulay K, Lata L, Lamana E, Lupo M, Bliss F, **Lincoln AJ**, Hamel L, Phillips V, Tannian C, Conklin TJ. "An Electronic Health Record for Corrections for the Public Domain?" (Poster). 27th National Conference on Correctional Health Care, New Orleans, Louisiana Nov 15, 2004
- Kennedy S, **Lincoln T**, Hammett TM, Roberts CA, Conklin TJ, Tuthill RW, Becchetti L. "Effective linkage of jail inmates to community health care: Results from an evaluation of the public health model of correctional health care " (Oral presentation, speaker) Abstract 71982. 131st Annual Meeting of the American Public Health Association, San Francisco, CA Nov 19, 2003
- Lincoln T**, Conklin TJ, Tuthill RW, Kennedy S, Roberts CA, Becchetti L, Rhodes W, Vivian J, Hammett TM. "A public health model for correctional health care: A demonstration and evaluation project" (Poster). 130th Annual Meeting of the American Public Health Association, Philadelphia, PA Nov 12, 2002
- Lincoln T**, Conklin TJ, Tuthill RW, Roberts CA, Kennedy S, Rhodes W, Vivian J, Scavron J, Hammett TM. "Maintaining health care from jail to community: A demonstration and evaluation." (Oral presentation, speaker) 130th Annual Meeting of the American Public Health Association, Philadelphia, PA Nov 11, 2002
- Lincoln T**, Kennedy S, Tuthill RW, Roberts CA, Hammett TM, Rhodes W, Becchetti L, Vivian J, Conklin TJ. "Can Health Care in Jail Prevent Hospital Use after Release?" (Oral presentation, speaker). 26th National Conference on Correctional Health Care, Nashville, Tennessee Oct 23, 2002
- Tuthill RW, **Lincoln T**, Conklin TJ, Kennedy S, Hammett TM, Roberts CA. "Does Involuntary Cigarette Smoking Abstinence Among Inmates During Correctional Incarceration Result in Continued Abstinence Post Release?" (Poster). 26th National Conference on Correctional Health Care, Nashville, Tennessee Oct 21, 2002
- Lincoln T**, Tuthill RW, Lyman M, Hammett TM, Roberts CA, Kennedy S, Vivian J, Conklin T. "Recidivism in persons with chronic health conditions after release from a correctional center with a community-based model of health care" (Poster). 26th National Conference on Correctional Health Care, Nashville, Tennessee Oct 21, 2002
- Gift TL, **Lincoln T**, Miller A, Briggs P, Whelan M, Tuthill RW, Conklin TJ, Irwin K. "Jail-Based STD Screening and Community Partner Services: The Cost-Effectiveness of Universal versus Targeted Approaches" (Poster). 26th National Conference on Correctional Health Care, Nashville, Tennessee Oct 21, 2002

Varghese B, Lincoln T, Miller A, Mugalla C, Gift TL, Irwin K, Tuthill R, Conklin T. "Economic Evaluation of the HIV Counseling and Testing Program at a County Jail" (Poster). 26th National Conference on Correctional Health Care, Nashville, Tennessee	Oct 21, 2002
Gift TL, Varghese B, Kraut J, Beete D, Beidinger H, Broussard D, Conklin TJ, McIntyre A, Mier S, Lincoln T, Mugalla C, Whalen M, Tuthill RW, Irwin K. "The Cost-Effectiveness of Jail-Based STD and HIV Prevention Programs and Their Impact on Inmate and Community Health" (Oral presentation, speaker). 2002 National STD Prevention Conference, San Diego, California	Mar 7, 2002
Ratelle S, Nguyen M, Whelan M, Etkind P, Dumas B, Tang Y, Rochford P, Lincoln T. "The Lack of Sensitivity of the Leukocyte Esterase Test (LET) in Detecting Chlamydial Infections in Men Entering Jails in Massachusetts" (Poster). 2002 National STD Prevention Conference, San Diego, California	Mar 4, 2002
Lincoln T, Gift T, Vivian J, Conklin T, Tuthill R, Hammett T, Kennedy S, Roberts C. "Research in Corrections: Hampden County Chronic Health Conditions Projects & Economic Analysis in Correctional Health." (Oral presentation, speaker) 25th National Conference on Correctional Health Care, St. Louis, Missouri	Nov 12, 2001
White A, Hammett T, Conklin T, Clancy T, Lincoln T. "Cost-effectiveness of HIV treatment at Hampden County Correctional Center- Preliminary Analysis" (Oral presentation, speaker). 25th National Conference on Correctional Health Care, St. Louis, Missouri	Nov 12, 2001
Gift T, Conklin T, Kraut J, Beidinger H, Beete D, Broussard D, Lincoln T, McIntyre A, Mier S, Miller A, Tuthill R, Irwin K. "A Cost-Effectiveness Evaluation of Two Jail-Based Sexually Transmitted Disease (STD) Prevention Programs: Hampden County Correctional Center, Massachusetts, and Cook County Jail, Illinois" (Poster). 25th National Conference on Correctional Health Care, St. Louis, Missouri	Nov 12, 2001
Mugalla C, Varghese B, Gift T, Irwin K, Lincoln T, Vivian J, Beidinger H, Tuthill R, Lata L, Frederici J, Valdivieso N, Conklin T. "HIV Counseling and Testing Program at The Hampden County Correctional Center: Demographic Distribution, HIV Testing, and Self-Reported HIV Risk Factors" (Poster). 25th National Conference on Correctional Health Care, St. Louis, Missouri	Nov 12, 2001
Lincoln T, Scavron J. "Bringing the Community Health Center into Jail" (Oral presentation, speaker). National Association of Community Health Centers 2001 Policy and Issues Forum, Washington, D.C.	Mar 26, 2001
Lincoln T, Conklin TJ. "A community-based public health model for correctional health care: An evaluation" (Oral presentation, speaker). 2000 American Public Health Association Annual Meeting, Boston, Massachusetts	Nov 14, 2000
Lincoln T, Brannan G, Tuthill R, Lynch V. "Completing Tuberculosis Prophylaxis: Short Course Regimens and Other Methods" (Oral presentation, speaker). 24th National Conference on Correctional Health Care, St. Louis, Missouri	Sep 11, 2000
Lincoln T, Tuthill RW, Conklin TJ. "Evaluation of Outcomes of a Public Health Model of Correctional Health Care." 24th National Conference on Correctional Health Care, St. Louis, Missouri	Sep 11, 2000
Lincoln T, "A Comprehensive STD Program for Corrections" (Oral presentation, speaker). 23d National Conference on Correctional Health Care, Fort Lauderdale, Florida	Nov 10, 1999
Lincoln T, Conklin TJ. "A Public Health Model of Correctional Health Care" (Poster) 1999 National HIV Prevention Conference (Abstract 572), Atlanta, Georgia	Aug 1999
Lincoln T. "Whose Responsibility Is It? Continuity of Care" (Oral presentation). 1999 American Correctional Health Services Association Multidisciplinary Conference, Atlanta, Georgia	Mar 11, 1999
Lincoln T. "Special Issues for HIV/AIDS in Jails" (Oral presentation). 22nd National Conference on Correctional Health Care, Long Beach, California	Nov 2, 1998

Lincoln T , Tutill RW, Conklin TJ, "Risk Behaviors Before and During Incarceration" (Poster) 22nd National Conference on Correctional Health Care, Long Beach, California	Nov 2, 1998
Lincoln T . "The Role of Public Health in Correctional Medicine" (Oral presentation). 21st National Conference on Correctional Health Care, San Antonio, Texas	Nov 10, 1997
"HIV/AIDS Behind Bars: Reducing Barriers to Care and Containing Costs" (Panel member). 21st National Conference on Correctional Health Care, San Antonio, Texas.	Nov 9, 1997
Lincoln T , Lynch V. "Skin Anergy Testing for Tuberculosis" (Oral presentation, speaker). 20th National Conference on Correctional Health Care, Nashville, TN	Oct 29, 1996
Lincoln T , Conklin TJ, Scavron J, Ficalora R. Community Integrated Correctional Health Program: Medical Residency Ambulatory Experience in Health Center and Jail (Abstract). Society of General Internal Medicine 19th Annual Meeting. Washington, DC. <i>Journal of General Internal Medicine</i> , April 11(Suppl 1), 1996	May 3, 1996
Conklin TJ, Lincoln T . "A New Paradigm for Correctional Medicine: The Link to Community Health" (Oral presentation, speaker). 19th National Conference on Correctional Health Care, Washington, DC	Nov 14, 1995
Lincoln T , Conklin TJ, Scavron J, McCue JD. Community-oriented HIV Health Program in a County Jail: A Description (Abstract). <i>Clinical Research</i> , April (Supplement), 41(2): 428A	1993
Shannon RP, Mendelowitz D, Lincoln T , Ragland J, Fort P, Wei JY. Baroreceptor sensitivity to sodium and calcium is enhanced in prehypertensive Dahl s-rats (Abstract). <i>Clinical Research</i> , 34(2):A486.	1986
Ferguson J, Ragland J, Lincoln T , Wei J. Does chronic exercise training alter peripheral pulse contours in senescent normotensive rats? (Abstract). <i>Clinical Research</i> , 34(2):A297.	1986
Maddens M, Fort P, Lincoln T , Wei JY. Does alpha adrenergic responsiveness decrease with age? (Abstract). <i>Gerontologist</i> , 26: 154A.	1986
Wei JY, Lincoln T , Mendelowitz D, Ragland JF, Shannon RP, Rowe J. Influence of prolonged hypertension on activation of carotid baro-reflex response in the absence of atherosclerosis (Abstract). <i>Clinical Research</i> , 33(2):A370.	1985
Ferguson JJ, Ragland JF, Lincoln T , Wei JY. Abnormalities in the arterial physical-properties precede the development of hypertension in dahl salt-sensitive rats (Abstract). <i>Circulation</i> , 72(4):255.	1985
Wei JY, Li Y, Mendelowitz D, Lincoln T , Grossman W. Age-related differences in the effect of exercise training on cardiac-muscle function (Abstract). <i>Journal of the American College Of Cardiology</i> , 5(2s2):540.	1985
Wei JY, Shannon RP, Mendelowitz D, Lincoln T . Decreased extra cellular sodium concentration alters activation of carotid sinus baroreceptor reflex in longstanding hypertension (Abstract). <i>Circulation</i> ; 70(suppl II):II-316.	1984
Regional	
Desabrais M, Loewenthal H, Jordan AO, Simon Levine D, Lincoln T , Flanagan T. "Removing Barriers by Enhancing Linkages to Care in Jail Settings for Persons Living with HIV/AIDS." (Oral presentation) New England Regional Minority Health Conference, Providence, RI	Oct 15, 2009
Local	
Lincoln T , Simon-Levine D, Guerrero E, Desabrais M. "Case Management & Medication Addiction Treatment for Individuals Leaving Jail: The Bridge/El Puente Program in Hampden County" (Poster). Community Engagement and Research Symposium, University of Massachusetts Medical School, Worcester, MA	Mar 3, 2017

Academic Service**Health System**

Baystate Health Addictions Task Force	2016-present
Community Benefits Advisory Council (member), Baystate Medical Center	2002-2007

Professional Memberships and Activities

American College of Correctional Physicians:	2015-present
• Member, Education Committee (2016-present)	
• Chair, Information Technology Committee (2015-present)	
• Board of Directors (2015-2017)	
American Society of Addiction Medicine	2004-present
• Fellow (2015-present)	
• Member (2004-present)	
Society of Correctional Physicians	1995-2015
• Board of Directors (2007-2015)	
• Chair, Website Committee (2002-2015)	
• Member, Education Committee (2007-2012)	
• Treasurer (2009-2011)	
• East Coast Director (2007-2009)	
• Member, Publications Committee (2002-2005)	
Academy of Correctional Health Professionals	Current
American College of Physicians	Current
Hampden District Medical Society	Current
Massachusetts Medical Society	Current
Massachusetts Public Health Association	Current
Massachusetts Society of Addiction Medicine	Current
Physicians for a National Health Plan	Current
Physicians for Social Responsibility	Current
Society of General Internal Medicine	

Editorial Responsibilities

Journal of Correctional Health Care, Editorial Board	2007-present
Journal of Correctional Health Care. Reviewer	2002-present
Contemporary Clinical Trials. Ad hoc reviewer	2016
The Lancet HIV. Ad hoc reviewer	2014
Journal of Addiction Medicine. Ad hoc reviewer	2013
Archives of Internal Medicine (JAMA Internal Medicine). Ad hoc reviewer	2012
American Journal of Public Health. Ad hoc reviewer	2010
Public Health Reports. Ad hoc reviewer	2009
Open Medicine. Ad hoc reviewer	2006
JAMA. Ad hoc reviewer	2004
AIDS Education and Prevention. Ad hoc reviewer.	2002

External Professional Service**National**

Centers for Disease Control and Prevention

Corrections STD Workgroup (Member), Centers for Disease Control and Prevention.	2006-2007
CDC/HRSA Corrections Demonstration Project (HIV Prevention, Intervention, & Continuity of Care within Correctional Settings & the Community). Technical Assistance Provider (Hampden County Correctional Center).	2000-2004
(External consultant). Centers for Disease Control and Prevention. Prevention and control of infections with hepatitis viruses in correctional settings. MMWR, 52 (RR-1), 2003.	2002-2003
Hepatitis in Corrections Focus Group (Member), Centers for Disease Control and Prevention and the National Institute of Justice	2002
Evaluation of Pre-Release and Discharge Planning Programs for the Transition of HIV-Infected Inmates Back to the Community (Advisory Board Member), Centers for Disease Control and Prevention	1999-2002

Other National

Physician Certification Workgroup (Member), National Commission on Correctional Health Care:	2009-2013
Task Force on STD & Corrections (Member), National Coalition of STD Directors:	2009-2012
Consultant to National Coalition of STD Directors in conjunction with the National Network of STD/HIV Prevention Training Centers (NNPTC) in the Cooperative Agreement to Develop, Implement and Evaluate Viral Hepatitis Education and Training (VHET)- Part C	2003-2004
Prisoner Reentry Policy Academy (Massachusetts team member), National Governors' Association	2003-2005
Diabetes in Corrections Focus Group (Member), National Commission on Correctional Health Care and American Diabetes Association	2002

Regional

Community Health Center Peer Mentor and Technical Assistant, SUSTAIN Communities Initiative of the Massachusetts League of Community Health Centers, Inc. with funding from the GE Foundation. Goal: to expand substance use related programming and care of patients through an integrated, comprehensive service model in participating community health centers.	2017-present
Massachusetts Department of Public Health Hepatitis C Advisory Committee	2000-present
Working group: Community Access for the Testing and Cure of Hepatitis, Universally Provided (CATCH UP), a project for which the Massachusetts Department of Public Health sought but did not obtain funding	2014
Opioid Overdose Advisory Group (Member), Massachusetts Bureau of Substance Abuse Services	2012
Advisory Board (Member), Ratelle STD/HIV Prevention Training Center of New England	2010-2017
Leadership of Pioneer Valley HIV Provider Meeting- a monthly educational and programmatic forum. January	1998-2005

Professional Development

Research Faculty Development Program (Scholar)	2018-present
Mentors Matter, Baystate Health Department of Medicine Peer Mentoring Program	2014-2015
Peer Observation Support and Self-Evaluation Program (POSSE) in conjunction with the Tufts Clinical Skills Interclerkship (CSI) Exercise for 3rd year medical students (Tufts University School of Medicine), Holyoke and Boston, MA	2007-2012
Stanford Faculty Development Course	1994

COMMONWEALTH OF MASSACHUSETTS
SUFFOLK, ss. SUPREME JUDICIAL COURT
FOR SUFFOLK COUNTY
SJ-2020-0115

COMMITTEE FOR PUBLIC COUNSEL SERVICES AND MASSACHUSETTS
ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

V.

CHIEF JUSTICE OF THE TRIAL COURT

AFFIDAVIT OF NORFOLK DISTRICT ATTORNEY'S OFFICE
FIRST ASSISTANT DISTRICT ATTORNEY LYNN BELAND

1. I, Lynn Beland, am the First Assistant District Attorney for the Norfolk District Attorney's Office.
2. My responsibilities in this position include supervision of all case-related and legal matters within the jurisdiction of the Norfolk District Attorney's Office, and includes direct supervision of Superior Court cases.
3. In response to the COVID-19 pandemic, the Norfolk District Attorney's Office has been, and remains willing, on a case-by-case basis, to review, on a renewed request to address bail, the nature of a case and any medical documentation, and would assist counsel in requesting hearings.
4. Starting on March 18, 2020, there has been an Assistant District Attorney on duty each day at the Superior Court. That Assistant District Attorney's responsibilities include being available in the morning to address any bail reviews from the Superior Court, which are heard by video conferencing, and being available in the afternoon to address any bail hearings on Superior Court matters.
5. As example, to the best of my knowledge and belief, on Thursday, March 19, 2020, the Norfolk District Attorney's Office agreed to reduce bail from \$2500 to personal recognizance for three defendants based on the nature of the indictment, distribution of a class D substance. On that same day, a justice of the Norfolk Superior Court

denied a bail reduction on an indictment for a c.209A violation.

6. On Friday, March 20, 2020 a justice of the Norfolk Superior Court reduced the bail of a defendant indicted for rape from \$7500 to \$3000 with conditions.
7. On Monday, March 23, 2020, a justice of the Norfolk Superior Court allowed a bail review hearing after a finding of dangerousness under G.L. c. 276, §58A where the defendant requested review due to COVID-19. The judge allowed hearing in this matter and took the motion under advisement. To the best of my knowledge and belief at least two other bail hearings based strictly on COVID-19 were heard in Norfolk Superior Court this week.
8. The Norfolk District Attorney's Office remains willing to assist counsel in having time-sensitive requests heard before a court. As example, in consultation with a trial court assistant district attorney this Office will agree to reduce bail on a prosecution for operating under the influence, subsequent offense. This Office has also received a request for review of the detention of an individual held on dangerousness under G.L. c. 276, §58A, from the attorney-in-charge designated as critical due to health issues. Due to the facts of the case, which included a stabbing, this Office would not agree to release, but did agree to have the matter brought forward for hearing and suggested the attorney put the case on the list for Friday, March 27, 2020. I am also aware of a second case, where this Office will oppose based on the facts of the case, which also included a stabbing, and the matter is being brought forward for hearing on Friday March 27, 2020.

Signed under the pains and penalties of perjury.

A handwritten signature in black ink, appearing to read "Lynn Beland", written over a horizontal line.

Lynn Beland

SUFFOLK, ss.

COMMONWEALTH OF MASSACHUSETTS

SUPREME JUDICIAL COURT
FOR SUFFOLK COUNTY
SJ-2020-0115

COMMITTEE FOR PUBLIC COUNSEL SERVICES AND MASSACHUSETTS
ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

V.

CHIEF JUSTICE OF THE TRIAL COURT

AFFIDAVIT OF NORFOLK DISTRICT ATTORNEY'S OFFICE
SECOND ASSISTANT MICHAEL C. CONNOLLY

1. I, Michael C. Connolly, am the Second Assistant District Attorney for the Norfolk District Attorney's Office.
2. My responsibilities in this position include supervision of all District Court criminal cases and related matters occurring in the courts of Norfolk County within the jurisdiction of the Norfolk District Attorney's Office.
3. In response to the COVID-19 pandemic, the Norfolk District Attorney's Office has been, and remains willing, on a case-by-case basis, to review, on a renewed request to address bail, the nature of a case and any medical documentation, and would assist counsel in requesting hearings.
4. Since the onset of emergency measures imposed by the Administrative Office of the Trial Courts, there has been an Assistant District Attorney and victim witness advocate assigned each day to every district court in Norfolk County for the purpose of addressing new and emergency matters, which includes reviewing motions on a case-by-case basis to address pre-trial detention.
5. There have been approximately fifteen requests that have come to my attention that have raised COVID-19 as a reason to address bail and/or custody concerns. In eleven hearings the Norfolk District Attorney's Office and the defendant came to an agreement leaving four cases outstanding.
6. On March 19, 2020, in response to a request from the attorney-in-charge for the Committee for Public Counsel

Services for Norfolk County to address cases where individuals were being held pending adjudication of outstanding criminal matters, I immediately indicated the willingness of the Norfolk District Attorney's Office to work with any member of the defense bar to address, on a case-by-case basis, individual concerns with COVID-19. I reiterated this willingness on March 24, 2020. A list of such individuals was received from the attorney-in-charge on March 25, 2020 and I am currently working with assistant district attorneys assigned to the individual courts to pull the files so each case can be reviewed to see if agreement can be reached. We are attempting to prioritize individuals who have expressed health concerns.

7. I am encouraging lawyers from the defense bar to file motions to obtain hearings and have indicated my willingness to explore whether agreement can be reached.

Signed under the pains and penalties of perjury.

/s/ Michael C. Connolly

3/26/2020

Michael C. Connolly

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

SUPREME JUDICIAL COURT
FOR SUFFOLK COUNTY
SJ-2020-0115

COMMITTEE FOR PUBLIC COUNSEL SERVICES AND
MASSACHUSETTS ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

V.

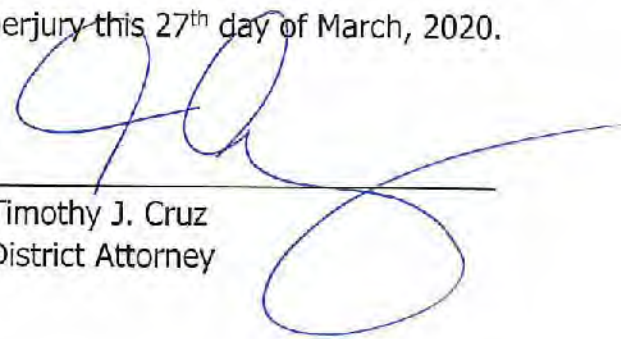
CHIEF JUSTICE OF THE TRIAL COURT

AFFIDAVIT OF PLYMOUTH DISTRICT ATTORNEY TIMOTHY J. CRUZ

1. I, Timothy J. Cruz, am the District Attorney for the Plymouth District.
2. Assistant District Attorneys, victim advocates and administrative staff in the Plymouth County District Attorney's Office are responsible for handling cases in two Superior Court locations (Brockton and Plymouth); four District/Juvenile Court locations (Brockton, Plymouth, Hingham, and Wareham), as well as at the Appeals Court, The SJC, the Parole Board, and at mental health hearings at Bridgewater State Hospital. In response to the coronavirus pandemic, we have initiated and implemented a variety of measures designed to ensure that we are responsive to the court's schedule and compliant with Trial Court directives; that we are appearing at and participating in all court proceedings; that we are upholding our sworn duty to the people and communities we serve; and that we are doing all of that in a way that respects the rights of victims and defendants, and seeks to protect the health and welfare of our colleagues and members the public.
3. The Plymouth County District Attorney's Office has been staffed, every day, to cover proceedings in each of the courts in our county. We have established and maintained a schedule that provides full coverage of all court proceedings.
4. We have abided by and adhered to the Orders issued by the Trial Court during this crisis.

5. Our prosecutors have worked in good faith with defense counsel and the courts to schedule hearings on matters including (without limitation): bail reviews; violation of probation hearings; arraignments; 58A appeals, and requests for reconsideration of custody determinations. In addition, we have fulfilled our obligations as they relate to parole and appellate litigation. It is my understanding that we have participated in every single court event scheduled by the court during this period. In those proceedings, as always, we have professionally advocated our position on the issue at hand and have respected the rulings issued by the judge. There have been no occasions in which representatives of our office were unavailable, unwilling, or unprepared to represent the Commonwealth in any court proceeding. We cooperate fully in the process of scheduling of hearings with court personnel and defense attorneys. Since on or about March 16, 2020 we have participated in approximately 20 Superior Court cases affecting the custodial status of a defendant.
6. Since on or about March 16, 2020 there has been a significant increase in police use of summons, decrease in custodial arrests, and a significant increase in personal recognizances rather than bail.
7. Notwithstanding the challenges and restrictions engendered by these extraordinary circumstances, Plymouth County District Attorney's Office prosecutors, victim advocates and administrative personnel have (as always) steadfastly and successfully endeavored to ensure that we comply diligently and promptly with all directives from the Trial Court, that we have zealously and fairly articulated our position in all cases heard, that we have discharged our duties under the Victim's Bill of Rights, and that we have taken steps to ensure that defendants, pretrial detainees, and inmates are afforded all of their rights during this crisis. We are committed to doing so throughout the duration of this difficult situation.

Signed under the pains and penalties of perjury this 27th day of March, 2020.



Timothy J. Cruz
District Attorney

AFFIDAVIT OF SHERIFF JOSEPH D. McDONALD, JR.

I, Joseph D. McDonald, Jr., depose and state the following of my own knowledge:

1. I am the Sheriff of Plymouth County. I have held that office since January of 2005. Prior to my election, I was an attorney in private practice and then an assistant district attorney. I have been an attorney since 1991.
2. The primary mission of the Sheriff's Department is the operation of the Plymouth County Correctional Facility. The safety of the persons committed to the Department's care and custody, the staff, and the public is of paramount importance.
3. The Department takes very seriously its obligation to provide proper medical care to the inmates at the Facility. The Department maintains a full-time medical staff which is on duty 24-7. The Department contracts with a vendor to provide an on-site physician. Additionally, the Department has contacts with hospitals throughout the greater Boston area to provide specialty or advanced care as needed. Beth Israel Deaconess Plymouth community hospital is located within one mile of the Facility.
4. The Department has taken special precautions to protect inmates and staff from exposure to the Coronavirus. These precautions include:
 - a. Beginning in February, the Department enhanced its inmate intake procedure to obtain additional information about travel and exposure to illness.
 - b. The Department has adopted treatment and detection practices consistent with guidelines from the Center for Disease Controls ("CDC") and Department of Public Health ("DPH"). The Department's health services administrator is in frequent contact with DPH and consults them on the challenges facing the Department.
 - c. The Department suspended visits by friends, families, and volunteers. To assist with the transition, the Department arranged with its telephone vendors to provide two free calls per week.
 - d. The Department restricted attorney visits to non-contact. The Department disabled monitoring and recording functions for visit phones.
 - e. The Department has kept non-essential staff from entering the Facility, consistent with the governor's order for executive staff.
 - f. The Department has ceased inmate assignments to the farm operation, community work crew, and other work details outside the Facility.

- g. The Department has eliminated unnecessary movement within the Facility.
 - h. The Department established a housing unit for newly admitted inmates and inmates who leave and return to the Facility, to monitor for signs and symptoms of the virus. Inmates remain in the unit until they clear the incubation period.
 - i. The Department has worked with Trial Court officials to limit travel outside the Facility by conducting hearings by videoconference and telephone. This greatly has reduced travel to and from the Facility and resulting potential exposure.
 - j. The Department has changed recreation and meal schedules to provide more space in the dayrooms.
 - k. The Department maintains an aggressive cleaning schedule for the housing units and conducts daily sanitation of transportation vans.
 - l. The Department has educated staff and inmates on sanitation practices and proper social distancing.
5. Currently, the Facility is well below maximum capacity. This has afforded the Department flexibility in making housing assignments which provide more space for the inmates.

Signed under the pains and penalties of perjury this 25th Day of March, 2020,



Joseph D. McDonald, Jr.
Sheriff

SUFFOLK, ss.

COMMONWEALTH OF MASSACHUSETTS

SUPREME JUDICIAL COURT
FOR SUFFOLK COUNTY
SJ-2020-0115

COMMITTEE FOR PUBLIC COUNSEL SERVICES AND MASSACHUSETTS
ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

v.

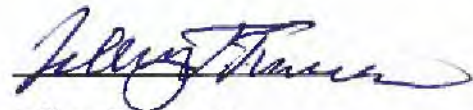
CHIEF JUSTICE OF THE TRIAL COURT

AFFIDAVIT OF WORCESTER DISTRICT ATTORNEY'S OFFICE
SENIOR FIRST ASSISTANT DISTRICT ATTORNEY JEFFREY T. TRAVERS

1. I, Jeffrey T. Travers, am Senior First Assistant District Attorney for the Worcester District Attorney's Office.
2. On March 18, 2018, I and First Assistant District Attorney Jane Sullivan, participated in a conference call with our local CPCS and Bar Advocate supervisors (Jacqueline Dutton, CPCS and Richard Farrell). While there were no known cases of infection at the jail we agreed the conversation about detention in the existing health crisis was indeed important. In that dialogue I, on behalf of the Worcester District Attorney's Office, communicated our willingness to work with counsel on issues of bail and detention during the current COVID-19 health crisis. As staffing has been significantly impacted by illnesses and absences I asked that all motions be sent to me directly, so that they can be channeled to available staff. Given the staff absences, I stressed the need to provide some factual and procedural history for each case, as the assigned ADA will likely be new to the cases. In addition, individual defendant circumstances (health issues) would be important considerations.
3. On March 23, 2020 I instructed all assistant district attorneys to expect motions of a similar nature and to bring any motion with perceived merit to the attention of myself or an immediate supervisor. In addition, the office stated in response to three separate media inquiries, the Worcester District Attorney was reviewing detentions on a case by case basis with much information uniquely possessed by defense counsel.

4. The Worcester District Attorney's Office has tasked staff with purchasing equipment and provider licenses for video conferencing, including Zoom and Polycom (the court's current conferencing system) to allow for a great volume of bail review hearings. As the entire Worcester CPCS Office has been working remotely and members of this office and other members of the defense bar are similarly impacted, the use of these technologies is essential to continued operations.
5. Beginning on March 16, 2020, there has been an Assistant District Attorney on duty each day at the Superior Court. That Assistant District Attorney's responsibilities include being available to address any bail reviews via video conference or in person.
6. On March 26, 2020, I conducted a review of defendants detained and inmates serving sentences at the Worcester County House of Correction with approaching release dates and reported health concerns. A joint review of these detainees/inmates, with the Worcester Sheriff's office, will occur tomorrow, March 27, 2020.
7. The Worcester District Attorney's Office has been and remains willing to assist counsel in having time-sensitive requests heard before a court. There are multiple Bail Reviews, Bail Hearings and Dangerousness Hearing reviews already scheduled for next week in Worcester Superior Court. The Worcester District Attorney's Office has open lines of communication with the defense bar and CPCS. We have been and remain willing to consider any individual defendant's circumstances of detention, while respecting community safety and the Victim's Bill of Rights throughout the process.

Signed under the pains and penalties of perjury.



Jeffrey T. Travers

AFFIDAVIT OF DAVID H. TUTTLE

I, David Tuttle, do swear under oath the following:

1. I am Superintendent of the Worcester County Sheriff's Office (WCSO) and I have personal knowledge of the following.
2. As a result of the COVID-19 pandemic, the WCSO has taken the following emergency measures.
3. All visits have been eliminated with inmates being given two free calls per week instead.
4. All areas of the facility are being sanitized with chlorine based cleaning products (PurTabs Disinfectant Spray) multiple times a day
5. Attorney visits must take place through the visitor's glass with no contact and all attorneys are asked the COVID-19 screening questions.
6. No outside contractors (with the exception of emergency maintenance), volunteers or other persons are permitted on the premises with a security checkpoint at the front drive.
7. Group classes and one on one counseling sessions have ceased with all staff being required to maintain social distancing.
8. Any staff member who has been symptomatic or has traveled domestically or internationally must self-quarantine at home and may not return to work until cleared.
9. All incoming inmates are screened by medical personnel for symptoms or risk associated behavior and then are placed in an isolated unit for a fourteen day quarantine.
10. If an Inmate in a housing unit develops upper respiratory symptoms/fever the following protocol are to be followed. Once an inmate is identified as having concerning symptoms, if possible, that inmate should be moved to quarantine.
12. One nurse will dress in appropriate PPE, (including gown, N-95 mask, eye protection) and bring a surgical face mask for the inmate and (1) set up of appropriate PPE for (1) officer, who will now maintain coverage of the specified inmate until that inmate has reached his final destination.
13. The inmate will be screened in his current location. If determined to require isolation/quarantine, the nurse and officer with the protective equipment on, will escort the inmate to determined housing location.
14. If the inmate was housed in a cell with a roommate, the same process will occur for that inmate as well.
15. Once an inmate is placed in isolation/quarantine medical will limit close interaction using the feed-in trap as much as possible, to obtain vital signs and administer required treatment. In the event that nursing staff must enter the cell, they will require full PPE. Officers should wear full PPE as well, however if able, maintain a distance of 6 feet from the inmate. If distance is

maintained, PPE should be conserved for later use. If the officer is required to enter the cell, or has physical contact with the inmate, coverall (gown), surgical face mask, and gloves will be discarded.

16. Eye protection will be placed into a "dirty bin" and sprayed down with CAVI spray, left for 1 minute, and then wiped down and placed in "clean bin" for re-use.

17. All medical equipment used for the inmate will also be placed into dirty bin, and sprayed down with CAVI spray, left for one minute, and then wiped down and placed in clean bin for re-use.

18. For inmates being housed in the medical unit, all PPE will be removed in the anterior room.

19. All officers who are assigned coverage of the medical unit will be properly trained on donning and doffing PPE. Every effort should be made to use consistent staff for coverage/interaction with inmates with suspected or confirmed COVID.

20. All officers who accompany an inmate to an outside hospital visit must wear masks and gloves.

21. All external meetings, conferences or work related travel have been discontinued.

22. All internal meetings to the extent possible are held virtually.

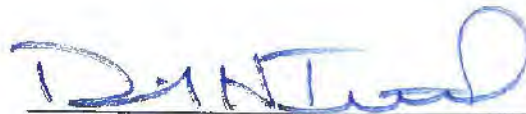
23. Safety precautions regarding Covid-19 have been placed in all housing units.

24. The WCSO is currently under capacity with a federal consent decree capping our population at 1250 and with our current population at 775.

25. Our average daily population for January 2020 was 755, for February, 2020 was 782, and for March, 2020 was 802.

26. Soap is available in the housing units for use by the inmates at no cost.

Sworn under the pains and penalties of perjury this 25th day of March, 2020.



David H. Tuttle
Superintendent
Worcester County Sheriff's Office

ORGANIZED
NOVEMBER 3, 1887



INCORPORATED
MAY 2, 1949

EXECUTIVE DIRECTOR
CHIEF MARK K. LEAHY (RET.)
GENERAL COUNSEL
ERIC R. ATSTUPENAS, ESQ.

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TEL: (508) 839-5723 / FAX: (508) 839-3702

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Hampden

1st Vice President
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Falmouth

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Chief Ernest H. Leffler
Bentley University (Campus)

Life Member
Chief Peter F. Roddy (Ret.)
Leominster

In Unity There Is Strength

March 27, 2020

To whom it may concern,

We, the Chiefs of the Massachusetts Chiefs of Police Association, oppose the EMERGENCY PETITION FOR RELIEF PURSUANT TO G.L. c. 211 § 3, filed on March 24, 2020, by the Committee for Public Counsel Services and Massachusetts Association of Criminal Defense Lawyers calling for the immediate mass release of prisoners relative to the COVID-19 pandemic.

We believe that opening the prison doors to those who have already proven that they cannot comply with laws and norms for social conduct will create an enormous threat to the public's health and safety. This action would violate our bail and sentencing laws, would circumvent parole mandates, and would effectively eviscerate the protections afforded to victims of crime pursuant to numerous Massachusetts general laws.

Make no mistake, the safety of victims and law-abiding citizens should take precedence. Using a health crisis to justify a political agenda is just plain wrong. We do not want to endorse the premise of releasing individuals from custody in order to protect their health today and find that they die of an overdose tomorrow or that they commit some other crime against an innocent member of our community due to their compulsive criminal conduct.

Before any inmates are released carte blanche, the Commonwealth would need to ensure that any incarcerated individual who is released will have a safe place to go and that services such as medical treatment, counseling, substance abuse treatment, financial assistance, employment, or housing will be provided to those who need them. We feel that any wholesale release of inmates would strain and perhaps overwhelm the capacity of police officers and departments to maintain order, enforce the laws, and protect the public health and safety.

We understand the coronavirus pandemic and the potential exposure risks that are on everyone's mind, but our main concern is to protect our communities. The criminal justice system is still functioning during this pandemic. We believe that the various District Attorney's Offices, Sheriff's Departments and the Department of Corrections have all taken the appropriate measures to ensure the safety of their employees and inmates.

The COVID-19 pandemic should not become a "get out of jail free card" for hundreds of inmates across the Commonwealth of Massachusetts. Any mass release would put additional strain on law enforcement and may potentially re-victimize the innocent victims of our community.

Sincerely,

Chief Jeff W. Farnsworth
President



NORFOLK COUNTY CHIEFS OF POLICE ASSOCIATION

County of Presidents

MAILING ADDRESS:

213 South Main Street
Sharon, MA 02067

AVON
BELLINGHAM
BRAINTREE
BROOKLINE
CANTON
COHASSET
DEDHAM
DOVER
FOXBORO
FRANKLIN
HOLBROOK
MEDFIELD
MEDWAY
MILLIS
MILTON
NEEDHAM
NORFOLK
NORWOOD
PLAINVILLE
QUINCY
RANDOLPH
SHARON
STOUGHTON
WALPOLE
WELLESLEY
WESTWOOD
WEYMOUTH
WRENTHAM

March 26, 2020

We, the Chiefs of the Norfolk County Chiefs of Police Association, strongly oppose the EMERGENCY PETITION FOR RELIEF PURSUANT TO G.L. c. 211 § 3, filed on March 24, 2020, by the Committee for Public Counsel Services and Massachusetts Association of Criminal Defense Lawyers calling for the immediate mass release of prisoners relative to the COVID-19 pandemic. We believe that opening the prison doors to those who have already proven that they cannot comply with laws and norms for social conduct will create an enormous threat to the public's health and safety. This action would violate our bail and sentencing laws, would circumvent parole mandates, and would effectively eviscerate the protections afforded to victims of crime pursuant to numerous Massachusetts general laws.

Make no mistake, the safety of victims and law-abiding citizens should take precedence. Using a health crisis to justify a political agenda is just plain wrong. We do not want to endorse the premise of releasing individuals from custody in order to protect their health today and find that they die of an overdose tomorrow or that they commit some other crime against an innocent member of our community due to their compulsive criminal conduct. Before any inmates are released carte blanche, the Commonwealth would need to ensure that any incarcerated individual who is released will have a safe place to go and that services such as medical treatment, counseling, substance abuse treatment, financial assistance, employment, or housing will be provided to those who need them. We feel that any wholesale release of inmates would strain and perhaps overwhelm the capacity of police officers and departments to maintain order, enforce the laws, and protect the public health and safety.



NORFOLK COUNTY CHIEFS OF POLICE ASSOCIATION

County of Presidents

MAILING ADDRESS:

213 South Main Street
Sharon, MA 02067

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MILLIS
MILTON
NEEDHAM
NORFOLK
NORWOOD
PLAINVILLE
QUINCY
RANDOLPH
SHARON
STOUGHTON
WALPOLE
WELLESLEY
WESTWOOD
WEYMOUTH
WRENTHAM

We understand the coronavirus pandemic and the potential exposure risks that are on everyone's mind, but our main concern is to **protect our communities**. The criminal justice system is still functioning during this pandemic. We believe that the various District Attorney's Offices, Sheriff's Departments and the Department of Corrections have all taken the appropriate measures to ensure the safety of their employees and inmates. The COVID-19 pandemic should not become a "get out of jail free card" for hundreds of inmates across the Commonwealth of Massachusetts. Any mass release would put additional strain on law enforcement and may potentially re-victimize the innocent victims of our community.

Respectfully,

A handwritten signature in blue ink, appearing to read "Peter A. McGowan".

Peter A. McGowan
Dover, MA Police Department
President, Norfolk County Chiefs of Police Assn.



PLYMOUTH COUNTY POLICE CHIEFS ASSOCIATION

Commonwealth of Massachusetts

We, the Chiefs of the Plymouth County Police Chief's Association, oppose the **EMERGENCY PETITION FOR RELIEF PURSUANT TO G.L. c. 211 § 3**, filed on March 24, 2020, by the Committee for Public Counsel Services and Massachusetts Association of Criminal Defense Lawyers calling for the immediate mass release of prisoners relative to the COVID-19 pandemic.

We believe that opening the prison doors to those who have already proven that they cannot comply with laws and norms for social conduct will create an enormous threat to the public's health and safety. This action would violate our bail and sentencing laws, would circumvent parole mandates, and would effectively eviscerate the protections afforded to victims of crime pursuant to numerous Massachusetts general laws.

Make no mistake, the safety of victims and law-abiding citizens should take precedence. Using a health crisis to justify a political agenda is just plain wrong. We do not want to endorse the premise of releasing individuals from custody in order to protect their health today and find that they die of an overdose tomorrow or that they commit some other crime against an innocent member of our community due to their compulsive criminal conduct.

Before any inmates are released carte blanche, the Commonwealth would need to ensure that any incarcerated individual who is released will have a safe place to go and that services such as medical treatment, counseling, substance abuse treatment, financial assistance, employment, or housing will be provided to those who need them. We feel that any wholesale release of inmates would strain and perhaps overwhelm the capacity of police officers and departments to maintain order, enforce the laws, and protect the public health and safety.

We understand the coronavirus pandemic and the potential exposure risks that are on everyone's mind, but our main concern is to protect our communities. The criminal justice system is still functioning during this pandemic. We believe that the various District Attorney's Offices, Sheriff's Departments and the Department of Corrections have all taken the appropriate measures to ensure the safety of their employees and inmates.

The COVID-19 pandemic should not become a "get out of jail free card" for hundreds of inmates across the Commonwealth of Massachusetts. Any mass release would put additional strain on law enforcement and may potentially revictimize the innocent victims of our community.

Sincerely,

/s/ Maurice J. Splaine
MAURICE J. SPLAINE

Chief of Police, Kingston Police Department
President, Plymouth County Police Chiefs' Association

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Grafton P. D.

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Loring Barrett Jr.
Ashburnham P. D.

Ex-Officio

Thomas E. Galvin
Berlin P.D

Ernest F. Martineau

COMMONWEALTH OF MASSACHUSETTS
SUPREME JUDICIAL COURT FOR
THE COMMONWEALTH

SUFFOLK, ss.

NO. SJC-12926

COMMITTEE FOR PUBLIC COUNSEL SERVICES &
MASSACHUSETTS ASSOCIATION OF CRIMINAL DEFENSE LAWYERS,
Petitioners

v.

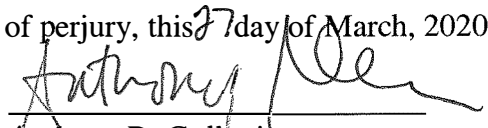
CHIEF JUSTICE OF THE TRIAL COURT,
Respondent

AFFIDAVIT OF ANTHONY D. GULLUNI
DISTRICT ATTORNEY FOR THE HAMPDEN DISTRICT

I, Anthony D. Gulluni, District Attorney for the Hampden District, do hereby state the following:

1. I am sworn as the District Attorney for the Hampden District and a named signatory of the memorandum in OPPOSITION TO THE PETITIONERS' G.L. c. 211, § 3 PETITION BY THE DISTRICT ATTORNEYS FOR THE BRISTOL, CAPE & ISLANDS, ESSEX, HAMPDEN, MIDDLE, NORFOLK, & PLYMOUTH DISTRICTS filed, this day, in this Court.
2. I distributed this memorandum, prior to its filing, by electronic mail to the six (6) additional District Attorneys from the Bristol, Cape & Islands, Essex, Middle, Norfolk and Plymouth Districts, each named as a signatory in this memorandum, for their review and approval.
3. I have received confirmation, either verbal or in writing, that each of the six (6) additional signatories consents to their name appearing upon this memorandum and its filing with this Court.

Signed under the pains and penalties of perjury, this ~~27~~ 27 day of March, 2020.


Anthony D. Gulluni
Hampden District Attorney
Roderick L. Ireland Courthouse, 3rd Floor
50 State Street
Springfield, MA 01103
413-747-1000
BBO# 674246

CERTIFICATE OF SERVICE

I hereby certify, under the pains and penalties of perjury, that I today served the within memorandum and addendum electronically to all parties on the following list:

Massachusetts Attorney General's Office:

Maura Healey, Attorney General, Maura.Healey@state.ma.us
Joanna Lydgate, Deputy Attorney General, joanna.lydgate@state.ma.us
Alicia Robello-Pradas, Chief, Policy & Government Division, Alicia.Rebello-Pradas@mass.gov
Gina Kwon, Chief, Criminal Bureau, gina.kwon@state.ma.us
Abigail Taylor, Chief, Civil Rights Division, abigail.taylor@state.ma.us
Robert Toone, Chief, Government Bureau, robert.toone@state.ma.us
Timothy Casey, Chief, Administrative Law Division, timothy.casey@state.ma.us
Randall Ravitz, Chief, Appeals Division, randall.ravitz@mass.gov

Massachusetts County Sheriff Departments:

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Kevin Coppinger, Sheriff, Essex County Sheriff's Office,
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Lewis Evangelidis, Sheriff, Worcester County Sheriff's Office,
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Nancy White, General Counsel, nancy.white@doc.state.ma.us

Stephen Dietrick, Deputy General Counsel, stephen.dietrick@doc.state.ma.us
Daryl Glazer, Counsel, daryl.glazer@state.ma.us
Bradley Sultan, Counsel, bradley.sultan@state.ma.us

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Joseph Early, District Attorney, Worcester District Attorney's Office,
Joseph.early@state.ma.us

Massachusetts Parole Board:

Gloriann Moroney, Chair, Massachusetts Parole Board, gloriann.moroney@mass.gov

A handwritten signature in black ink, appearing to read "Anthony D. Gulluni". The signature is fluid and cursive, with the first name "Anthony" being more legible than the last name "Gulluni".

ANTHONY D. GULLUNI
DISTRICT ATTORNEY FOR THE HAMPDEN DISTRICT
Roderick L. Ireland Courthouse, 3rd Floor
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Springfield, MA 01102
Tel. (413) 747-1000
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Anthony.gulluni@state.ma.us

March 27, 2020