

Medical Declaration regarding the Management of COVID-19 at Allegheny County Jail
Reviewer: William Weber, MD, MPH

Qualifications:

1. I am an American physician licensed to practice in the States of Illinois and Wisconsin, practicing in the Emergency Department at the University of Chicago Medical Center. I am a Clinical Associate of Emergency Medicine at the University of Chicago as well as a Fellow in International Emergency Medicine. I have practiced emergency medicine for three years and have taught medical students and residents.
2. I am a graduate of the Northwestern University Feinberg School of Medicine. I completed a residency in emergency medicine at the University of Chicago. This residency provided extensive experience in history taking and physical examination of adults and children. In my routine clinical care, I evaluate and treat patients with a wide variety of medical and psychiatric conditions, including patients under the custody of law enforcement agencies. I also completed a Master's Degree in Public Health at Northwestern University, where I focused on public safety and the epidemiology of disease.
3. I am a subcommittee chair on the American College of Emergency Physicians (ACEP) Public Health and Injury Prevention Committee and have served on the committee since 2018. The American College of Emergency Physicians is the largest organized body of emergency physicians in the United States. Our committee writes national practice and policy statements pertaining to public safety, public health topics, and emergency care, including the care of detained immigrants. I have co-authored ACEP position statements on the treatment of detained children and testing for infectious diseases.
4. I have worked on the national level to guide care within the pandemic of the novel SARS-CoV-2 virus (COVID-19) including co-authoring a paper on criteria for initiating cardiopulmonary resuscitation (CPR) on critically-ill patients with COVID-19, co-authoring a book chapter in the ACEP national COVID-19 manual, and co-authoring content for a World Health Organization (WHO) course on COVID-19 management and infection control strategies. I practice in Cook County, the county with the third highest number of COVID-19 cases in the United States [as of March 3, 2021]. During this pandemic, I have gained significant experience in the clinical care of patients infected with COVID-19, from those with mild disease to those requiring mechanical ventilation.
5. I have reviewed medical records pertaining to the medical care of patients in carceral facilities scattered throughout the U.S. and have written over 30 medical declarations discussing care as it pertains to the National Detention Standards, Centers for Disease Control and Prevention (CDC) recommendations for carceral facilities, and accepted

standards of medical care. Many of these cases involve the implementation of COVID-19 mitigation strategies by facilities. I have taught over 50 physicians from various specialties how to review medical records and evaluate the care received by patients.

6. I have received no remuneration for my time reviewing this case or preparing this declaration; I have done so as a volunteer. Based on my review of around 100 pages of declarations, warden's reports, and briefs, I certify that the following declarations are true and correct under penalty of perjury:

The Risk of COVID-19 Outbreaks within Correctional Facilities

7. The National Commission on Covid-19 and Criminal Justice found that the positivity rate for the coronavirus in state and federal prisons is more than four times that in the non-incarcerated population. When adjusting for age and ethnicity, incarcerated individuals are twice as likely to die due to complications from COVID-19.¹
8. Correctional facilities are “dynamic environments that intermix incarcerated people and correctional custody, healthcare, and other staff.”² Johns Hopkins Bloomberg School of Public Health observed that “correctional staff can become infected in the community and bring COVID-19 into facilities.”³ Researchers have found that once the virus is inside a correctional facility, it can rapidly spread through the incarcerated population via the movement of employees and incarcerated workers to numerous housing pods and other areas of the facility.⁴ Incarcerated people contract the virus when interacting with numerous correctional staff members daily in order to receive food, obtain medication, move around the facility to gain access to recreational and other services. There is an especially high degree of staff interaction for incarcerated workers who are assigned daily tasks, most of which require many direct encounters with both staff and other incarcerated individuals. Incarcerated workers move through a facility in order to do such jobs as collecting trash from

¹ Kevin T. Schpel, *COVID-19 in U.S. State & Federal Prisons*, The Natl. Commission on Covid-19 & Crim. Jus. (Sept. 2020), https://cdn.ymaws.com/counciloncj.org/resource/resmgr/covid_commission/FINAL_Schnepel_Design.pdf.

² Crystal Watson et al., *COVID-19 and the US Criminal Justice System: Evidence for Public Health Measures to Reduce Risk 2*, Bloomberg School of Public Health, Johns Hopkins Univ. (Oct. 2020), https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/20201015-covid-19-criminal-justice-system.pdf.

³ *Id.*

⁴ See, e.g., *id.*; Open Letter Urging Authorities to Prioritize People in Carceral Facilities for COVID-19 Vaccine (Dec. 17, 2020), <https://docs.google.com/document/d/1RlZ5lCDHLCJ4Pnhl0mdNl3VeRSuBu8QWblRtjXu6zN0/edit> (hereinafter “Open Letter on Vaccinating People in Carceral Facilities”).

various housing pods and distributing supplies. If infected, their physical movement enables the virus to spread to different locations and throughout a facility.⁵

Research on Correctional Staff Transmitting COVID-19

9. Public health experts have found that correctional staff members are vectors for transmitting the virus to incarcerated people, who in turn may spread it to the community through visitation and release.⁶ For instance, I practice in Cook County, where the City of Chicago is located. In June 2020, the University of Chicago found that the spread of COVID-19 from the Cook County Jail was responsible for nearly 16% of the cases in Illinois.⁷ A recent study in the American Journal of Preventive Medicine found that correctional staff members at prisons are infected with COVID-19 at a 3.2 times higher rate than the national average.⁸

Prevalence of Covid at Allegheny County Jail (ACJ) and in Comparison to Allegheny County and Pennsylvania

10. The following chart provides data on testing for and positive cases of Covid-19 for inmates and staff at Allegheny County Jail (ACJ) for the past year, comparing it to similar data for Allegheny County and the Commonwealth of Pennsylvania. These data show that the monthly positivity rates in the jail have been up and down through 2020 and are often higher than in the county and the state. Inmate positive rates spiked in April 2020, in ensuing months dropped to very low levels, spiked again in November 2020, fell again toward the end of the year and in January 2021, and then rose dramatically in February 2021. While there are some months where the prevalence in the facility was lower than for the county or Commonwealth, there are issues concerning the validity of positivity rates for inmates at ACJ. Numerous symptomatic inmates report being denied testing, as the ACJ administration had only been testing inmates with fever. While a fever can be a sign of COVID-19 infection,

⁵ Watson, *supra* note 2.

⁶ Open Letter on Vaccinating People in Carceral Facilities, *supra* note 4.

⁷ Louise Lerner, *Study: Nearly 16% Of Illinois COVID-19 Cases Linked to Spread From Chicago Jail*, U. Chicago Medicine (June 8, 2020), <https://www.uchicagomedicine.org/forefront/community-articles/study-nearly-16-of-illinois-covid-19-cases-linked-to-spread-from-chicago-jail#:~:text=They%20found%20that%20cycling%20through,15.7%25%20of%20those%20in%20Illinois.>

⁸ See Julie A. Ward, et. al, *COVID-19 Cases Among Employees of U.S. Federal and State Prisons*, AM. J. PREVENTATIVE MEDICINE (Feb. 21, 2021), [https://www.ajpmonline.org/article/S0749-3797\(21\)00118-5/fulltext](https://www.ajpmonline.org/article/S0749-3797(21)00118-5/fulltext) (finding from March to early November, the U.S. general population had an average of 13 new cases per 100,000 people each day while the case rate among U.S. prison staff prisons grew daily by an average of 42 new cases per 100,000 people.).

it is not universal and other symptoms (such as a new loss of taste/smell) are very specific for the disease. Although ACJ's Continuing Operations Plan: COVID-19 Policy states that staff is to recommend testing based on an inmate's symptoms,⁹ it continues to be the case that inmates experiencing one or more of the other symptoms specified by the CDC have not been considered for testing.¹⁰ For instance, Lindsey Nelson reports that she was not tested for COVID-19 despite reporting symptoms consistent with the infection.¹¹ This practice was in conflict with CDC guidance for carceral facilities.¹² The ACJ administration's selective and reduced testing of inmates very likely resulted in an undercount of COVID-19 prevalence throughout 2020. Only more recently has ACJ started testing inmates in general population who had close contact with positive cases.¹³

⁹ Consent Order 1, ECF Doc. No. 71.

¹⁰ Exhibit B, Declaration of Lindsey Nelson ¶¶ 6, 12-13 ("Nelson Decl."); Exhibit C, Declaration of Gabrielle Parker ¶¶ 5, 9-11 ("Parker Decl."); Exhibit D, Declaration of Larae Moore ¶¶ 5, 11-13 ("Moore Decl."); Exhibit E, Declaration of Jakiia Williams ¶¶ 5, 9-11 ("Williams Decl."); Exhibit F, Declaration of Judith White ¶¶ 6, 12-13 ("White Decl."); Exhibit G, Declaration of Edward Johnson ¶¶ 2-5 ("Johnson Decl."); Brittany Hailer, *Special Report: Incarcerated Man At Allegheny County Jail: "He Then Said I Was 'Delusional' For Thinking I Could Catch COVID-19"*, PITTSBURGH CURRENT (Feb. 23, 2021), <https://www.pittsburghcurrent.com/special-report-incarcerated-man-at-allegheny-county-jail-he-then-said-i-was-delusional-for-thinking-i-could-catch-covid-19/>; Brittany Hailer, *COVID-19 Outbreak at The Allegheny County Jail: 75 New Cases in Just 10 Days. What Does This Say About The County's Testing Practices?*, PITTSBURGH CURRENT (Feb. 23, 2021), <https://www.pittsburghcurrent.com/covid-19-outbreak-at-the-allegheny-county-jail-brings-75-new-cases-in-just-10-days-what-does-this-say-about-the-countys-testing-practices/> ("In spring 2020, Jodi Lynch, who was a nurse practitioner at ACJ at the time, testified in district court case *United States v. Brett Wells*, that Deputy Warden for Healthcare Services Laura Williams overruled Lynch's decision to test symptomatic incarcerated persons. Despite being in charge of healthcare decisions at the jail, Williams has no medical training and is trained as a mental health counselor.").

¹¹ Nelson Decl. ¶ 15.

¹² *Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities*, Centers for Disease Control and Prevention (Dec. 3, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html>.

¹³ See Exhibit H, Warden's Report (March 4, 2021).

COVID IN ACJ AS COMPARED TO ALLEGHENY COUNTY AND TO PENNSYLVANIA 2020-21
PREVALENCE---PERCENTAGES OF POSITIVES PER CASES

ALLEGHENY COUNTY JAIL							ALLEGHENY COUNTY				PENNSYLVANIA				
Reporting period	Inmates			Employees			Reporting period	All people			Reporting period	All people			
	Tests	Positive	Rate	Tests	Positive	Rate		Tests	Positives	Rate		Tests	Positives	Rate	
2020															
Cumm to Apr 8	9	1	11%	12	1	8%	Cumm to Mar 31	-	325			42,488	4,843	11%	
In Apr	47	26	55%	31	4	13%	In April	17,104	964	6%		178,877	40,920	23%	
Cumm to May 4	56	27	48%	43	5	12%	Cumm to Apr 30	17,104	1,289	8%		221,365	45,763	21%	
In May	16	1	6%	19	1	5%	In May	15,295	622	4%		233,672	26,163	11%	
Cumm to Jun 4	72	28	39%	62	6	10%	Cumm to May 31	32,399	1,911	6%		455,037	71,926	16%	
In June	98	-	0%	13	2	15%	In June	24,854	849	3%		309,150	14,680	5%	
Cumm to Jul 6	170	28	16%	75	8	11%	Cumm to June 30	57,253	2,760	5%		764,187	86,606	11%	
In July	148	6	4%	26	3	12%	In July	59,613	5,104	9%		452,685	25,442	6%	
Cumm to Aug 5	318	34	11%	101	11	11%	Cumm to July 31	116,866	7,864	7%		1,216,872	112,048	9%	
In Aug	159	4	3%	19	4	21%	In Aug	40,743	2,483	6%		441,348	21,977	5%	
Cumm to Sep 15	477	38	8%	120	15	13%	Cumm to Aug 31	157,609	10,347	7%		1,658,220	134,025	8%	
In Sep	79	-	0%	8	-	0%	In Sep	28,340	2,001	7%		1,343,421	24,942	2%	
Cumm to Oct 15	556	38	7%	128	15	12%	Cumm to Sep 30	185,949	12,348	7%		3,001,641	158,967	5%	
In Oct	76	-	0%	23	8	35%	In Oct	42,011	3,448	8%		1,052,005	49,060	5%	
Cumm to Nov 16	632	38	6%	151	23	15%	Cumm to Oct 31	227,960	15,796	7%		4,053,646	208,027	5%	
In Nov	116	28	24%	66	32	48%	In Nov	59,601	12,608	21%		1,546,347	153,437	10%	
Cumm to Dec 7	748	66	9%	217	55	25%	Cumm to Nov 30	287,561	28,404	10%		5,599,993	361,464	6%	
In Dec	547	56	10%	66	45	68%	In Dec	68,348	25,405	37%		1,821,579	278,861	15%	
Cumm to Jan15	1,295	122	9%	283	100	35%	Cumm to Dec 31	355,909	53,809	15%		7,421,572	640,325	9%	
In Jan 2021	163	5	3%	13	7	54%	In Jan	49,321	15,326	31%		1,807,139	202,899	11%	
Cumm to Feb 4	1,458	127	9%	296	107	36%	31-Jan	405,230	69,135	17%		9,228,711	843,224	9%	
In Feb	436	142	33%	28	16	57%	In Feb	28,588	7,314	26%		1,150,078	88,418	8%	
Cumm to Feb 28	1,894	269	14%	324	123	38%	Cumm to Feb 28	433,818	76,449	18%		10,378,789	931,642	9%	

Sources: ACJ stats

<https://www.alleghenycounty.us/jail/index.aspx>

PA Dept of Health

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Archives.aspx>

<https://www.health.pa.gov/topics/disease/coronavirus/pages/cases.aspx>

The covid tracking project

<https://covidtracking.com/data/#state-pa>

<https://covidtracking.com/data/state/pennsylvania/tests-viral>

<https://covidtracking.com/data/state/pennsylvania/cases>

11. Among ACJ staff, the COVID-19 positivity rate grew considerably toward the end of 2020 reaching a cumulative 38% positivity rate through the end of February 2021. **In February 2021 alone 57% of employees tested positive, double the rate in Allegheny County of 26%.** Testing for employees is not mandatory and there is a strong financial disincentive to being tested. ACJ employees have complained that they must use up their sick leave while they are quarantined, even when they are exposed to COVID-19 at the jail.¹⁴ The difficulty employees face in getting paid time off for COVID-19 infection leaves little incentive to either report symptoms or get tested. Many staff members may still come to work at ACJ even though they know they have COVID-19 symptoms. For those who are asymptomatic, there is no incentive to get tested. Hence the very high positivity rate among employees may also be understated.
12. The CDC has found that over 40% of the people who contract COVID-19 have mild or no symptoms.¹⁵ These asymptomatic patients can still suffer from harmful, long-lasting medical problems, including injury to the heart and lungs.¹⁶ Furthermore, asymptomatic individuals contribute to the spread of COVID-19, accounting for more than 50% of transmitted cases.¹⁷

¹⁴ Exhibit J, Excerpts of Jail Oversight Board Meetings; Charlie Deitch, *Employees Say Allegheny County Jail's COVID-19 Policies Don't Make Them Feel Essential* PITTSBURGH CURRENT (Feb. 4, 2021), <https://www.pittsburghcurrent.com/employees-say-allegheny-county-jails-covid-19-policies-dont-make-them-feel-essential/>.

¹⁵ *Summary of Guidance for Public Health Strategies to Address High Levels of Community Transmission of SARS-CoV-2 and Related Deaths*, December 2020, Centers for Disease Control and Prevention (Dec. 11, 2020), <https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e2.htm> (finding “approximately 50% of transmission [comes] from asymptomatic persons”).

¹⁶ See, e.g., Jennifer Couzin-Frankel, *From ‘Brain Fog’ to Heart Damage, COVID-19’s Lingering Problems Alarm Scientists*, Science (July 31, 2020, 1:30PM), <https://www.sciencemag.org/news/2020/07/brain-fog-heart-damage-covid-19-s-lingering-problems-alarm-scientists>; Valentina O. Puntmann et al., *Outcomes of Cardiovascular Magnetic Resonance Imaging in Patients Recently Recovered from Coronavirus Disease 2019 (COVID-19)*, 5 J. Am. Med. Cardiology 1265, 1267–70 (2020), <https://jamanetwork.com/journals/jamacardiology/fullarticle/2768916>; Carlos del Rio et al., *Long-term Health Consequences of COVID-19*, 324 J. Am. Med. 1723 (2020), <https://jamanetwork.com/journals/jama/fullarticle/2771581>; Lora Kolodny, *Long-haul Symptoms Should be a ‘Wake-Up Call’ for Young People When It Comes To Avoiding Covid, Texas Children’s Doctor Says*, CNBC (Feb. 9, 2021; 9:10 P.M.), <https://www.cnbc.com/2021/02/09/long-haul-covid-symptoms-should-be-a-wake-up-call-for-young-people-texas-childrens-doctor-says.html> (“About 10 to 30% of all Covid patients will suffer from long-haul symptoms, according to the latest research from Mt. Sinai’s Center for Post-Covid Care.”).

¹⁷ *Summary of Guidance for Public Health Strategies to Address High Levels of Community Transmission of SARS-CoV-2 and Related Deaths*, supra note 16; Michael A. Johansson et al., *SARS-CoV-2 Transmission From People Without COVID-19 Symptoms*, JAMA NETWORK OPEN, (Jan 7, 2021), available at

On December 3, 2020, the CDC updated its guidance for correctional facilities, recommending a mass testing approach to prevent asymptomatic spread in either one of two scenarios—(1) when there have been positive cases at the correctional facility; (2) when there is a high rate of transmission within the community.¹⁸ In such cases the CDC recommends a broader approach than just testing those who may have been exposed or are symptomatic, and instead suggests interventions ranging from the more targeted routine testing of all newly admitted inmates at intake to the universal, facility-wide baseline testing of all incarcerated people. Other public health institutions such as Johns Hopkins confirm the CDC's findings about asymptomatic carriers and recommend routine intake testing.¹⁹

13. There are several new variants of COVID-19. Studies of the U.K. and South Africa variants suggest they may be more contagious,²⁰ more deadly²¹ and even resistant to vaccines.²² Additionally, there is evidence that individuals previously-infected with COVID-19 can be

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774707> (finding “that the identification and isolation of persons with symptomatic COVID-19 alone will not control the ongoing spread” of the virus because over half of cases are transmitted by asymptomatic carriers).

¹⁸ *Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities*, Centers for Disease Control and Prevention (Dec. 3, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html>; *CDC Guidance for Expanded Screening Testing to Reduce Silent Spread of SARS-CoV-2*, Centers for Disease Control and Prevention (Dec. 3, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/expanded-screening-testing.html>. Scientific authorities resoundingly support the CDC's updated mass testing guidance. See, e.g., Crystal Watson et al., *COVID-19 and the US Criminal Justice System: Evidence for Public Health Measures to Reduce Risk 2*, Bloomberg School of Public Health, Johns Hopkins Univ. (Oct. 2020), https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/20201015-covid-19-criminal-justice-system.pdf.

¹⁹ Watson, *supra* note 2.

²⁰ *About Variants of the Virus that Causes COVID-19*, CENTERS FOR DISEASE CONTROL AND PREVENTION (Feb. 12, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant.html>.

²¹ James Gallagher, *Coronavirus: UK Variant 'May be More Deadly'*, BBC (Jan. 22, 2021), <https://www.bbc.com/news/health-55768627> (Scientists with the British government estimate that the U.K. COVID-19 variant is around 30% deadlier than the original virus.).

²² Carolyn Y. Johnson & William Wan, *Mutated Virus May Reinfect People Already Stricken Once with Covid-19, Sparking Debate and Concerns*, WASHPOST (Feb. 5, 2021; 7:33 P.M.), <https://www.washingtonpost.com/health/2021/02/05/virus-variant-reinfection-south-africa/>.

reinfecting by other variants.²³ The U.K. variant has been detected in Allegheny County.²⁴ The variants have been linked to significant outbreaks when introduced in correctional facilities.²⁵

Allegheny County Jail: Current Testing Policies Are Ineffective at Preventing Introduction of the Coronavirus to the Jail

14. Throughout the pandemic, ACJ has primarily relied on symptoms-based testing and testing of inmates transferring to state and federal correctional facilities, which is required by the Pennsylvania Department of Corrections.²⁶
15. Current ACJ testing practices are ineffective at detecting or preventing asymptomatic employees or inmates from bringing the virus into the jail. Such asymptomatic carriers typically constitute over 40% of the population infected with COVID-19 and account for 50% of transmissions.²⁷
16. ACJ screens employees when they enter the jail by taking their temperature and asking them a series of screening questions. This practice is ineffective at identifying asymptomatic employees. There have been asymptomatic employees who worked at ACJ while they

²³ JoNel Aleccia, *Why the U.S. Is Underestimating Covid Reinfection*, KHN (Feb. 8, 2021), https://khn.org/news/article/why-the-u-s-is-underestimating-covid-reinfection/?utm_campaign=KHN%20New%20from%20KHN&utm_medium=; William Booth & Carolyn Y. Johnson, *South Africa Suspends Oxford-Astrazeneca Vaccine Rollout After Researchers Report 'Minimal' Protection Against Coronavirus Variant*, WASHPOST (Feb. 7, 2021; 4:18 P.M.), https://www.washingtonpost.com/world/europe/astrazeneca-oxford-vaccine-south-african-variant/2021/02/07/e82127f8-6948-11eb-a66e-e27046e9e898_story.html.

²⁴ Hallie Lauer, *P.A. Tops 2 Million Vaccinations; Guard May Join*, PITTSBURGH POST-GAZETTE (Feb. 24, 2021; 15:57 P.M.), <https://www.post-gazette.com/news/health/2021/02/24/COVID-19-Allegheny-County-pittsburgh-pennsylvania-data-cases-deaths-2/stories/202102240122>.

²⁵ Angie Jackson, *Michigan Prison System's Coronavirus Variant Cases More Than Triple*, DETROIT FREE PRESS (Feb. 27, 2021; 6:02 A.M.), <https://www.freep.com/story/news/local/michigan/2021/02/27/uk-covid-variant-michigan-prison/6833376002/>.

²⁶ Exh. J; *Allegheny County Jail*, <https://www.alleghenycounty.us/jail/index.aspx> (last updated March 10, 2021).

²⁷ *Summary of Guidance for Public Health Strategies to Address High Levels of Community Transmission of SARS-CoV-2 and Related Deaths*, December 2020, Centers for Disease Control and Prevention (Dec. 11, 2020), <https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e2.htm>.

unknowingly had the virus.²⁸ Asymptomatic employees may also have been responsible for outbreaks that affected many detainees.²⁹

17. ACJ's administration does not universally test inmates in its Intake Department or intake housing units. Inmates admitted to the jail are held in crowded cells often with 10 people or more for extended periods, lasting hours and even days.³⁰ These conditions do not allow inmates to physically distance themselves or properly quarantine to prevent asymptomatic spread. Inmates report that ACJ has not effectively informed them of symptoms associated with COVID-19 at intake,³¹ making it difficult for inmates to know if symptoms they experience could potentially indicate an infection.
18. After an inmate is admitted to jail and processed, he/she is transferred from the Intake Department to an inmate intake housing unit, also referred to as a special housing unit (SHU). Inmates are supposed to be held there for a quarantine period. However, conditions on the SHU do not adhere to standards of quarantine. Inmates receive one or more different cellmates throughout the quarantining process, meaning when inmates are nearing the end of the quarantine period they could potentially be exposed to COVID-19, which they can then spread to the inmates when they transfer to a general population pod.³² Additionally, inmates who are supposed to be quarantining on the SHU, as well as correctional officers, healthcare

²⁸ Brenda Waters, *'A Lot Of Guilt': Nurse At Allegheny County Jail Fears He Passed Coronavirus To His Sister With Special Needs*, CBS PITTSBURGH (April 30, 2020; 7:59 P.M.), <https://pittsburgh.cbslocal.com/2020/04/30/nurse-fears-he-passed-coronavirus-to-his-sister/>; Paul Guggenheimer, *Allegheny County Jail Nurse Practitioner Battles Back From Coronavirus*, TRIBLIVE (May 21, 2020; 6:32 A.M.), <https://triblive.com/local/pittsburgh-allegheny/alleghe-ny-county-jail-nurse-practitioner-battles-back-from-coronavirus/>.

²⁹ Exhibit K, Declaration of Terrell Leonard ¶¶ 4, 6 ("Leonard Decl."); Exhibit L, Declaration of Montell Yancy ¶¶ 5, 7 ("Yancy Decl."); Exhibit M, Declaration of William Stoll ¶¶ 9-10 ("Stoll Decl.").

³⁰ Paula Reed Ward, *Woman Claims She Was Bitten by Rat at Allegheny County Jail*, TRIBLIVE (March 3, 2021; 7:16 A.M.), <https://triblive.com/local/woman-claims-she-was-bitten-by-a-rat-at-alleghe-ny-county-jail/>; Juliette Rihl, *Mixed-Up Meds & Long Waits: How Understaffing Hurts Medical Treatment at Allegheny County Jail*, PUBLICSOURCE (Jan. 7, 2021), <https://www.publicsource.org/alleghe-ny-county-jail-inmate-medical-wait-times-understaffing/>; Exhibit N, Declaration of James Joseph Dulacy, Jr. ¶¶ 23-25 ("Dulacy Decl."); Exhibit O, Supplemental Declaration of Richard Arrington ¶ 7 ("Arrington Supp. Decl."); Exhibit R, Declaration of Daniel Amodeo ¶ 2 ("Amodeo Decl."); Exhibit S, Declaration of Maurice Ebore ¶¶ 9-13 ("Ebore Decl."). On December 18, 2020, the plaintiffs requested via discovery the Defendants' intake documents, showing the number of inmates and length of time they were held in cells in ACJ's Intake Department. I wasn't able to review them because per the legal team, the defendants still have not produced them.

³¹ See, e.g., Exhibit P, Declaration of Julius Noel ¶ 9 ("Noel Decl.").

³² Nelson Decl. ¶17; Dulacy Decl. ¶ 24; Stoll Decl. ¶ 4; Arrington Supp. Decl. ¶¶ 8-9.

providers, and inmate pod workers leave the pod.³³ The flow of people significantly increases the risk of spreading the virus to others at the jail. Moreover, the women's SHU is also a general population housing pod. Newly admitted women and those who have been confined at ACJ for months risk infecting each other as they share the same congregate spaces, including using the showers and waiting in medline.³⁴

19. The recent massive outbreaks within several ACJ general housing pods highlight the inadequacy of preventative testing at the jail.³⁵ The individuals in these pods contracted the virus from either an employee or other incarcerated individual who came on to the pod. To decrease the risk of such outbreaks, steps should be taken to minimize the risk of spread from both inmates and employees.

Reducing the COVID-19 Risk of Transmission by Intake Testing within ACJ

20. Decreasing the risk of transmission between inmates starts at entry to the jail. Inmates coming into the jail present a constant risk of bringing in the virus. Routine intake testing of inmates for COVID-19 should be implemented to help identify and isolate cases early. The facility has a vested interest in the safety of staff and inmates. In the same way that a facility might search a prisoner for contraband at intake, the facility should test them for COVID-19.
21. Intake testing is aligned with national guidelines. The CDC recommends that carceral facilities consider "testing all new IDP [incarcerated or detained persons] at intake before they join the rest of the population in the facility, and housing them individually while test results are pending to prevent potential transmission."³⁶

³³ Dulacy Decl. ¶¶ 23-24; Arrington Supp. Decl. ¶¶ 8-9

³⁴ Moore Decl. ¶ 17; Nelson Decl. ¶ 16; Parker Decl. ¶ 13; White Decl. ¶ 16.

³⁵ Brittany Hailer, *Special Report: Incarcerated Man At Allegheny County Jail: "He Then Said I Was 'Delusional' For Thinking I Could Catch COVID-19"*, PITTSBURGH CURRENT (Feb. 23, 2021), <https://www.pittsburghcurrent.com/special-report-incarcerated-man-at-allegheny-county-jail-he-then-said-i-was-delusional-for-thinking-i-could-catch-covid-19/>; Brittany Hailer, *COVID-19 Outbreak at The Allegheny County Jail: 75 New Cases in Just 10 Days. What Does This Say About The County's Testing Practices?*, PITTSBURGH CURRENT (Feb. 23, 2021), <https://www.pittsburghcurrent.com/covid-19-outbreak-at-the-allegheny-county-jail-brings-75-new-cases-in-just-10-days-what-does-this-say-about-the-countys-testing-practices/>; Paula Reed Ward, *Covid Cases Continue to Climb at Allegheny County Jail*, TRIBLIVE (March 1, 2021; 3:05 P.M.), <https://triblive.com/local/covid-cases-continue-to-climb-at-allegheny-county-jail/>; Paula Reed Ward, *Allegheny County Jail Administration Defends Covid-19 Testing Policy*, TRIBLIVE (March 4, 2021; 6:51 P.M.), <https://triblive.com/local/allegheeny-county-jail-administration-defends-covid-19-testing-policy/>.

³⁶ *Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities*, Centers for Disease Control and Prevention (Dec. 3, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html>.

22. Intake testing has been adopted at a number of prisons and jails to curb the spread of COVID-19. For example, Pennsylvania³⁷ and Illinois³⁸ prisons require incoming inmates transferring from county jails to be quarantined for 14 days and test negative 72 hours prior to arriving at the prison. Inmates are immediately quarantined for a 14-day period and then tested again before being transferred to another housing unit. The Cook County Jail³⁹ and the Philadelphia Department of Prisons⁴⁰ have implemented similar intake testing policies with a significant reduction in transmission. A study by researchers at Stanford and Yale found that Cook County Jail’s virus mitigation efforts likely saved 30 lives and prevented 400

³⁷ *Allegheny County Jail*, <https://www.alleghenycounty.us/jail/index.aspx> (last updated March 10, 2021), (“Pursuant to a policy of the PA Department of Corrections, any inmate being transferred to state facilities must have a negative test for COVID-19 before transfer can be made.”); *Department of Corrections Reorganizes System for Continued Improvement Efforts To Mitigate COVID-19*, PA GOV (Dec. 11, 2020), https://www.media.pa.gov/pages/Corrections_details.aspx?newsid=487 (PA DOC “test[s] inmates for COVID-19 prior to transfer. No one is moved unless they test negative. Once moved, the inmates are immediately quarantined for 14 days and are then tested again.”).

³⁸ Memorandum: COVID-19 Response, COVID-19 Intra-Agency Transfers & County Jail/Detention Center Intakes, Illinois Department of Corrections (July 27, 2020), https://www2.illinois.gov/idoc/facilities/Documents/COVID-19/TransfersIntakes/COVID_19%20Intake%20and%20Transfer%20Procedures.pdf (Illinois DOC mandates that if the incoming transferring inmate has completed the 14-day quarantine and tested negative within 72 of admission to the prison, then he/she is put on a “designated quarantine housing unit[where he/she] remain[s] for a quarantine period of 14 days....Men and women . . . [are] tested again 72 hours prior to the conclusion of the 14-day quarantine period before being transferred from the reception and classification center.”).

³⁹ Matthew Hendrickson, *Cook County Jail Was One of The Nation’s Largest COVID-19 Hot Spots Last Spring. It’s Worse Now*, CHICAGO SUN TIMES (Dec. 15, 2020; 4:59 P.M.), <https://chicago.suntimes.com/coronavirus/2020/12/15/22165917/cook-county-jail-covid-19-coronavirus-bond-release-reform-judge-kim-foxx-tom-dart> (“New detainees are tested for the virus at intake and quarantined for 14 days before they are tested again — and isolated if they are positive.”).

⁴⁰ Joint Status Report, *Remick v. City of Philadelphia*, 2:20-cv-01959-BMS, ECF 53 at 3 (Dec. 9, 2020) (stating that the Philadelphia Department of Prisons’ testing protocol “requires testing all new admissions, any person with COVID-19 symptoms, and any person who, by reason of housing classification, may have been exposed to someone with COVID-19. ...All new admissions are also quarantined for 14 days before being placed in general population, and this quarantine measure is also ordered for all incarcerated persons who may have been exposed to COVID-19 on their housing units, pending results of testing. Further, all persons who test positive are currently placed in medical isolation for ten days to ensure that they no longer present a risk of infecting others in PDP.”).

hospitalizations.⁴¹ These efforts, which included universal asymptomatic testing, “led to an 83% reduction of new cases at the jail over an 83-day period.”⁴²

Proposed Intake Testing Protocol and Feasibility at ACJ

23. All persons newly admitted to ACJ should be tested for the presence of COVID-19. Persons performing the swab tests should have PPE training, including N-95 fit test, and be provided with a face screen, surgical mask and/or N-95 respirator, gown, and gloves. Gloves should be replaced between each test. All newly admitted inmates should be quarantined for 14 days except those found positive, who should be isolated according to current procedures.
24. All inmates who have a negative test result should be escorted to the designated quarantine housing unit, where they should remain for a 14-day quarantine period. During the 14-day quarantine period, inmates should not have close exposures with new individuals. For instance, they should not be placed with a new cellmate once on quarantine. Doing so potentially exposes them to COVID-19 again and would require them to restart their quarantine period. If an inmate has a positive COVID-19 test during the quarantine period, then that specific housing unit (e.g., cellmates) should be retested and the 14 day quarantine period should restart. Newly admitted inmates should be administered a COVID-19 test again 72 hours prior to the conclusion of the 14-day quarantine period and should have a negative test result before being transferred from intake housing to the general population or another housing unit.
25. Practical considerations such as availability of resource or timeliness of results do not appear to pose a barrier to implementing this testing. According to the Allegheny County Analytics Dashboard, there are on average 29 people admitted to the jail daily.⁴³ These COVID-19 intake tests require minimum effort to implement and administer and would likely be significantly more effective at preventing inmates from introducing COVID-19 to the general population than current practices.

⁴¹ Giovanni S P Malloy, et. al, *Effectiveness Of Interventions To Reduce COVID-19 Transmission In A Large Urban Jail: A Model-Based Analysis*, BMJ OPEN (Jan 14, 2021), <https://bmjopen.bmj.com/content/bmjopen/11/2/e042898.full.pdf>; Matthew Hendrickson, *30 COVID-Related Deaths, 400 Hospitalizations Averted By Measures Taken At Cook County Jail: Study Finds*, CHICAGO SUN TIMES (Feb. 19, 2021; 5:22 P.M.), <https://chicago.suntimes.com/2021/2/19/22291638/cook-county-jail-covid-19-coronavirus-yale-standford-study-tom-dart>.

⁴² *Supra* note 41.

⁴³ *Allegheny County Jail Population Management: Interactive Dashboards*, ALLEGHENY COUNTY ANALYTICS, <https://www.alleghenycountyanalytics.us/index.php/2021/03/04/allegheny-county-jail-population-management-dashboards-2/> (last visited March 4, 2021).

26. ACJ uses PCR tests to test inmates for COVID-19. ACJ sends test samples to the Pennsylvania Health Department and the Allegheny County Health Department for analysis. A review of 232 PCR tests that were administered on inmates in February and early March shows that on average it took two days from the date of collecting the sample to releasing the test results.⁴⁴ The fact that ACJ was testing entire housing pods did not affect the time for processing the test results. Therefore, ACJ submitting more test samples as a result of preventative intake testing is unlikely to result in a meaningful delay in moving or quarantining incarcerated individuals.
27. This proposed intake testing regime would not impede the jail's admissions process or result in unnecessary prolonged confinement. While in the Intake Department, newly admitted inmates can be given a rapid antigen test⁴⁵ or alternatively a PCR test. Those individuals with a negative test result or those waiting for their result can be moved to the designated intake housing unit; those who test positive should be isolated. On the intake housing units, newly admitted inmates can be tested a second time with a PCR test 72 hours prior to the conclusion of the 14-day quarantine period.
28. The current methods used to quarantine patients in intake housing (SHU) are flawed and greatly increase the risk of viral transmission. The SHU has an increased flow of inmates and many close contacts.⁴⁶ Furthermore, there have been numerous cases of patients mixing with new inmates during their quarantine in SHU.⁴⁷ Such mixing of different inmates represents a repeat exposure and would reset the clock for quarantining. Until ACJ can ensure full compliance with basic quarantine protocols, they should ensure testing at both intake and transfer from SHU.

Reducing the Risk of COVID-19 Transmission to and from Employees

The Need and Efficacy of Vaccination

29. Correctional employees work in close quarters with many other individuals and are at high risk of contracting COVID-19. Studies in the FDA approval process of the Pfizer, Moderna, and Johnson & Johnson vaccines have indicated very high success rates in preventing death

⁴⁴ Exhibit Q, Declaration of Jaclyn Kurin ¶ 3 (“Kurin Decl.”).

⁴⁵ Maureen Johnson-León, et. al, *Executive Summary: It's Wrong Not to Test: The Case for Universal, Frequent Rapid COVID-19 Testing*, THE LANCET (Feb. 19, 2021) (finding that Rapid antigen tests [] using lateral flow devices, have been proven effective in home and community settings for identifying people who are most likely to be contagious—even in the absence of symptoms—and to empower them to isolate before unknowingly infecting others.”).

⁴⁶ Arrington Supp. Decl. ¶ 8.

⁴⁷ Yancy Decl. ¶17; Nelson Decl. ¶17; Arrington Supp. Decl. ¶ 8.

or serious illness from COVID-19 with very low rates of serious side effects.⁴⁸ Furthermore, preliminary data indicate that vaccines also significantly reduce the chance of transmitting viruses to others.⁴⁹ Public health authorities overwhelmingly assert that vaccinating a large portion of the American population—somewhere in the range of 60-70% is key to stemming the disease, limiting the spread of the disease and the more serious illnesses, hospitalizations and deaths that result.

30. An American Journal of Preventive Medicine study highlighted that the incarcerated are “less able to perform self-protective behaviors” such as social distancing, wearing masks and PPE, and practicing hand washing and other hygienic measures. Thus, vaccination of the incarcerated - and correctional staff who may introduce the disease into correctional facilities - is essential to prevent or slow the spread of COVID-19.⁵⁰

Vaccination of Inmates at the Allegheny County Jail

31. Inmates at ACJ have not yet begun receiving vaccinations. Currently, there are a number of inmates at ACJ in high-risk age or co-morbidity groups who qualify to receive the vaccine under Pennsylvania guidelines. ACJ is still waiting for state authorization to administer the vaccine in the facility. Once the facility receives authorization, it is imperative that they rapidly implement vaccination of those at high risk of COVID-19. However, ACJ has not yet developed a written vaccination plan for the inmates. Neither has ACJ arranged to vaccinate those high-risk individuals by third parties and has no plan in place to do so.⁵¹ A concrete plan to vaccinate patients is imperative to efficient distribution and should be developed as soon as possible. This way, the facility can commence with vaccinations of their most vulnerable inmates without a delay once granted approval.

⁴⁸ Fernando P. Polack, *Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine*, The New ENGLAND J. OF MEDICINE (Dec. 31, 2020), <https://www.nejm.org/doi/full/10.1056/NEJMoa2034577>.

⁴⁹ Michael Weekes, et. al, *Single-Dose BNT162b2 Vaccine Protects Against Asymptomatic SARS-Cov-2 Infection*, AUTHOREA, (Feb. 24, 2021), https://www.authorea.com/users/332778/articles/509881-single-dose-bnt162b2-vaccine-protects-against-asymptomatic-sars-cov-2-infection?access_token=hDTQsMUXcCPSpdZV_Lmpg.

⁵⁰ Julie A. Ward, et. al, *COVID-19 Cases Among Employees of U.S. Federal & State Prisons*, AM. J. PREVENTATIVE MEDICINE (Feb. 22, 2021), [https://www.ajpmonline.org/article/S0749-3797\(21\)00118-5/fulltext](https://www.ajpmonline.org/article/S0749-3797(21)00118-5/fulltext).

⁵¹ Nick Trombola, *Just Under Half of Eligible Allegheny County Jail Workers Received COVID Vaccine, Deputy Warden Says*, PITTSBURGH POST-GAZETTE (March 4, 2021; 7:39 P.M.), <https://www.post-gazette.com/news/crime-courts/2021/03/04/Allegheny-County-Jail-COVID-19-vaccine-employees/stories/202103040178>; Paula Reed Ward, *Allegheny County Jail Administration Defends Covid-19 Testing Policy*, TRIBLIVE (March 4, 2021; 6:51 P.M.), <https://triblive.com/local/allegheny-county-jail-administration-defends-covid-19-testing-policy/>.

Vaccination of Employees at the Allegheny County Jail

32. There are approximately 683 employees at the Allegheny County Jail who have direct contact with incarcerated individuals.⁵² As of March 4, 2021, only 213 employees have been fully vaccinated. A further 172 employees have refused to be vaccinated.⁵³ The ACJ can recommend that employees receive a vaccination, but it likely has no authority to mandate vaccinations for employees.
33. Unvaccinated correctional employees are vectors for spreading COVID-19 and are themselves put at risk of serious health consequences if exposed to the virus. The SHU at ACJ is an area with higher risk of COVID-19 exposure, as many inmates are on quarantine for COVID-19 and/or have not yet tested negative. For the safety of both staff and inmates, unvaccinated staff should be preferentially assigned to lower risk duties where they will not come into close contact with uninoculated inmates, inmate workers, and other staff. While this arrangement was previously raised, Warden Harper has declined to reassign unvaccinated employees to such positions.
34. Given the significant number of staff and inmates who have contracted COVID-19, I strongly recommend that unvaccinated employees be assigned to locations that minimize their risk of contracting or transmitting COVID-19. This common-sense intervention can help minimize risk to both staff and patients and could potentially prevent death or serious illness.

Summary and Recommendations

35. The COVID-19 pandemic has led to numerous outbreaks in carceral facilities, which affect high numbers of inmates and staff members. ACJ is currently experiencing a much higher incidence of cases than the rest of the county or Pennsylvania and even these figures are likely underreported. ACJ currently does not test or appropriately quarantine inmates at intake, which likely contributes to the significant outbreaks that the facility has faced.
36. The remedies to this pandemic are simple: lower the risk of interactions between people, test frequently, and quarantine those who are infected or exposed. ACJ has the resources to implement interventions that could drastically reduce the burden of COVID-19 in the facility. I strongly recommend the following:

⁵² Exh. J.

⁵³ Nick Trombola, *Just Under Half of Eligible Allegheny County Jail Workers Received COVID Vaccine, Deputy Warden Says*, PITTSBURGH POST-GAZETTE (March 4, 2021; 7:39 P.M.), <https://www.post-gazette.com/news/crime-courts/2021/03/04/Allegheny-County-Jail-COVID-19-vaccine-employees/stories/202103040178>; Paula Reed Ward, *Allegheny County Jail Administration Defends Covid-19 Testing Policy*, TRIBLIVE (March 4, 2021; 6:51 P.M.), <https://triblive.com/local/allegheny-county-jail-administration-defends-covid-19-testing-policy/>.

1. ACJ should institute a broader and more rigorous COVID-19 testing regimen including:
 - a) Testing all inmates arriving in the SHU
 - b) Testing inmates within 72 hours of their transfer to the general population until the facility can ensure appropriate quarantine procedures (e.g., no additional close exposures such as new cellmates during the quarantine)
2. ACJ should promptly develop a written plan for the mass vaccination of inmates who qualify for vaccination under Pennsylvania guidelines
3. ACJ should institute a system to decrease the spread of COVID-19 to and from staff by:
 - a) Encouraging all employees to be vaccinated
 - b) Encouraging employees to report COVID-19 symptoms and undergo testing by ensuring that those who are diagnosed with COVID-19 infection have sick leave
 - c) Assigning or re-assigning unvaccinated staff to positions or locations where they have lower risk of exposure to COVID-19

A handwritten signature in black ink, appearing to read 'William Weber', with a stylized, cursive script.

William Weber, MD, MPH

3/11/2021

William Weber MD, MPH

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Education

- 7/2020-Present The University of Chicago - Chicago, Illinois
Fellowship in International Emergency Medicine
- 6/2017-6/2020 The University of Chicago Medical Center - Chicago, Illinois
Residency in Emergency Medicine
Chief Resident of Medical Simulation (2019-2020)
- 8/2013-5/2017 Northwestern University Feinberg School of Medicine - Chicago, Illinois
Doctor of Medicine (M.D.), Magna Cum Laude
- 8/2013-5/2017 Northwestern University Graduate School - Evanston, Illinois
Master of Public Health (M.P.H.) with Honors
- 8/2009-6/2013 Northwestern University - Evanston, Illinois
Bachelor of Arts (B.A.), Magna Cum Laude

Clinical Experience

- 11/2020-Present The University of Chicago Comer Children's Hospital – Chicago, Illinois
Pediatric Emergency Medicine Attending Physician
- 6/2020-Present The University of Chicago Medical Center – Chicago, Illinois
Emergency Medicine Attending Physician

Licensure / Certification

- 2021 American Board of Emergency Medicine, Board Eligible
Written boards passed 1/2021, oral boards to be scheduled Fall 2021
- 2020 Illinois – Medical License – License number: 036.153143
- 2019 Wisconsin – Medical License – License number: 72342-20

Honors

- 2020 University of Chicago Research in Emergency Medicine Award
- 2019 Emergency Medicine Residents' Association Simulation Research Grant
- 2018 Medical Education, Research, Innovation, and Teaching Scholarship Recipient
- 2018 Emergency Medicine Residents' Association Advanced Airway Scholarship
- 2017 Graduated Magna Cum Laude in Scientia Experimentalis
- 2017 Delta Omega Honors Society for Graduate Studies in Public Health
- 2016 Gold Humanism Honor Society

Peer Reviewed Publications

Society Policies / Guidelines

Weber W, et al. Clinical Management of Patients with COVID-19: Course 2 – Initial Approach. World Health Organization (WHO) OpenWHO. 2/2021

Weber W, Heins A, Liang S. ED Vaccinations. American College of Emergency Physicians (ACEP) Point-of-Care Tools. 11/2020

Weber W. License Renewal Fees for Graduating Residents. Illinois State Medical Society Resolution 09.2020-6 (A-21) [Approved by Governmental Affairs Committee 10/2020, awaiting ISMS Board Approval]

Weber W, et al. COVID-19 Discharge Smart Phrase: Expected Recovery in the American College of Emergency Physicians COVID-19 Field Guide. 5/2020

Barron R, Liang S, Josephson E, Weber W. Best Practices in Testing Adults and Adolescents for Chlamydia and Gonorrhea in the Emergency Department: An Information Paper. American College of Emergency Physicians. 7/2019

Weber W, et al. American College of Emergency Physicians Policy Statements:

Cessation of Tobacco and Nicotine Containing Products [Accepted]

Prevention of Harm from Internet and Social Media Challenges [10/2020]

Medical Neutrality (6/2020)

Human Trafficking (2/2020)

Separation of Children from Family/ Guardians (6/2019)

Academic Work

McFadden G, Thompson K, Weber W. A Man with Difficulty Breathing. Emergency Medicine Journal (EMJ). [Manuscript accepted; doi:10.1136/emmermed-2020-210650]

Weber W, Ahn J. COVID-19 Conferences: Resident Perceptions of Online Synchronous Learning Environments. The Western Journal of Emergency Medicine. 1/2021

Hsu A, Weber W, Heins A, Josephson E, Komberg R, Diaz R. A Proposal for Selective Resuscitation of Adult Cardiac Arrest Patients in a Pandemic. Journal of the American College of Emergency Physicians Open. 6/2020

Weber W. Peritoneal Inclusion Cysts after Gunshot Wound. Archives of Emergency Medicine and Intensive Care. 9/2018

Weber W, Moore J, Cheema N. Traumatic Acetabular Protrusion. The Western Journal of Emergency Medicine. 4/2018

Weber W. Rosh Review Questions. Rosh Review Emergency Medicine Question Bank. 2018-2020

Non-peer Reviewed Publications

Concors E, Smith M, Weber W. COVID-19 Outbreaks in Immigrant Detention Facilities. SAEM Pulse Magazine. 3/2021 [Manuscript Accepted]

Weber W. The Unintended Consequences of COVID-19 Lockdowns. SAEM Pulse Magazine. 9/2020

Weber W. A Primer for Managing Global Pandemics. SAEM Pulse Magazine. 5/2020

Barron R, Liang S, Weber W, Josephson E. Chlamydia and Gonorrhea Testing Best Practices. ACEP Now. 1/2020

Weber W. Misjudging Measles. SAEM Pulse Magazine. 5/2019

Weber W. Mark One or More Boxes. Northwestern Medicine Magazine (reprinted). 1/2018

Weber W. Boxes: My Ambivalence Toward Compartmentalizing. Diversity and Inclusion Matters. 10/2017

Presentations

Olson A, Moore P, Olson N, Weber W, Derstine A, Heuton M, Ahn J. The “EM in 5” Curriculum: Learner and Presenter Perceptions. Council of Residency Directors (CORD) Academic Assembly. Seattle, WA. 4/2019

Jarou Z, Weber W, Bickley D, Spiegel T. Reducing Emergency Department Track Board Overload. University of Chicago Quality and Safety Symposium. Chicago, IL. 3/2019

Weber W. Septal necrosis with Oronasal Fistula secondary to Cocaine Insufflation. Society for Academic Emergency Medicine (SAEM) National Conference, Indianapolis, IN. 5/2018

Davis J, Hall S, Weber W, Padela, A. The Educational Preparedness of Emergency Medicine Trainees in Clinical Ethics. Society for Academic Emergency Medicine (SAEM) National Conference, Indianapolis, IN. 5/2018

Weber W. Once You Pop, the Fun Don’t Stop: Best Practices after Incision and Drainage. Presented at the Illinois College of Emergency Physicians (ICEP) Spring Symposium, Chicago, IL. 5/2018

Weber W. Playing Patient: Building Empathy through Patient Simulation. Rocky Mountain Winter Conference on Emergency Medicine, Breckenridge, CO. 2/2018

Weber W, Jovanovich B, Goma F. “Factors Influencing the Initiation of Anti-Hypertensive Medications at Outpatient Clinics in Lusaka, Zambia”. Northwestern Global Health Conference, Chicago, IL. 5/2016.

Weber W, Pazmiño J, Bishop V. “Fitness and Identity: Developing a Cultural Health Curriculum for Kindergarteners in Quito, Ecuador”. Northwestern University Global Health Day and Northwestern Program in Public Health Field Experience symposium, Chicago, IL. 5/2014.

Extracurricular Activities

Global Emergency Medicine

- | | |
|--------------|---|
| 2020-Present | Medical Forensic Examiner for Asylees
Marjorie Kovler Center of Heartland Alliance. Chicago, IL
Evaluated survivors of torture to document physical evidence of abuse in support of their asylum cases in immigration court |
| 2020-Present | Medical Expert Declaration Author
American Civil Liberties Union (ACLU), Florence Immigrant Project, and others
Reviewed medical records and testimonies of detained immigrants to evaluate their medical care and write legal documents pertaining to issues of substandard care |
| 2020-Present | Immigrant Health Workgroup – Steering Committee
Doctors for America - Section of Immigrant Health Justice
Developed a training curriculum for physicians to write medical review letters for immigration cases and trained over 80 physicians, residents, and medical students via online seminar |
| 2020-Present | Global Emergency Medicine Academy - Executive Board IT Chair
Society for Academic Emergency Medicine. Des Plaines, IL
Helped lead a committee to unify two national organizations comprising over 30 fellowship programs in global emergency medicine into a single entity |

2018-2020 Educational Coordinator for Chicos Italian-American Emergency Medicine Externship
The Department of Emergency Medicine. Northshore Health System, Evanston IL
Led high-fidelity mannequin simulation sessions for visiting Italian emergency medicine residents. Coordinated daily observation, simulation, and didactic experiences between five sites

Public Health / Social Emergency Medicine

2018-Present Public Health and Injury Prevention Subcommittee Chair
American College of Emergency Physicians. Irvin, TX
Authored guidelines for a national organization on topics such as migrant children being separated from guardians, sexually transmitted infections, and substance use disorders

2018-Present Patient Resource Advocate: Condoms, clothes, and chargers
The University of Chicago Medical Center. Chicago, IL
Established a clothing closet for trauma and homeless patients in need of clothes. Started a targeted campaign for sexual wellness and procured over 10,000 condoms to give out to high-risk patients. Worked with volunteer services to provide phone chargers to patients who had no visitor access during the COVID-19 pandemic.

2018-2021 Abstract Review Committee
Society for Academic Emergency Medicine (SAEM), Des Plaines, IL
Reviewed over 150 abstracts submitted to SAEM national conferences from 2018 to 2021

2015-2017 Student Body President of the Northwestern Program in Public Health
Feinberg School of Medicine, Chicago, IL
Worked with faculty to improve the course review system, develop a peer mentorship program, and plan volunteer and social events for students and faculty

Academic Emergency Medicine

2018-2020 Medical Education Research, Innovation, Teaching, and Scholarship Program
Office of Graduate Medical Education, The University of Chicago, Chicago, IL
Surveyed residents to understand perceptions of online synchronous learning. Developed a curriculum for residents to simulate patient experiences as a way to build empathy.

2018-2020 Operations Task Force
The Section of Emergency Medicine, The University of Chicago, Chicago, IL
Improved the functionality of the Epic electronic medical record track board by removing over 20 superfluous columns for physicians and nurses.

2016-2017 Analytics Team for NU Emergency Medicine Free Open Access Medical Education Blog
Feinberg School of Medicine, Chicago, IL
Analyzed use data and implemented changes to improve website function and readership.

2014-2017 Curriculum Review Committee
Feinberg School of Medicine, Chicago, IL

Compiled student feedback and worked with faculty to improve the medical curriculum.

Certification

2020	American Board of Emergency Medicine - Board Examination Eligible
2019	Advanced Cardiac Life Support (ACLS)
2019	Pediatric Advanced Life Support (PALS)
2019	The Difficult Airway Course
2019	Practical Emergency Airway Management Course (Levitan)
2018	Medication-Assisted Treatment Waiver to Prescribe Buprenorphine for Opiate Dependence
2017	Advance Trauma Life Support (ATLS)
2017	Neonatal Resuscitation Program (NRP)

Memberships

2019-Present	Delta Omega Honors Society
2017-2020	Air Medical Physician Association
2017-Present	Illinois State Medical Society
2017-Present	Society for Academic Emergency Medicine
2016-Present	American Academy of Emergency Medicine
2016-Present	American College of Emergency Physicians
2016-Present	Gold Humanism Honors Society
2013-Present	Phi Beta Kappa Honors Fraternity

Personal

Exploring public transit systems / Backpacking / Hosting dinner and cocktail parties / Climbing trees