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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

MARCIANO PLATA, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

CASE NO. 01-1351 JST

**DEFENDANTS' OPPOSITION TO
PLAINTIFFS' PROPOSED ORDER
REGARDING QUARANTINE AND
ISOLATION**

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INTRODUCTION

In response to the rapidly evolving COVID-19 pandemic, this Court issued an order directing the parties and the Receiver to meet and confer on a potential order which would require Defendants to “set aside sufficient space at each institution to allow the institution to follow public health guidance on isolating and quarantining patients in the event of a COVID-19 outbreak.” Dock. No. 3381 at 1:14-16. The Court “strongly encourage[d] the involvement of medical and public health experts during this process.” *Id.* at 1:18-19. In response, the Receiver devised a formula to apply at each of CDCR’s 35 unique institutions to calculate the number of beds that must be vacant for use as quarantine and isolation space in the event of an outbreak. But the Receiver cautioned that “[r]ealities on the ground might require exceptions” to his proposed methodology. Dock. No. 3391-1 at 1. Plaintiffs now ask this Court to order Defendants to implement this rigid methodology despite the fact that, as the Receiver acknowledges, it is not based upon public health guidance and does not consider the unique physical layout of each institution, the type of population housed at each institution (including medical acuity or average age of the incarcerated population), or the number of “resolved” patients at each institution. This methodology also fails to account for less intrusive alternatives, including structures that are available for alternative housing space, such as tents, gyms, and other onsite buildings that can be converted into temporary housing. Significantly, the methodology also fails to consider mitigation measures—including mandatory mask wearing, enhanced use of staff and patient testing, contact tracing, quarantine and isolation policies, limitations on transfers, establishment of incident command posts and, among other things, modifications to existing air recirculation systems—that did not exist before recent outbreaks.¹

Defendants submit an alternate proposal for this Court’s consideration that accounts for each of their 35 institutions’ varying needs, geography, and populations. Specifically, Defendants

¹ All four prior large outbreaks occurred before extensive staff testing was implemented, and at least one outbreak started before the testing of incarcerated people commenced or mask wearing became mandatory. Another of the large outbreaks occurred because of an inadequate transfer protocol which is unlikely to be repeated by CCHCS and CDCR.

1 propose that each institution set aside a minimum of 100 empty beds for quarantine or isolation—
 2 in addition to any celled rooms with solid doors that are already appropriate for isolation or
 3 quarantine, should the occupant need it—which will equate to at least one empty housing unit at
 4 most institutions.

5 Unlike Plaintiffs’ proposal, Defendants’ plan is based on the premise that mitigation
 6 measures that were implemented as a result of these large outbreaks will continue to be utilized
 7 and improved upon, including staff and incarcerated person testing, contact tracing, mask wearing,
 8 and restriction of movement. It does not assume that improved mitigation measures, described
 9 above, will be abandoned or forgotten by CCHCS and CDCR and that prior mistakes from earlier
 10 outbreaks will be repeated. Because extensive corrective measures have been taken, past
 11 outbreaks, while informative, do not provide the best assumptions for properly planning for future
 12 outbreaks. Defendants’ proposal is therefore the least-restrictive alternative and provides a
 13 reasonable, narrowly-tailored approach to mitigating the spread of COVID-19, consistent with the
 14 Prison Litigation Reform Act (PLRA).

15 For these reasons, this Court should adopt Defendants’ proposal.

16 BACKGROUND

17 On July 7, 2020, the Court issued its order regarding quarantine and isolation beds. The
 18 Receiver’s office provided a draft plan to the parties on July 8, and a revised document on July 9.
 19 (Decl. Samantha Wolff Supp. Defs.’ Opp’n to Pltfs.’ Proposed Order re Quarantine and Isolation
 20 (Decl. Wolff), ¶ 2.) The parties met with the Receiver on July 9 to discuss the revised draft
 21 document, and during that meeting, the Receiver acknowledged the methodology document
 22 needed further revision and clarification. (*Id.* at ¶ 3.) A revised draft was then provided to the
 23 parties on July 11. (*Id.*) Another meet-and-confer discussion between the parties and the Receiver
 24 occurred on July 13, and the parties submitted the respective proposed orders to the Court on July
 25 15. (*Id.*)

26 Following the July 16 Case Management Conference, and at this Court’s urging, the
 27 parties met and conferred again on July 18. (*Id.* at ¶ 4.) During that discussion, Defendants
 28 presented the general concept of their new proposal. (*Id.*) The parties discussed the proposal in

1 broad terms and Plaintiffs asked important questions about the development of this proposal and
 2 its possible implementation. (*Id.*) Defendants indicated they would endeavor to provide
 3 additional information to Plaintiffs as it became available. (*Id.*) Subsequently, on July 19, 2020 at
 4 7:02 p.m., Defendants shared their revised proposed order with Plaintiffs' counsel and the
 5 Receiver. (*Id.*)

6 ARGUMENT

7 **I. Plaintiffs' Proposal Is Not Narrowly Tailored And Ignores Less-Intrusive Mitigation** 8 **Measures That Have Been—And Are Being—Implemented By CDCR And CCHCS.**

9 It is undisputed that in a congregate living environment, it is critical to have space
 10 available for both quarantine and isolation in the event of a COVID-19 outbreak. (Decl. Anne
 11 Spaulding, M.D., Ph.D., Supp. Defs.' Opp'n (Decl. Spaulding), ¶ 10; Decl. Adam Luring, M.D.,
 12 Ph.D., Supp. Pltfs.' Prop. Order, ECF 3391-1 at ¶ 9.) Rather, the parties' disagreement stems from
 13 precisely how much space must be set aside to help mitigate any future COVID-19 outbreaks
 14 within CDCR's institutions. Plaintiffs contend that, based upon the Receiver's experience in
 15 dealing with four large-scale outbreaks at California Institution for Men (CIM), Chuckawalla
 16 Valley State Prison (CVSP), Avenal State Prison (ASP), and California State Prison - San Quentin
 17 (San Quentin), their proposal to require the State to vacate approximately 20 percent of bed space
 18 at each prison is the most reasonable approach. But this proposal suffers from several flaws,
 19 including failing to account for lessons learned and mitigation measures implemented as a result
 20 of each of these outbreaks, the unique physical characteristics of each institution, and the disparate
 21 demographics of each institution's population. This proposal also ignores that several potential
 22 outbreaks were successfully contained with far less isolation and quarantine space than that
 23 proposed by Plaintiffs under their current plan.²

24 Plaintiffs' proposal labors under the assumption that mistakes *will* be repeated, and that
 25 mitigation measures will be ignored. For instance, the outbreak at California Institution for Men
 26 _____

27 ² For instance, under Plaintiffs' 20 percent proposal, COR would need to vacate an additional 679
 28 beds. Corcoran's outbreak peaked at about 153 cases and Corcoran was able to successfully
 mitigate the spread of COVID-19 without the additional beds called for under Plaintiffs' proposal.

1 started before extensive staff or incarcerated person testing had commenced, and even before
2 certain basic measures, such as mandatory mask wearing, had been implemented in the prisons.
3 And the outbreak at San Quentin appears to have been caused by an unfortunate decision to
4 transfer incarcerated persons—before an adequate transfer protocol had been implemented—from
5 a prison with a large active outbreak to a prison that previously had no known cases of COVID-
6 19. CDCR and CCHCS have implemented specific mitigation measures as a result of lessons
7 learned following these and other outbreaks. For example, inter-institution transfers have largely
8 stopped (save for emergent situations) and, in particular, institutions with three or more COVID-
9 19-positive incarcerated persons are closed to transfers. (Decl. Ralph Diaz Supp. Defs.’ Opp’n to
10 Pltfs.’ Prop. Order (Decl. Diaz), ¶ 3.) CDCR also has issued numerous directives to staff and
11 incarcerated persons alike setting forth strict expectations with respect to mask wearing, personal
12 hygiene, and facility cleanliness. Additionally, CDCR has recently completed statewide baseline
13 COVID-19 testing of all staff and will continue to test staff according to its current staff testing
14 plan. Incarcerated persons are also tested far more frequently than was the case when the outbreak
15 at CIM first started. *CDCR COVID-19 Preparedness*, Population COVID-19 Tracking,
16 <https://www.cdcr.ca.gov/covid19/population-status-tracking/> (last visited July 20, 2020) (CDCR
17 Population Tracker). But because Plaintiffs’ proposal is based upon the circumstances that existed
18 before these and other mitigation measures were implemented, it presumes that future outbreaks
19 will occur on the same scale without any accounting for lessons learned and mitigation strategies
20 implemented.

21 Plaintiffs’ proposal also fails to account for the unique physical layout of each institution.
22 It requires a 20 percent vacancy rate regardless of whether the housing unit consists of cells or
23 dorms, the latter of which are considered higher risk for the spread of COVID-19. Indeed,
24 Plaintiffs have previously asserted that “dorms are plainly the locus of the largest, most
25 widespread, and serious outbreaks.” Dock. No. 3345 at 8:12-13. And yet, their proposal makes
26 no distinction in this regard and would require the same amount of space regardless of dorm or
27 celled housing.

28 Further, Plaintiffs’ proposal fails to consider that individual layouts contain the spread of

1 COVID-19 differently: among institutions with celled housing, those institutions with a “270
2 design” have generally been more successful in controlling the spread of COVID-19 than those
3 institutions with an open-tiered design. For example, incarcerated persons were transferred from
4 CIM to both San Quentin and California State Prison, Corcoran, at the same time. *See* Dock. No.
5 3356 at 14:4-7 (“On May 28 ... the transfers [from CIM to San Quentin and Corcoran]
6 commenced. CCHCS suspended the transfers on June 4, 2020, when it was discovered that some
7 of the transferred inmates tested positive for COVID-19 after they arrived at San Quentin and
8 Corcoran.”) COVID-19 positive incarcerated persons were inadvertently and unfortunately
9 included among those transferred. While those transfers resulted in a large-scale outbreak at San
10 Quentin, with 1,111 “resolved” patients and 922 active patients as of July 20, 2020, by
11 comparison, 151 patients at Corcoran are “resolved” and only 11 are considered active. (CDCR
12 Population Tracker.) This disparity in infection rates is likely attributed to the physical layout of
13 each institution, even though those transferred were housed in cells at both receiving institutions.
14 San Quentin’s housing units consist of open-bar cells along five open tiers, where COVID-19
15 positive (and quarantine suspected positive) incarcerated persons were initially isolated and
16 quarantined. (Decl. Diaz, ¶ 2.) By contrast, COVID-19 positive (and suspected positive)
17 incarcerated persons at Corcoran were housed in cells with a solid door, and in housing units with
18 a “270 design” (no open tiers). (*Id.*) Plaintiffs’ proposal makes no accommodation for these
19 factors.

20 Additionally, persons who have already contracted and recovered from COVID-19 are
21 very unlikely to contract the disease again for a period of at least months and possibly longer.
22 (Decl. Spaulding, ¶ 13.) At present, there are approximately 4,615 incarcerated persons within
23 CDCR’s custody who have recovered from COVID-19, including nearly 1,000 recovered
24 incarcerated persons at San Quentin, CVSP, ASP, and CIM each. (CDCR Population Tracker.)
25 Plaintiffs’ proposal, however, does not account for the number of recovered incarcerated persons
26 at these and other institutions, even though these numbers would reduce the number of beds that
27 would need to be left vacant at any one time for quarantine and isolation. (*See* Decl. Spaulding, ¶
28 13.)

1 Nor does Plaintiffs' proposal account for additional measures that can be implemented to
2 improve air circulation, and thus mitigate the need to appropriate additional open beds. For
3 instance, California State Prison, Lancaster (LAC), was able to avoid a large-scale outbreak in part
4 because of its ability to change the air handler dampers from air recirculating in the housing units
5 to 100 percent outside air intake and exhaust. (Decl. Gipson, ¶ 2.) As of July 20, 2020, LAC had
6 127 resolved cases and only five active cases. (CDCR Population Tracker.)

7 Finally, on July 14, 2020, the CDC issued its "Interim Guidance on Management of
8 Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities." (CDCR
9 Population Tracker.) This guidance revises prior guidance on this same topic and further indicates
10 that "[r]ecommendations may need to be revised as more information becomes available."
11 Specifically, as is relevant here, the July 14 Interim Guidance recommends that facilities "[u]se
12 one large space for cohorted medical isolation rather than several smaller spaces. This practice
13 will conserve PPE and reduce the chance of cross-contamination across different parts of the
14 facility." Plaintiffs' proposal does not account for the fact that COVID-19 positive patients should
15 be housed together *without* a need for physical distancing, a practice which is sure to reduce the
16 amount of necessary space. (See Decl. Spaulding, ¶ 16.) Indeed, while the Receiver's "COVID-
17 19 Space Needs for Prevention, Isolation, and Quarantine" proposal acknowledges that "[m]ultiple
18 confirmed COVID-19 positive cases can be housed together," the 20 percent vacancy rate
19 included in Plaintiffs' Proposed Order makes no accommodation for this fact. As a result,
20 Plaintiffs' proposal requires the setting aside of an excessive number of beds, particularly in light
21 of the fact that it is unclear whether the 20 percent rate applies to dorms, cells, or both. See Dock.
22 No. 3391-1 at 2.

23 Plaintiffs' failure to account for these factors in their Proposed Order has led to a plan that
24 is overly broad and not focused on the individualized needs of each institution. While their
25 proposal would allow the parties to request that the Receiver modify the number of empty beds
26 required, it begins with the premise that an unnecessarily large number of beds must be set aside,
27 and fails to provide Defendants with either the deference they are owed as prison administrators or
28 the flexibility to immediately adjust to changing circumstances or guidance without first having to

1 seek approval and engage in a meet-and-confer effort. *Turner v. Safley*, 482 U.S. 78, 85 (1987)
 2 (“Where a state penal system is involved, federal courts have, as we indicated in *Martinez*,
 3 additional reason to accord deference to the appropriate prison authorities”); *see* Dock. No. 3391-2
 4 at 3. Nor does Plaintiffs’ Proposed Order afford the Defendants any recourse should the Receiver
 5 reject their request to modify the vacancy rate at any institution. *See id.* (only permitting the
 6 parties to inform the Court of any disagreements as to adjustments to the methodology). In short,
 7 this proposal does not reflect the realities of the COVID-19 virus, including lessons learned to date
 8 in responding to outbreaks and policies implemented following these outbreaks, and does not
 9 afford Defendants the critical flexibility they need to adjust in real time to scientific advances that
 10 are occurring on a near daily basis. Plaintiffs’ proposal must be rejected for these reasons.

11 **II. Defendants’ Proposal Constitutes A Viable, Less-Intrusive Alternative.**

12 Unlike Plaintiffs’ proposal, Defendants’ proposal would afford prison administrators
 13 significantly more flexibility in allocating necessary space for quarantine and isolation in the event
 14 of an outbreak. Defendants’ proposal also recognizes that lessons have been learned from prior
 15 large-scale outbreaks. And Defendants’ proposal is more likely to *prevent* future outbreaks insofar
 16 as it would not require unnecessary inter-institution transfers and consolidation of certain
 17 populations that would be required under Plaintiffs’ plan. As more is learned about this virus on a
 18 near-daily basis, it is critical that Defendants be afforded flexibility to adjust in real time to
 19 scientific advances. Defendants’ proposal does just that and is more narrowly-tailored to address
 20 the concern at issue here: prevention of future large-scale outbreaks.

21 Under Defendants’ proposal, the State would be required to leave vacant a reasonable
 22 number of beds to address an outbreak—including at least one housing unit at a majority of
 23 institutions (with a minimum of 100 beds). Unlike Plaintiffs’ proposal, Defendants’ proposal
 24 affords greater flexibility insofar as it permits Defendants to allocate additional space by *either*
 25 reserving additional housing unit beds *or* activating nontraditional beds, such as gymnasiums,
 26 installation of tents, or converting space like chapels and PIA facilities. *See* Defs.’ Proposed
 27 Order, filed herewith, at 2. This approach allows the State to balance the need to have readily
 28 available quarantine and isolation space with the equally critical need to afford physical distancing

1 in the facilities. Indeed, space that Plaintiffs propose remain vacant in the event of a *future*
2 outbreak may be better used now to spread out the current population or to house medically high-
3 risk incarcerated person in order to *prevent* an outbreak from occurring in the first instance. (Decl.
4 Spaulding, ¶ 14.) In this regard, it is unlikely that Defendants would be able to accommodate
5 Plaintiffs' 20 percent vacancy proposal without paring back physical distancing mandates in
6 dorms. (Decl. Diaz, ¶ 7.)

7 Further, while either party may request modification of the set-aside space via the Receiver
8 (as is true under Plaintiffs' plan as well), Defendants' proposal enables the parties to seek the
9 Court's assistance in the event they disagree with the Receiver's determination. This proposal
10 also empowers Defendants to determine the initial amount of reserved space that they believe is
11 necessary, taking into account critical factors such as the physical layout of each institution,
12 medical acuity of each institution's incarcerated population, and number of resolved patients, in
13 the first instance.

14 Additionally, implementation of Defendants' plan is safer and carries significantly less risk
15 of unintentionally spurring further outbreaks. Whereas Plaintiffs' proposal would require inter-
16 system transfers in order to set aside the required amount of space (or further ordered prisoner
17 releases in violation of the PLRA as discussed below), Defendants' proposal could be
18 implemented *without any further transfers*. (Decl. Diaz, ¶ 8.) As this Court and the parties are
19 painfully aware, transfers create a significant risk of transmission of the virus and must be avoided
20 to the extent possible.

21 Finally, in developing their proposal, Defendants considered how the addition of the space
22 they currently propose would have impacted prior outbreaks. Defendants surveyed a number of
23 institutions that have addressed COVID-19 outbreaks to date and learned that while some
24 institutions believe that a vacant housing unit would have been sufficient (or indeed, was
25 sufficient) in managing the outbreak, others reported that alternative measures (such as the speed
26 with which they received test results, increased cleaning efforts, and improved outside air
27 filtration) were more impactful in mitigating the spread of COVID-19. And one institution, CRC,
28 indicated that it would have needed supplemental space in addition to a vacant housing unit, but its

1 buildings are smaller (approximately 40-50 beds each) and therefore under CDCR's proposed
 2 plan, at least two and possibly three of the dorms would have been set aside for a minimum of 100
 3 beds. (Decl. Gipson, ¶ 3.) Specifically, CIW, LAC, COR, CRC and CCC reported as follows:

- 4 • CIW had a vacant building prior to its outbreak and never exceeded its isolation
 5 unit capacity due to mass testing and isolation of incarcerated persons within hours
 6 of receiving positive test results.
- 7 • LAC reported that a vacant building "might" have helped but that the biggest factor
 8 in controlling the spread of COVID-19 was the institution's ability to change the air
 9 handler dampers from air recirculating in the housing units to 100 percent outside
 10 air intake and exhaust. Increased cleaning efforts in the housing unit and on the
 11 yard also played a tremendous role in controlling the spread of the virus.
- 12 • COR responded that a vacant building would have further mitigated the spread of
 13 COVID-19. However, at the time of the outbreak, current guidance required
 14 single-celling of COVID-19 positive incarcerated persons (contrary to recent CDC
 15 guidance which now encourages cohorting COVID-19 positive patients together).
- 16 • CRC reported that one vacant building would not have been sufficient to manage
 17 the number of COVID-19 positive patients. Indeed, CRC created a vacant dorm for
 18 this purpose but delays in receiving test results appear to have complicated efforts
 19 to mitigate the spread of the virus.
- 20 • CCC reported that due to enhanced testing of the inmate population and the various
 21 custody levels at the institution, it was impossible to house all positive COVID-19
 22 patients in one building. Instead, CCC designated isolation and quarantine dorms
 23 or cells at each facility (with the exception of CCC's MSF).

24 (Decl. Gipson, ¶ 2.)

25 As these findings indicate, each prison's experience dealing with a potential outbreak
 26 varied significantly, and not simply based upon the availability of space for quarantine and
 27 isolation. Myriad other factors contributed, including ventilation, the speed within which test
 28 results were received, availability of alternate housing, and cleaning efforts in housing units and

1 on the yards. (*Id.*) Of Course, CDCR has the ability to provide supplemental space in prisons that
 2 do not already have extra space in the housing units via gymnasiums, tents, and other alternative
 3 housing spaces if needed. (Decl. Diaz, ¶ 5.) And CDCR's proposed order requires CDCR to
 4 assess whether additional supplemental space might be necessary at some locations, and if so, to
 5 determine how it will be provided in the event of an outbreak. Accordingly, an approach that
 6 solely focuses on across-the-board application of a formula does not reflect the lessons learned
 7 from prior outbreaks and, as explained below, is not narrowly tailored to the goal of preventing
 8 future outbreaks.

9 **III. An Order Requiring Implementation Of Plaintiffs' Proposed Order Would Run** 10 **Afoul Of The Prison Litigation Reform Act.**

11 Prospective relief with respect to prison conditions cannot issue unless it is narrowly
 12 drawn, extends no further than necessary to correct the constitutional violation at issue, and is the
 13 least intrusive means necessary to correct the violation. 18 U.S.C. § 3626(a); *Brown v. Plata*, 563
 14 U.S. 493, 530 (2011). Plaintiffs' proposal here, which would require the State to leave vacant at
 15 least 20 percent of all beds at each institution, does not meet this standard. As explained above,
 16 and in the accompanying declarations of Secretary Diaz, Director Gipson, and Dr. Spaulding,
 17 Plaintiffs' proposal does not consider the unique physical layout of each institution, the varying
 18 demographics of each institution's population (including age, medical acuity, and COVID risk
 19 factors), the percentage of incarcerated persons who previously tested positive for COVID-19 and
 20 have since recovered, or other mitigation efforts. Plaintiffs' one-size-fits-all approach simply does
 21 not provide the State with sufficient flexibility to account for these unique characteristics.

22 Less intrusive alternatives to this proposal exist. Defendants' proposal would enable
 23 CDCR to determine which housing unit(s) and how many housing unit(s) are necessary to
 24 accommodate a possible outbreak (but requiring a minimum of 100 beds), recognizing that no two
 25 institutions are alike and some will require more space than others. For instance, it is unlikely that
 26 20 percent of the beds at San Quentin will need to be made vacant in order to prevent a future
 27 outbreak at San Quentin considering the number of inmates who will already have had COVID-
 28 19. As of July 19, 2020, 1,070 inmates at San Quentin had already "resolved" while another 961

1 cases remained active. (CDCR Population Tracker.) Once the outbreak is fully contained at San
2 Quentin, it is likely that nearly two-thirds of the population will have recovered from COVID-19
3 and will be less-likely to contract it again in the following three months and possibly longer. (*See*
4 Decl. Spaulding, ¶ 13; CDCR Population Tracker.) Thus, a proposal that would allow San
5 Quentin to set aside a sufficient number of beds to accommodate potential illness that could arise
6 among the remaining one-third of the population, in combination with other measure like early
7 testing, would be less restrictive and more narrowly-tailored than a proposal that makes no
8 accommodation for these unique circumstances.

9 Moreover, Defendants’ proposal recognizes that the State can act quickly to increase
10 capacity beyond that which is accounted for in the prisons’ design capacity, including by
11 converting various facilities (such as gymnasiums, chapels, and Prison Industries Authority
12 manufacturing areas) and through the use of temporary structures such as tents. In fact, the State
13 secured a contract with a vendor that can erect tents within 72 hours to provide additional housing
14 or treatment spaces at any institution. (Decl. Diaz Supp. Defs.’ Response to Order Re: Quarantine
15 and Isolation Space, Dock. No. 3392-1, ¶ 10.) CDCR has also obtained advance State Fire
16 Marshal approval to convert gymnasiums in a number of institutions into housing spaces, and has
17 already outfitted some gymnasiums with beds and lockers so that they can be used for housing at a
18 moment’s notice. (*Id.*) Plaintiffs’ proposal makes no mention of these temporary structures,
19 which have proven effective in quarantining and isolating incarcerated persons. (Decl. Diaz, ¶ 5.)

20 Finally, even if Plaintiffs’ proposal satisfied the PLRA’s needs-narrowness-intrusiveness
21 requirements (which it does not), this Court nonetheless lacks the authority to order the State to
22 implement it because it would have the “purpose or effect of reducing or limiting the prison
23 population.” 18 U.S.C. § 3626(a)(3)(B). Such an order constitutes a prisoner release order, which
24 may only be issued by a three-judge court. *See id.*; *see also* ECF 3291 at 15:22-27. Indeed,
25 Defendants are unable to implement Plaintiffs’ proposal at current population levels absent
26 additional releases. (Decl. Diaz, ¶ 6.) Conversely, Defendants’ proposal would not force the State
27 to conduct additional early releases. (*Id.*) Accordingly, Defendants may not be ordered to
28 implement Plaintiffs’ proposal, which would limit the State’s adult institution population and

1 require the release of a significant number of incarcerated persons.

2 **CONCLUSION**

3 As the parties, the Receiver, and this Court grapple with how best to prevent future
 4 outbreaks, we should not assume that the same mistakes will be repeated, or that present
 5 mitigation efforts will be ignored or ineffective. We must also ensure that significant flexibility is
 6 afforded to CDCR and CCHCS to manage this pandemic in real time, in response to ever-
 7 changing scientific developments and corresponding public health guidance. Defendants'
 8 proposal does just this, and is therefore the most narrowly tailored, least intrusive proposal to
 9 manage the spread of COVID-19, consistent with the PLRA's directives in this regard.

10 DATED: July 20, 2020

HANSON BRIDGETT LLP

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16 DATED: July 20, 2020

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10 **UNITED STATES DISTRICT COURT**
11 **NORTHERN DISTRICT OF CALIFORNIA**
12 **OAKLAND DIVISION**

13 MARCIANO PLATA, et al.,

14 Plaintiffs,

15 v.

16 GAVIN NEWSOM, et al.,

17 Defendants.

CASE NO. 01-1351 JST

**DECLARATION OF ANNE SPAULDING
IN SUPPORT OF DEFENDANTS'
RESPONSE TO PLAINTIFFS'
PROPOSED ORDER RE: QUARANTINE
AND ISOLATION SPACE**

Judge: Hon. Jon S. Tigar

18
19
20 I, Anne Spaulding, declare:

21 1. I am currently an Associate Professor of Epidemiology with tenure at Rollins
22 School of Public Health, Emory University. I am also an Associate Professor of Medicine at
23 Emory School of Medicine, and an Adjunct Associate Professor at Morehouse School of
24 Medicine. A copy of my curriculum vitae is attached as Exhibit A.

25 2. I obtained my M.D. degree from the Medical College of Virginia and my Master of
26 Public Health degree from Johns Hopkins School of Public Health.

27 3. Through my career, I have gained significant experience in the field of correctional
28 healthcare and public health. For example, I have served as a Staff Physician and as an Infectious

1 Disease Consultant for Fulton County Jail in Georgia; a Physician Consultant and an Infectious
 2 Disease Consultant for Georgia Correctional Health Care and the Medical College of Georgia; an
 3 Associate Statewide Medical Director for Georgia Correctional Health Care and the Medical
 4 College of Georgia; and a Medical Program Director for the Rhode Island Department of
 5 Corrections. I have also lectured on subjects related to correctional healthcare and public health at
 6 Johns Hopkins, Medical College of Georgia, Georgia Institute of Technology, and Brown
 7 University. I have also given talks and presentations at a number of national and international
 8 conferences and meetings on subjects related to correctional healthcare and public health. In fact,
 9 on July 14, 2020, I presented a webinar on COVID-19 via a contractor for the U.S. Department of
 10 State to leadership in the state and federal prisons of Mexico. The presentation included an
 11 extensive discussion about best practices for mitigating COVID-19 in correctional facilities.

12 4. I am familiar with the developing scientific literature regarding COVID-19,
 13 including the transmission and prevention of the virus.

14 5. Counsel for the California Department of Corrections and Rehabilitation (CDCR)
 15 have retained me to consult with CDCR regarding its response to the COVID-19 pandemic and to
 16 assist with litigation in this proceeding if necessary. I look forward to helping CDCR and look
 17 forward to meeting with other public health experts who are involved in this case and CDCR's
 18 response to the current pandemic.

19 6. I have carefully reviewed the information that is available from CDCR's patient
 20 tracker, which is found on CDCR's website.

21 7. I understand that the Receiver recently devised a methodology for estimating the
 22 amount of isolation and quarantine space that might be needed at each of California's thirty-five
 23 correctional facilities. I have reviewed that methodology, which states:

24 To plan for the possibility of a large-scale outbreak of COVID-19, each
 25 facility in each prison shall identify space that will allow for rapid
 26 isolation and quarantine of impacted patients. Each facility shall identify
 27 its largest congregate living space. Each facility shall maintain empty
 beds equivalent to the capacity of its largest congregate living space or
 20% of the current population of the facility, whichever is larger.

28 8. I am not aware of any other prison system using a formula like the one devised by

1 the Receiver for this purpose. And I agree with Plaintiffs' expert Dr. Adam Luring in his
2 assessment that there is no current consensus among the scientific community about how to
3 determine exactly how much space is enough in a correctional institution for this purpose.

4 9. I understand that the Receiver based the methodology he devised for determining
5 needed isolation and quarantine space on his experience during the pandemic with outbreaks of
6 different sizes in the prisons, including four large outbreaks that have occurred—California
7 Institution for Men, Chuckawalla Valley State Prison, and Avenal State Prison, and San Quentin.
8 I have been informed that all four of those outbreaks occurred before CDCR started conducting
9 extensive staff testing and at least one of those outbreaks—California Institution for Men—started
10 before extensive testing of staff or incarcerated persons had commenced, and even before certain
11 basic measures, such as mandatory mask wearing, had been implemented in the prisons. I have
12 also been informed that one of those large outbreaks—San Quentin—appears to have been caused
13 by an unfortunate decision to transfer residents from a prison with a very large active outbreak to a
14 prison that previously had no known cases of COVID-19—a mistake that is unlikely to be
15 repeated. Thus, these outbreaks, while informative, are likely not the best predictors of how future
16 outbreaks will unfold now that CDCR has implemented preventative measures (such as mask
17 wearing), taken steps to identify outbreaks sooner through extensive COVID-19 testing of
18 incarcerated persons and staff, placed restrictions on the transfer of residents between institutions,
19 and learned from experience how to respond to and contain outbreaks.

20 10. I agree that it is important to have space available for quarantine and isolation
21 purposes in the event of an outbreak of COVID-19 in CDCR's prisons, but I disagree that the best
22 way for determining the amount of space needed is to consider the size of outbreaks that occurred
23 under circumstances that no longer exist. Additionally, I would like to discuss with CDCR and
24 the Receiver other available options to ensure that space is available, such as rapid establishment
25 of more beds via emergency structures.

26 11. It is significant that CDCR is now conducting regular staff and population testing
27 because those measure will help CDCR to identify outbreaks while they remain small. If
28 outbreaks are identified while they are still relatively small, fewer residents need to be isolated and

1 quarantined. Thus, the extensive testing that is now underway should reduce the amount of
2 reserved space needed for quarantine and isolation purposes.

3 12. I also understand that the goal of the Receiver's methodology "is to ensure to the
4 extent reasonably feasible that each institution has enough beds to handle the beginning phases of
5 an outbreak in order to significantly reduce the risk of it blossoming into a medium-sized or large
6 outbreak." This stated rationale does not seem to make sense because if outbreaks are caught in
7 their beginning phases, it should not be necessary to have isolation and quarantine space for
8 twenty percent of each prison's population, which is what the Receiver's methodology requires.

9 13. I also understand that some prisons have large numbers of residents who have
10 already contracted and recovered from COVID-19. People who have already contracted and
11 recovered from COVID-19 are very unlikely to contract it again in the following three months and
12 possibly longer. This is a significant fact because prisons that have large numbers of residents
13 who have already contracted and recovered from COVID-19 will likely need less space for
14 quarantine and isolation for some period following an outbreak.

15 14. A primary concern I have with the Receiver's methodology is that it may require
16 far more space to be set aside at a particular prison than is necessary. Reserving a large amount of
17 vacant housing space, rather than lowering the population density in each housing unit, may have
18 an unintended consequence of increasing the likelihood of transmission of infection in a facility.
19 Some of the reserved space called for under the Receiver's methodology might be better used to
20 spread out the population or to house medically high-risk patients. Setting aside an excessive
21 amount of space for isolation and quarantine might also force CDCR to unnecessarily transfer
22 residents between prisons in order to set aside the required amount of space if the Receiver's
23 methodology were mandated. Because inter-prison transfers can increase the risk of virus
24 transmission, transfers should be avoided if they are not necessary.

25 15. I have been advised that CDCR is considering a plan to set aside one entire housing
26 unit at each of its prisons for isolation and quarantine purposes and that these housing units would
27 have a minimum of 100 available beds. I would like to hear more details about this plan so that I
28 can better assess it, but it generally appears that a plan like this would comport with public health

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Fax: (404)727-8737. Email: ASpauld@emory.edu

EDUCATION

9/2001-5/2005 Johns Hopkins School of Public Health, Baltimore, MD (M.P.H. degree)
 8/1985-5/1989 Medical College of Virginia, Richmond, VA (MD degree)
 9/1980-6/1984 Brown Univ., Providence, RI (Sc.B degree, Major: Applied Mathematics/ Biology)

TRAINING

7/1993-6/1996 Infectious Diseases Fellow, U Mass. Medical Center, Worcester, MA
 6/1992-6/1993 Internal Medicine Residency, Chief Resident, VA Medical Center, Providence, RI
 6/1989-6/1992 Internal Medicine Resident, Miriam Hospital, Providence, RI, Internal Medicine

CURRENT ACADEMIC, PROFESSIONAL APPOINTMENTS

10/2014-present Associate Professor of Epidemiology with Tenure
 Rollins School of Public Health, Emory University
 1/2015-present Associate Professor of Medicine (Joint), Emory School of Medicine
 2018-present Adjunct Associate Professor, Morehouse School of Medicine

PREVIOUS ACADEMIC, PROFESSIONAL APPOINTMENTS

1/2017-8/2018 Staff Physician/ID Consultant (one day per week) Fulton County Jail
 1/2013-4/2016 Staff Physician (one day per week)
 Haven of Hope, Ryan White HIV Clinic for Georgia Public Health District 4
 (Overseen by AIDS Healthcare Foundation since May 2015)

10/2005-9/2014 Assistant Professor of Epidemiology (Tenure Track: 9/2008-9/2014)
 Rollins School of Public Health, Emory University
 Assistant Professor (Joint) of Medicine, Emory School of Medicine

10/2005-7/2012 HIV and HCV Physician Consultant, Georgia Correctional Health Care/Medical
 College of Georgia
Responsibilities: Evaluated women in Georgia prisons

10/2003-10/2005 Associate Statewide Medical Director, Georgia Correctional Health Care/Medical
 College of Georgia.
Administrative Responsibilities & Accomplishments

- Assisted statewide medical director in supervision and auditing of approximately 50 physicians caring for 45,000 prisoners at 70 prison sites across the state of Georgia
- Developed quality assurance programs such as performance evaluation, peer review, credentialing, and utilization review
- Managed annual budget of \$113 million/year

Clinical Responsibilities

- HIV and HCV specialty care to women in Georgia prisons

- 11/2001-9/2003 Centers for Disease Control and Prevention
11/2002-09/2003: Researcher, appointed via Oak Ridge Institute for Science and Education to CDC/National Center for Infectious Disease, Division of Viral Hepatitis. Supervisor: Drs. Hal Margolis, Cindy Weinbaum
11/2001-10/2002: Medical Officer, CDC/National Center for HIV, STD & TB Prevention/CDC. Office of the Director/Prevention Support Office: Corrections and Substance Abuse Activities
- 10/2000-10/2001 Director/Consultant, RI Department of Health, RI State Sexually Transmitted Disease Clinic Medical, Providence, RI
- 06/1996-10/2001 Medical Program Director, Rhode Island Department of Corrections
39 Howard Avenue, Cranston, RI 02920

Responsibilities & Accomplishments

- Health care delivery to system with average daily population of 3,500 patients; 15,000 admissions/year
- Managed annual budget of approximately \$12 million
- Oversaw approximately 100 health care workers (staff and consultants)

- 06/1996-10/2001 Staff Physician, Rhode Island Hospital
593 Eddy St., Providence, RI 2903

Responsibilities & Accomplishments

- Attending Physician on Consult Service, Division of Infectious Disease
- Liaison between Department of Corrections and RI Hospital for inpatient and outpatient care of incarcerated individuals
- Attending Physician, Medical Primary Care Unit, with emphasis on Infectious diseases (HIV, Hepatitis C) and health needs of ex-offenders

PART-TIME CLINICAL PRACTICE

- 12/2019- Infectious Disease Consultant, MercyCare HIV Services, Atlanta GA
1/2017-8/2018 Infectious Disease Consultant, Fulton County Jail
1/2013-4/2016 Infectious Disease Consultant, Haven of Hope Ryan White HIV Clinic, Georgia District 4 Health Department, Newnan, GA
9/2012-12/2012 Volunteer Physician, Ponce Infectious Disease Clinic, Atlanta GA
10/2005-9/2012 Infectious Disease Consultant, Georgia Correctional HealthCare Consultation for HIV- and HCV-infected women in the Georgia Prison System (16-32 hours/month)

LICENSES

Georgia # 051387
Initial date of license: 2002
Current license expiration date: 11/30/2021

CERTIFICATION

Specialty Boards

American Board of Internal Medicine, 1992, 2002, 2013: Diplomate, Internal Medicine.
American Board of Internal Medicine, 1996, 2006, 2016: Diplomate, Infectious Disease.

HOSPITAL PRIVILEGES

2012- Present Grady Memorial Hospital, Atlanta, GA—Admitting Privileges
2004-2006 Medical College of Georgia Hospital—Courtesy Staff.
1996-2001 Rhode Island Hospital/Miriam Hospital, Providence, RI—Admitting Privileges.
1996-2001 Eleanor Slater Hospital, Cranston, RI—Admitting Privileges.
1997-2001 Women and Infants Hospital, Providence, RI—Consulting Privileges

HONORS AND AWARDS

2019 Rollins School of Public Health Supervisor Award: Nominated by mentee who traveled to National Penitentiary of Haiti.
2016 Team Lead of “Program of the Year”, for HIV Jail Testing Program, by Fulton County Department of Health and Wellness TestAtlanta.
2015 Finalist, Healthcare Hero, Community Outreach. Atlanta Business Chronicle
2009 Recipient, 2009 Partners in Public Health Improvement Award, given by CDC as member of External Group in recognition of collaboration in developing HIV Implementation Guidance for Correctional Settings
2008 Armand Start Award for Excellence in Correctional Medicine Society of Correctional Correctional Physicians
1995 Selected "Research Fellow of the Year"
Maxwell Finland Award of the Massachusetts ID Society
1989 Recipient, Medical Assistance Program-Reader's Digest Foundation Scholarship for Oversees Travel
1989 Awarded second place, MCV medical school wide research competition
1986 Summer research fellowship: American Academy of Allergy and Immunology to fund work at the National Institute of Allergy and Infectious Disease

PROFESSIONAL SOCIETIES

Infectious Disease Society of America
American College of Physicians
Society of Correctional Physicians/American College of Correctional Physicians
American Correctional Health Association
American Medical Association
American Public Health Association

PROFESSIONAL SERVICE

Community Service

2018 Appointed to HIV Advisory Committee, Fulton County Board of Commissioners
1997 Appointed to Leadership Rhode Island; a 10 month training program for a diverse group of community and business leaders to serve as catalysts of positive change for Rhode Island

Academic Committees

University-wide, Emory University
2013-2015, Research Administration, Faculty Advisory Board, Rollins School of Public Health
Rollins School of Public Health, Emory University
2016-Present, Epidemiology Department Curriculum Committee
2011-Present, Rollins Career Services Advisory Committee
2011-2016, Rollins Research Committee

2011-2012, Rollins Committee on Reaccreditation

Brown University School of Medicine

1999 Department of Pediatrics, Division of Adolescent Medicine. Search Committee for Medical Director, RI Training School for Boys and Girls.

NIH Advisory Panels

2017 Phase I AIDS Avenir Reviewer (May 2017 council),
2016 NIDA Research Education Program/ Clinical (R25).
2010-2012 Ad hoc participant, NIDA K award review panel. (7 review panel/SEP meetings)
1/2009 NIH Review Panel, ad hoc participation in Biobehavioral Regulation,
Learning and Ethnology Study Section
7/2008 NIDA Special Emphasis Panel ZDA1 JXR-D(12) Effectiveness of SBIRT in
medical settings to reduce drug abuse.

Editorial Boards or Editorships

- Editorial board: Public Health Reports 2018 - Present
- Guest editor: AIDS and Behavior, Supplement on Correctional Health, 2012-2013
- Editorial board: Correctional Health Report 2011- Present
- Editorial board: Health & Justice 2016-Present
- Editorial board: Journal of Correctional Healthcare. 2008- Present. Assisted with obtaining PubMed listing of journal in 2009.
- Have reviewed papers for JAMA, Journal of Correctional Healthcare, Journal of Women's Health, Annals of Internal Medicine, Annals of Epidemiology, Clinical Infectious Disease, Lancet, New England Journal of Medicine, PLoS One, Journal of Viral Hepatitis.
- Received letter of commendation from the editor of Annals of Internal Medicine for being in the "top 30% of all reviewers for 2008."

Conference Chairs

Co-chair, Tenth Annual Academic and Health Policy Conference on Correctional Health Atlanta, GA, March 16-17, 2017.

Co-chair, Fifth Annual Academic and Health Policy Conference on Correctional Health Atlanta, GA, March 22-23, 2012.

Co-organizer, Society of Correctional Physicians, Semi-Annual Meetings, 1998-2017.

Course Director, American Correctional Health Services Association Annual Meeting. June 4-7, 2007. Reno, NV.

Co-Chair, Management of Hepatitis C in Prisons. January 25-26, 2003. San Antonio, TX. Sponsored by Centers for Disease Control and National Institutes of Health.

Course Director, Hepatitis C: Controversies facing the Primary Care Provider. December 2002

Brown Medical School, Brown University AIDS Program, RI Department of Health. Four hour CME program, Providence, RI.

International Health Experiences

2012- present Travel to National Penitentiary, Port-au-Prince, Haiti. Trips sponsored by Health

- Through Walls (www.healththroughwalls.org): seven visits total.
- 2010 Volunteer with Global Health Outreach—Medical team with 9 Emory Medical Students, Port-au-Prince, Haiti
- 1997 Volunteer with Prison Fellowship--Medical Team visiting prisons in Quito and Guayaquil, Ecuador, S.A
- 2/89-3/89 Senior year elective rotations at Centre Medical Evangelique, Nyankunde, Zaire [Congo] as recipient of MAP-Reader's Digest Foundation scholarship
- 8/84-5/85 Administrative volunteer at Hopital Ste. Croix in Leogane, Haiti. Also accompanied public health team on village visits

Elected Office, National Organizations

- 2001-2003 National President, Society of Correctional Physicians
- 1997-2005 Board Member, Society of Correctional Physicians

Appointed Office, National Organizations

- 2012-2013
- 2016- Executive Board Member, Academic Consortium on Criminal Justice Health

National Advisory Committee Service

- 2013 Liaison. CDC/STD Guidelines Committee
- 2011 Member, CDC/Division of Viral Hepatitis: Screening for Hepatitis C Virus Infection in Adults
- 2010 Member, Department of Justice, Bureau of Justice Statistics/CDC, National Center for Health Statistics, Correctional Health and Healthcare. Invited Speaker to address topic: Identifying and Prioritizing Data Needs
- 2003-2005 Member, Subcommittee on Subpart C/Research on Prisoners, Secretary's Advisory Committee on Human Research Protection, Department of Health and Human Services
- 2002-2003 Invited Member of Francis J. Curry National Tuberculosis Center Work Group on Strategic Plan for TB Training and Education for Correctional Facilities
- 2002 Invited Participant/Speaker: National Human Research Protections Advisory Committee, on the risks of involving inmates in medical research. Washington, DC
- 2001 Invited Participant/Speaker, Conference on Recommendations for the Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings. Centers for Disease Control, Atlanta, GA
- 1998-1999 Member, Member, National Institute of Justice/National Commission on Correctional Health Care. Expert Panel on Communicable Diseases among Soon-To-Be-Released Inmates. For preparation of commissioned report to US Congress

TEACHING EXPERIENCE

Emory University

- Courses developed and taught
- 2007-Present (each spring except 2011): Correctional Healthcare Epidemiology (2 credits).
- Other courses taught
- Fall 2015- Present: Case Studies in Infectious Diseases (2 credits)
- Spring 2013- Present: Field Epidemiology (2 credits).
- Spring 2011, Fall 2011-Present: Sexually Transmitted Disease Epidemiology (2 credits).
- 2010-2016: Epidemiology PhD Journal Club (1 credit).

Medical College of Georgia

Lecture to ID Division, GA Regents University HIV in Prisons (December 2013)
House Staff, Medical College of Georgia
Correctional Medicine and Public Health, March 2005

Brown School of Medicine

Small Group Leader, Infectious Diseases Course, 2nd year Brown medical students. Providence, RI, 1997-2001

Other Teaching Experience

- Modeling of HIV in Jails. T. Ayer, Healthcare Delivery. GA Tech. HS6000. Spring, 2014
- Guest Lecture, "Hepatitis C in Correctional Facilities." Course in Correctional Health, Johns Hopkins Bloomberg School of Public Health, 2013
- Guest Lecture: Lecture in "Mentored Training Program to Increase Diversity in HIV, Substance Use and Mental Health" 2006. NIH Grant (R25MH080669-01A1); program conducted by Ronald Braithwaite, PhD, Morehouse School of Medicine
- Guest Speaker: Live Talk on Correctional Health for course, "Current Concepts in Public Health." Johns Hopkins School of Public Health, 2005
- Presentation to Combined House Staff, Medical College of Georgia: Correctional Health, 2005, Augusta, GA
- Presentations to University of Rhode Island, School of Pharmacy, graduate students. Guest Lecturer: Sexually Transmitted Diseases, Urinary Tract Infections. Kingston, RI, 2000
- Presentation to Brown University undergraduate course in U.S. health care systems, Department of Community Health. Topic: Corrections and Public Health. Providence, RI, 2000

MPH/MSPH Thesis Committees Chaired (Emory University)

2019 Haley Kehus, Mingli Qi, Hilary Hunt, Sierra Thompson
2018 Ye Ji Kim.
2017 Ana Drobeniuc, Adrienne Tanus, Ellie Kerr [Also MS in Bioethics: Joel Zivot]
2016 Marion Rice
2015 Colleen Haynes, Frances Kim, Nikki Roth, Elizabeth Smith
2014 Philip Aka, Sarah Demas, Liesl Hagan, Cece Ibeson, Takiyah Ball
2013 Tristan Cordier, Liesl Hagan, Simona Lang, Shawnta Lloyd, Gui Liu, Da Mao, Daniel Mercer, Kimberly Miller, Emily Ridgeway
2012 Grace Oguntebi, Aminata Mboup, Mary Mbaba, Matthew Stein
2011 Megan Eguchi, Madhura Adiga Hallman, Cassandra Harrison, Alice Sun Lee, Rose Wanjala
2010 Phoebe Alleman, Julia Hood
2009 Amber Bishop, Lauren Christiansen, Victoria McCallum (nominated for Shepherd Award), Elenore Patterson, Erica Shultz, Ryan Seals
2008 Ashiru Bisola

PhD Dissertation Committees, Emory University

Chris Bond, Matthew Page, Mohammed Khan

Guest Lectures, Emory University

Coursera on AIDS (Hagen, Massive Open Online Course, 2013
Lecture to Medical Students/Residents, Social Medicine Series (George), 2011-present
Lecture to Gastroenterology Fellows, Emory School of Medicine, 2011
Epi 541: Hospital/Healthcare Epidemiology (McGowan), 2008-2009
HIV Seminar for Humphrey Fellows (DelRio), 2009, 2013
Epi 540: Case studies in Infectious Disease (McGowan), 2007-Present

Guest Laboratory Session

Epi 591U Lab: Application of Epi Concepts (Drews), 2008-2009

Residents Talks

Internal Medicine House Staff: Various Noontime Conferences
Miriam Hospital, RI Hospital, VA Medical Center, 1997-2001
Topics: Community Acquired Pneumonia, Endocarditis
Fever in the Neutropenic Host
Viral Illnesses other than HIV
Mycology Jeopardy

LABORATORY RESEARCH EXPERIENCES

1993-96 Dengue: Cytotoxic T Lymphocyte assays; viral quantification by new ELISA. Laboratory of F. Ennis, University of Massachusetts.

1991 Schistosomiasis epitopes present at different life stages. Laboratory of R. Olds and P. Wiest, Brown University.

1989 LAK cells and fibrin coating of bladder tumor cells. Laboratory of M. Carr, VAMC/Medical College of Virginia.

1986 Serum levels of eosinophilic proteins in parasitic disease. Laboratory of R. Davey, T. Nutman, E. Ottesen, National Institute for Allergy and Infectious Disease at the National Institutes of Health.

RESEARCH

Grant Support

Active

PI: A. Spaulding/J. Chhatwal/T. Ayer. "Collaborative Research: Smart Intervention Strategies for Hepatitis C Elimination." [National Science Foundation 1722906: August 15, 2017-July 31, 2021]

PI: R. DiClemente, Co-Investigator: Spaulding. "Knowing about intervention and implementation in Detention Sites (KiiDS)" - Translational Research on Interventions for Adolescents in the Legal System (TRIALS) Consortium. [Funded through NIDA, July 2013-June 2018, no cost extension.]

PI: A. Spaulding. TB Reach: Improving TB treatment adherence and outcomes for current and former prisoners in Haiti. Stop TB Partnership. [Funded 2018-2020].

Completed

PI: A. Spaulding. Enhancing Linkage to Care. Elton John Foundation. [Funded 2014-2019]

PI: A. Spaulding. Hepatitis C Screening in the Georgia Prison System. [Gilead Sciences, 2016-2017, followed by no cost extension]

PI: F. Wong, Co-Investigator: Spaulding. "A Molecular-Social Network Investigation of HIV-HCV Co-infection in Chinese MSM" [NIAID: 1R01 AI106715 Percent Effort: 10%]

PI: A. Spaulding. "Planning for SUCCESS." [NIH/NIDA: R34. 3/15/2014 – 2/28/17]

PI: A. Spaulding. "Tuberculosis: Behind Bars and Beyond," Emory University Research Committee and the Atlanta Clinical & Translational Science Institute. [Funding period: 6/1/2013-5/31/2014. \$30,000 directs]

PI: W. Ferguson. Co-Investigator: A. Spaulding Academic and health policy conference on correctional health care. Funding period 2010-2015. [NIH/NIDA: 1R13DA030822-01; no salary support]

Lead Co-Investigator: A Spaulding. Title: Predicting the effect of seeking, testing and treating HIV in correctional facilities. Funding period 2010-12. Supplement to Center for AIDS Research Grant. [NIH funded program (P30 AI 050409); \$ 74,780 direct; \$41,128 indirect; \$115,908 total]

PI: L. Miller. Co-Investigator: Spaulding. TILT-C: internal medicine Trainees Identifying and Linking to Treatment for hepatitis C (Role: Co-investigator). [Funding period: 10/1/2012-9/30/2013. Refunded for a second year: 10/1/2013-9/30/2014. Centers for Disease Control. \$150,000 directs + indirects]

PI: A. Spaulding. Title: Assessing and Overcoming Barriers for HIV+ Releases from Urban and Rural Jails: A Pilot Study on the Use of Case Management and Texting Technology to Enhance Connections to Community Care. Funding period: 4/2012-4/2013, followed by NCE through 4/2014. Grant from Bristol Myers Squibb. [Award Number AI424-486, \$100,166 direct; \$25,042 indirect; \$125,208 total]

PI: A. Spaulding. Cancer in a Prisoner Cohort: Comparison of Subjects with and without HIV. Awarded 2012. CFAR03 Grant. Emory Center for AIDS Research and Winship Cancer Center. Funding period 03/01/12-02/28/13, with one year no cost extension. [NIH funded program (P30 AI 050409); directs: \$48,387, \$26,613 indirect, \$75,000 total]

PI: A. Spaulding. Title: Evaluation and Support Center for Models of Identifying HIV Infected Person in Jail Settings and Enhancing Linkages to Primary Care. Funding period 9/1/2007 – 8/31/2012. Cooperative Agreement with HRSA. [Award Number U90HA07632; \$3,089,429 direct, \$867,182 indirect, \$3,956,611 total.]

PI: A. Spaulding. Title: 2011 Annual Conference: Controlling Glucose in Controlled Environments. Funding period 09/30/2011 – 09/29/2012. [CDC, Award number 1U13DP003317-01, \$20,000 directs]

PI: A. Spaulding. Integrating Infectious Disease Detection at Entry and Linkage. Cooperative Agreement with CDC, at Fulton County (GA) Jail. Funding period 9/2010-8/2012. [Award Number: 1H62PS003187-01. \$748,136 direct; \$202,798 indirect; \$950,934 total]

PI: S. Sacks. Co-Investigator: A. Spaulding Title: NDRI Rocky Mountain Research Center for CJDATS 2. Funding period: 04/01/2011 – 03/31/2012. Grant from National Development and Research Institutes, Inc. Funding as subcontract, 2012. [NIH/NIDA Award to NDRI, Award Number 5U01DA016200-08, \$8,000 direct, \$4,400 indirect, \$12,400 total]

PI: A. Spaulding Public Health and Correctional Healthcare Provider Partnerships in Responding to the H1N1 Influenza Pandemic: A National Survey of Jails. Funding period: 2008-2013. Grant from CDC via Emory Preparedness and Emergency Response Research Center. [CDC funded program, Award Number 5-P01-TP000300; \$20,000--directs only]

PI: A. Spaulding. Title: Mortality and Survival of a Cohort of Inmates in Georgia Prisons, 1991. Funding period: 7/1/07-6/30/09. Pfizer Scholar Grant in Public Health, Medical and Academic Partnership Program; [Total \$130,000]

PI: A. Spaulding. Title: Study of Gonorrhea and Chlamydia Testing in Large Jails-Current State of the Field. Funding Period: 8/20-12/31/08. CDC PO 2008-M-27389. [Total \$20,000]

PI: A. Spaulding. Title: MATCHing Needs and Resources: Assessing the Needs of HIV+ Prisoners Coming Home. Funding period 7/01/2006-4/30/2007; CFAR03 Grant; Center for AIDS Research, Emory University [NIH funded program (P30 AI 050409); \$30,000]

JOURNAL PUBLICATIONS: [*Denotes Emory University trainee]

1. Carr M, Sajer SA, **Spaulding A**. Fibrin coating of bladder tumor cells is not protective against LAK cell cytotoxicity. *Journal of Laboratory & Clinical Medicine*. 1992 Feb; 119(2): 132-8.
2. **Spaulding AC** Rothman AL. *Escherichia vulneris* as a cause of IV catheter-related bacteremia. *Clinical Infectious Disease*. 1996 Apr; 22(4): 728-9.
3. Rich J, Dickenson BP, **Spaulding A**, LaFazia L, Flanigan TP. Interpretation of indeterminate HIV serology results in an incarcerated population. *J AIDS and Human Retrovirology*. 1998 Apr 1; 1794):367-9.
4. **Spaulding A**. The Role of Correctional Facilities in Public Health: The Example of Sexually Transmitted Diseases. *Medicine & Health/Rhode Island*. 1998; 81(6)204-6.
5. Mitty JA, Holmes L, **Spaulding A**, Flanigan T, Page J. Transitioning HIV-Infected Women after release from incarceration: Two models for bridging the gaps. *J Correctional Health Care*. 1998; 5(2):239-54.
6. **Spaulding A**, Kurane 1, Ennis F, Rothman A. Analysis of Murine CD8+T-cell clones specific for the Dengue virus NS3 protein: flavivirus cross reactivity and influence by the infectious serotype. *J. Virology*. 1999 Jan, 73(1): 398-403.
7. **Spaulding A**, Green C, Davidson K, Schneiderimann K, Rich J. Hepatitis C in State Correctional Facilities. *Preventative Medicine*, 1999 Jan; 28(1): 92-100.
8. **Spaulding AC**, Lally M, Rich JD, Dieterich DT. Hepatitis B and C in the context of HIV disease: implications for incarcerated populations. *AIDS Reader*. 1999 Oct; 9(7): 481-91.
9. Rich JD, Dickinson BP, Macalino G, Flanigan TP, Towe CW, **Spaulding A**, Vlahov D. Prevalence and incidence of HIV among incarcerated and re-incarcerated women in Rhode Island. *JAIDS* 1999 Oct 1; 22(2): 161-6.
10. Flanigan TP, Rich JD, **Spaulding A**. HIV care among incarcerated persons: a missed opportunity [Editorial]. *AIDS*. 1999 Dec 3; 13 (17): 2475-6.
11. Farley JL, Mitty JA, Lally MA, Burzynski JN, Tashima K, Rich JD, Cu-Uvin S, **Spaulding A**, Normandie L, Snead M, Flanigan TP. Comprehensive medical care among HIV-positive incarcerated women: the Rhode Island experience. *Journal of Women's Health and Gender Based Medicine*: 2000 Jan-Feb; 9(1): 51-6.
12. Clarke JG, Cyr MG, **Spaulding A**. Prisons: learning about women's health and substance abuse. *Acad Med*; 2000 May; 75(5): 544.
13. **Spaulding AC**, Allen S, Osei A, Ballard R. Hepatitis C infection: opportunity for exposure in many settings. *Medicine & Health, Rhode Island* 2000 Jul; 83(7):204-6.

14. **Spaulding A**, Lubelczyk RB, Flanigan T. Can (unsafe) sex behind bars be barred? Invited editorial for Am J Pub Hlth. 2001 Aug; 91(8):1176-7.
15. Rich JD, Hou JC, Charuvastra A, Towe CW, Lally M, **Spaulding A**, Bandy U, Donnelly EF, Rompalo A. Risk factors for syphilis among incarcerated women in Rhode Island. AIDS Patient Care and STDs 2001 Nov; 15(11):581-5.
16. Charuvastra A, Stein J, Schwartzapfel B, **Spaulding A**, Horowitz E, Macalino G, Rich JD. Hepatitis B vaccination practices in state and federal prisons. Public Health Rep. 2001 May-Jun; 116(3):203-9.
17. Rich JD, Macalino G, Merchant RC, Salas C, Marcussen P, Grundy M, **Spaulding A**. HIV seroprevalence of adult males incarcerated for a sexual offense in Rhode Island, 1994-1999. JAMA. 2002 Jul 10;288(2):164-5.
18. Desai AA, Latta ET, **Spaulding A**, Rich JD, Flanigan TP. The importance of routine HIV testing in the incarcerated population: the Rhode Island Experience. AIDS Education and Prevention 2002 Oct; 14(Supplement B):45-52.
19. **Spaulding A**, Stephenson B, Macalino G, Ruby W, Clarke JG, Flanigan TP. HIV in Correctional Facilities: A Review [Invited Article]. Clinical Infectious Diseases 2002 Aug 1; 35(3):305-12.
20. Clarke J, Schwartzapfel B, Pomposelli J, Allen S, **Spaulding A**, Rich JD. Hepatitis B vaccination of incarcerated women: a pilot program. Journal of Health Care for the Poor & Underserved 2003Aug; 14(3):318-23.
21. Allen SA, Osei A, Taylor L, Cabral A, **Spaulding A**, Rich JD. Treatment of Chronic Hepatitis C in a State Correctional Facility. Annals of Internal Medicine, 2003 Feb 4;138(3):187-90.
22. Remillino C, Brown HW, Adelson-Mitty J, Clarke J, **Spaulding A**, Boardman L, Flanigan T, Cu-Uvin C. Lower genital tract infections among HIV-seropositive and HIV-seronegative incarcerated women. J Correctional Healthcare, 2004; 10(4): 527-42.
23. Kelley M, Linthicum L, Small R, **Spaulding A**, Billah K, Weinbaum C. Hepatitis B Vaccination of Inmates in Correctional Facilities ---Texas, 2000--2002. MMWR 2004; 53(30): 681-3.
24. **Spaulding AC**, Weinbaum, CM, Lau DT-Y, Sterling R, Seeff LB, Margolis HS, Hoofnagle JH. A Framework for Management of Hepatitis C in Prisons. Ann Intern Med, 2006; 144(10):762-9.
25. **Spaulding AC**, Arriola KJ, Ramos KL, Hammett T, Kennedy S, Norton G, Tinsley M. Enhancing linkages to primary care in jail settings. Journal of Correctional Health Care. 2007; 13(2) 93-128.
26. **Spaulding AC**, Arriola KJ, Hammett T, Kennedy S, Tinsley M. Rapid HIV Testing In Rapidly Released Detainees: Next Steps. Sexually Transmitted Diseases. 2009 Feb; 36(2 Suppl):S34-6.
27. **Spaulding AC**, Clarke JE, Jonco A, Flanigan TP. Small Reservoirs--Jail Screening for Gonorrhea and Chlamydia in Low Prevalence Areas. Journal of Correctional Health Care 2009; 15(1): 28-34.
28. Baillargeon J, Snyder N, Soloway R, Paar D, **Spaulding A**, Pollock BH, Arcari CM, Williams BA, Raimer BG, Murray OJ, Pulvino JS. Hepatocellular Carcinoma Prevalence and Mortality in a State Prison Population. Public Health Reports. 2009 Jan-Feb; 124(1):120-6.

29. **Spaulding AC**, McCallum V*, Walker D, Reeves A, Drenzek C, Lewis S, Bailey E, Buehler JW, Berkelman, RL. How Public Health Can Partner with Prisons for Pandemic Influenza Preparedness--Report from Georgia. *Journal of Correctional Health Care*. 2009 Apr; 15(2):118-28.
30. Elger BS, **Spaulding A**. Research on prisoners – a comparison between the IOM committee recommendations (2006) and European regulations. *Bioethics*. 2010 Jan; 24(1):1-13.
31. **Spaulding AC**, Seals RM*, Page MJ*, Brzozowski AK*, Rhodes W, Hammett TM. HIV/AIDS among inmates of, and releasees from, US correctional facilities, 2006: declining share of epidemic but persistent public health opportunity. *PLoS One*. 2009 Nov 11; 4(11):e7558.
32. **Spaulding AC**, Sumbry AR*, Matthews AK*, Ramos KL, Maggio D*, Seals RM*, Wingood GM. Pairing HIV-positive prisoners with volunteer life coaches to maintain health promoting behavior upon release: a mixed-method pilot study. *AIDS Education and Prevention*. 2009 Dec; 21(6):552-69.
33. **Spaulding AC**, Perez SD*, Seals RM*, Hallman M*, Kaversy R, Weiss P. The Diversity of Release Patterns for Jail Detainees: Implications for Public Health Interventions. *American Journal of Public Health*. 2011 Dec; 101(S1):S347-52. DOI: 10.2105/AJPH.2010.300004
34. Baillargeon J, Giordano TP, Harzke AJ, **Spaulding AC**, Wu ZH, Grady JJ, Baillargeon G, Paar DP. Predictors of reincarceration and disease progression among released HIV-infected inmates. *AIDS Patient Care and STDs*. 2010 June; 24(6):389-94.
35. Draine J, Ahuja D, Altice F, Avery A, Arriola KJ, Beckwith C, Ferguson A, Figueroa H, Lincoln T, Ouellet LJ, Porterfield J, Booker C, Tinsley M, **Spaulding A**. Strategies to Enhance Linkages between Care for HIV/AIDS in Jail and Community Setting. *AIDS Care* 2011 Mar;23(3):366-77.
36. **Spaulding AC**, Seals RM*, McCallum VA*, Perez SD*, Brzozowski AK*, Steenland NK. Prisoner Survival Inside and Outside of the Institution: Implications for Healthcare Planning. *American Journal of Epidemiology*, 2011 Mar 1; 173(5):479-87.
37. Springer SA, **Spaulding AC**, Meyer JP, Altice FL. Public Health Implications for Adequate Transitional Care for HIV-Infected Prisoners: Five Essential Components. *Clinical Infectious Diseases* 2011; 53(5):469-79. Erratum in: *Clin Infect Dis*. 2011 Oct;53(8):851.
38. Rich JD, Wohl DA, Beckwith CG, **Spaulding AC**, Lepp NE, Baillargeon J, Gardner A, Avery A, Altice FL, Springer S. HIV-Related Research in Correctional Populations: Now is the Time. *Current HIV/AIDS Reports* 2011; 8(4):288–296. DOI:10.1007/311904-011-0095-3.
39. Lim JR*, Sullivan PS, Salazar L, **Spaulding AC**, DiNenno EA. History of Arrest and Associated Factors among Men Who Have Sex with Men. *Journal of Urban Health*. 2011 Aug; 88(4): 677-89. DOI: 10.1007/s11524-011-9566-5.
40. Chen NE, Meyer JP, Avery AK, Draine J, Flanigan TP, Lincoln T, **Spaulding AC**, Springer SA, Altice FL. Adherence to HIV Treatment and Care among Previously Homeless Jail Detainees. *AIDS and Behavior*. October 2013, 17(8): 2654-2666. DOI: 10.1007/s10461-011-0080-2.
41. Lee SA*, Berendes DM*, Seib KG, Whitney EAS, Berkelman RL, Omer SB, **Spaulding AC**; Chavez RS, Meyer LP. Receipt of 2009 H1N1 Influenza Vaccine by Prisons and Jails--United States, 2009-2010. *MMWR* 2012; 101(S1):S347-S352.

42. **Spaulding AC**, Thomas DL. Screening for HCV Infection in Jails. JAMA 2012; Mar 28:307(12): 1259-1260. DOI: 10.1001/jama.2012.374.
43. De Voux A*, **Spaulding AC**, Beckwith C, Avery A, Williams C, Messina LC, Ball S, Altice FL. Early Identification of HIV: Empirical Support for Jail-Based Screening. PLoS ONE 2012; 7(5): e37603.
44. Bond TC*, **Spaulding AC**, Krisher J, McClellan W. Mortality of Dialysis Patients According to Influenza and Pneumococcal Vaccination Status. American Journal of Kidney Diseases, 2012, Jun 11.
45. Hood JE*, Mackellar D, Spaulding A, Nelson R, Mosiakgabo B, Sikwa B, Puso I, Raats J, Loeto P, Alwano MG, Monyatsi B. Client Characteristics and Gender-specific Correlates of Testing HIV positive: A Comparison of Standalone Center versus Outreach HIV Testing and Counseling in Botswana. AIDS and Behavior 2012 Oct;16(7): 1902-16.
46. **Spaulding AC**, Messina LC*, Kim BI*, Chung K*, Lincoln T, Teixeira P, Avery A, Cunningham M*, Stein MS*, Ahuja D, Flanigan T. 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 and Behavior 2013. 17:s203-s211
47. Stein MS*, **Spaulding AC**, Cunningham M*, Messina LC*, Kim BI* Chung K*, Draine J, Jordan AO, Harrison A, Avery AK, Flanigan TP. HIV-Positive and in Jail: Race, Risk Factors, and Prior Access to Care. AIDS and Behavior. 2013. 17:s108-s117.
48. Spaulding AC, Booker CA, Freeman SH*, Ball SW, Stein MS*, Jordan AO, Ahuja D, Flanigan TP, Solomon L, Frew PM. The EnhanceLink Study Group. Jails, HIV Testing and Linkage to Care Services: An Overview of the EnhanceLink Project. AIDS and Behavior. 2013. 17:s100-107.
49. Booker CA, Flygare CT, Solomon L, Ball SW, Pustell MR, Bazerman LB, Simon-Levine D, Teixeira PA, Cruzado-Quinones J, Kling RN **Spaulding AC**, The EnhanceLink Study Group. Linkage to HIV care for jail detainees: findings from the first 30 days after release. AIDS and Behavior. 2013. 17:s128-s136.
50. **Spaulding AC**, Pinkerton SD, Superak H*, Cunningham MJ*, Resch S, Jordan AO, Yang Z. Cost Analysis of Enhancing Linkages to HIV Care Following Jail: A Cost-Effective Intervention. AIDS and Behavior. 2013. 17:s220-s226. 10.1007/s10461-012-0353-4.
51. Westergard R, **Spaulding AC**, Flanigan TP. HIV among persons incarcerated in the US: a review of evolving concepts in testing, treatment and linkage to community care. Current Opinions in HIV. 2013 February, volume 26 no.1 pages 10-6. doi: 10.1097/QCO.0b013e32835c1dd0.
52. Althoff A, Zelenev A, Meyer J, Fu J, Brown S, Vagenas P, Avery A, Cruzado J, **Spaulding A**, Altice F. Correlates of Retention in Care after Release from Jail: Results from a Multi-site Study. AIDS and Behavior. 2013. 17:s156-s170.
53. Williams CT, Kim S, Meyer J, **Spaulding A**, Teixeira P, Avery A, Moore K, Altice F, Murphy-Swallow D, Simon D, Wickersham J, Ouellet LJ. Gender Differences in Baseline Health, Needs at Release, and Predictors of Care Engagement among HIV-Positive Clients Leaving Jail. AIDS and Behavior 2013. 17:s195-s202.
54. **Spaulding AC**, Kim AY, Harzke AJ, Sullivan JC, Linas BP, Brewer A, Dickert J, McGovern BH, Strick LB, Trestman R, Ferguson WJ. Impact of new hepatitis C therapeutics on the funding of prison health care. Topics in Antiviral Medicine. 2013 Feb-Mar;21(1):27-35.

55. **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*. September 2013;40(9):67-684.
56. Arriola KJ, **Spaulding AC**, Booker C, Williams C, Avery A, Porter NJ, Jordan AO, Loewenthal H, Frew. Understanding the Relationship between Social Support and Physical and Mental Well-Being among Jail Detainees Living with HIV. *Journal of Health Psychology*. 2013 August, 0(0):1-10. doi: 10.1177/1359105313496447.
57. Zelenev A, Marcus R, Cruzado J, **Spaulding A**, Desabrais M, Lincoln T, Altice FL. Patterns of Homelessness and Implications for HIV Health after Release from Jail. *AIDS and Behavior*. 2013. 17: s181-s194.
58. **Spaulding AC**, Bowden CJ, Kim BI*, Mann MC, Miller L, Mustaaftaa GR, Kyle RP*, Leon M*, Mbaba MV*, Messina LC*, Hampton S, MacGowan R, Reid L, Margolis A, and Belcher L. Integrating Routine Voluntary Opt-Out HIV Screening Into Medical Intake, Fulton County Jail—Atlanta, GA, 2011-2012. *MMWR*, 2013 June 21. 62(24); 495-497.
59. Varan AK*, Mercer DW*, Stein MS*, **Spaulding AC**. Seroprevalence of Hepatitis C among Prison Inmates since 2001: Still Widespread but Declining. *Public Health Reports* 2014. 129(2), 187-195.
60. Lee A*, Berendes D*, Seib K, Whitney E, Chavez S, Berkelman R, Omer SB, **Spaulding A**. Distribution of A (H1N1)pdm09 influenza vaccine: Greater consideration of smaller jails. *Journal of Correctional Health Care*. June 2014. 20(3):228-239.
61. Haddad MB*, Foote MK*, Ray SM, Maggio DM*, Sales RMF, Kim MJ*, Kempker RR, **Spaulding AC**. Substantial Overlap between Incarceration and Tuberculosis in Atlanta, Georgia, 2011. *Open Forum Infectious Diseases*. 2014; Jun 30;1(1):ofu041.
62. Moorjani H, Koenigsmann, C, Kim MJ*, **Spaulding AC**. Prisoners Treated for Hepatitis C with Protease Inhibitor, New York, USA, 2012. *Emerging Infectious Diseases*. 2015 Jan;21(1), 186-188.
63. **Spaulding AC**, Kim MJ*, Corpening KT*, Carpenter T, Watlington P, Bowden CJ. Establishing an HIV Screening Program Led by Staff Nurses in a County Jail. *Journal of Public Health Management and Practice*. 2015 Nov-Dec;21(6):538-545.
64. **Spaulding AC**, Sharma A*, Messina LC*, Zlotorzynska M, Miller L, Binswanger IA. A comparison of liver disease mortality with HIV and overdose mortality among Georgia Prisoners and Releasees: A 2-decade cohort study of prisoners incarcerated in 1991. *American Journal of Public Health*. May 2015. 105(5):e51-7. doi: 10.2105/AJPH.2014.302546.
65. **Spaulding AC**. Capsule Commentary on Rich et al., Higher Standards in Correctional Healthcare Could Improve Public Health. *Journal of General Internal Medicine*. 2015 Apr;30(4):494.
66. Lima VD, Graf I, Beckwith CG, Springer S, Coombs D, Altice F, Kim B*, Messina L*, Stein M*, Montaner JSG, **Spaulding A**. The Impact of Implementing a Test, Treat and Retain HIV Prevention Strategy in Atlanta among Black Men Who Have Sex with Men with a History of Incarceration: A Mathematical Model. *PLoS One*. Apr 2015. 10(4):e0123482. doi:10.1371/journal.pone.0123482

67. Nguyen JT, Rich JD, Brockmann BW, Vohr F, **Spaulding A**, Montague BT. A Budget Impact Analysis of Newly Available Hepatitis C Therapeutics and the Financial Burden on a State Correctional System. *Journal of Urban Health*. 2015 Aug;92(4):635-649.
68. **Spaulding AC**, MacGowan RJ, Copeland B, Shresta RK, Bowden CJ, Kim MJ*, Margolis A, Mustaafta G, Reid LC, Heilpern KL, Shah BB. Costs of Rapid HIV Testing in an Urban Emergency Department and a Nearby County Jail in the Southeastern United States. *PLoS One*. 2015 8;10(6):e0128408.
69. He T, Li K, Roberts MS, **Spaulding AC**, Ayer T, Grefenstette JJ, Chhatwal J. Prevention of Hepatitis C by Screening and Treatment in U.S. Prisons. *Annals of Internal Medicine*. 2016 Jan 19;164(2):84-92.
70. Vagemas P, Zelenev A, Altice FL, DiPaola A, Jordan AO, Teixeira PA, Frew PM, **Spaulding AC**, Springer S. HIV-Infected Men Who Have Sex with Men, Before and After Release from Jail: The Impact of Age and Race, Results from a Multi-site Study. *AIDS Care*. 2016 Jan;28(1):22-31.
71. Anderson A, Von Esenwein S, **Spaulding AC**, Druss BG. Involvement in the Criminal Justice System among Attendees of an Urban Mental Health Center. *Health and Justice*. 2015 Feb 25; 3(4), 1-5. doi: 10.1186/s40352-015-0017-3
72. Authors: International Advisory Panel of HIV Care Continuum Optimization (**Anne Spaulding**, Panelist) IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents. *Journal of International Association of Providers of AIDS Care*. 2015 Nov-Dec;14 Suppl 1:S3-S34.
73. Zlotorzynska M,* **Spaulding AC**, Messina LC,* Coker D,* Ward K, Easley K, Baillargeon J, Mink PJ, Simard EP. A retrospective cohort study of cancer incidence and mortality by HIV status in a Georgia, USA prisoner cohort during the HAART era. *BMJ Open*. 2016 Apr; 6(4), 1-8. doi:10.1136/bmjopen-2015-009778.
74. Miller L, Rollin F, Fluker SA, Lundberg KL, Park B, Quairola K, Niyibizi NK*, **Spaulding AC**. High Yield Birth Cohort HCV Screening and Robust Linkage-to-Care in an Underserved, African American Population. *Public Health Reports*. 2016 Mar-Apr; 131(Supplement 2):84-90.
75. Schoenbachler BT, Smith BD, Sena A, Hilton A, Bachman S, Lunda M, **Spaulding AC**. Hepatitis C Virus (HCV) Testing and Linkage to Care in North Carolina and South Carolina Jails, 2012-2014. *Public Health Reports*. 2016 Mar-Apr; 131(Supplement 2):98-104.
76. **Spaulding AC**, Miller LS. Apportioning blame in the North American hepatitis C virus epidemic. In Press: *The Lancet Infectious Diseases*. 2016. doi:10.1016/S1473-3099(16)30002-0.
77. Ferguson WJ, Cloud D, **Spaulding AC**, Shelton D, Trestman RL, Altice FL, Champion-Lippmann C, Thomas D, Taxman FS. A Call to Action: A Blueprint for Academic Health Sciences in the Era of Mass Incarceration. *Journal of Health Care for the Poor and Underserved*. 2016 May; 27(2): 5-17. doi:10.1353/hpu.2016.0051.
78. Sage K, Ouellet LJ, Mazza J, **Spaulding AC**. Rasch Analysis and Differential Item Functioning of a Social Support Measure in Jail Inmates With HIV Infection. *Evaluation and the Health Professions*. *Eval Health Prof*. 2016 May 4. pii: 0163278716644954. PMID: 27150117.
79. **Spaulding AC**. The Missing Link: HIV, Corrections and Public Health. Invited editorial to *AJPH*. 107 (5): 641-642. doi: 10.2105/AJPH.2017.303754.

80. Chandler R, Gordon MS, Kruszka B, Strand LN, Altice FL, Beckwith CG, Biggs ML, Cunningham W, Chris Delaney JA, Flynn PM, Golin CE, Knight K, Kral AH, Kuo I, Lorvick J, Nance RM, Ouellet LJ, Rich JD, Sacks S, Seal D, **Spaulding A**, Springer SA, Taxman F, Wohl D, Young JD, Young R, Crane HM. Cohort profile: seek, test, treat and retain United States criminal justice cohort. Substance abuse treatment, prevention, and policy 2017;12:24. doi: 10.1186/s13011-017-0107-4.
81. Christopoulos KA, Cunningham WE, Beckwith CG, Kuo I, Golin CE, Knight K, Flynn PM, **Spaulding AC**, Coffin LS, Kruszka B. Lessons Learned From the Implementation of Seek, Test, Treat, Retain Interventions Using Mobile Phones and Text Messaging to Improve Engagement in HIV Care for Vulnerable Populations in the United States. AIDS and Behavior 2017;1-12. doi: 10.1007/s10461-017-1804-8.
82. **Spaulding AC**, Anderson EJ*, Khan MA*, Taborda-Vidarte CA*, Phillips JA. HIV and HCV in U.S. Prisons and Jails: The correctional facility as a bellwether over time for the community's infections. Invited article for AIDS Reviews. 2017: Oct-Dec;19(3):134-147. PMID: 28926560.
83. **Spaulding AC**, Eldridge G, Chico C, Morisseau N*, Drobeniuc A*, Fils-Aime R*, Day C, Hopkins R, Jin X, Dolan K. Smoking in Correctional Settings Worldwide: Prevalence, Bans, and Interventions." Epidemiology Review. 2018 Jun 1 ;40(1):82-95. doi: 10.1093/epirev/mxy005.
84. **Spaulding AC**, Drobeniuc A*, Frew PM, Lemon TL*, Anderson EJ*, Cerwonka C*, Bowden CJ, Freshley JR, delRio C. Jail, an unappreciated medical home: assessing the feasibility of a strengths-based case management intervention to improve the care retention of HIV-infected persons once released from jail. PLoSOne. 2018 Mar 30;13(3):e0191643. doi: 10.1371/journal.pone.0191643.
85. **Spaulding AC**, Chhatwal J, Adey M,* Lawrence R, von Oehsen W. Five Questions Concerning Managing Hepatitis C in the Justice System: Finding Practical Solutions for HCV Elimination. Infectious Disease Clinics of North America. 2018 Jun;32(2):323-345. doi: 10.1016/j.idc.2018.02.014.
86. Bedell P, **Spaulding AC**, So M, Sarrett J, The Names Have Been Changed to Protect the... Humanity: Person-First Language in Correctional Health Epidemiology. American Journal of Epidemiology. 2018 Apr 25. doi: 10.1093/aje/kwy073
87. Becan JE, Bartkowski JP, Knight DK, Wiley TRA, DiClemente R, Ducharme L, Aarons GA, Welsh WN, Bowser D, K, Hiller M, **Spaulding AC**, Flynn PM, Swartzendruber A, Dickson MF, Fisher JH. A Model for Rigorously Applying the Exploration, Preparation, Implementation, Sustainment (EPIS) Framework in the Design and Measurement of a Large Scale Collaborative Multi-Site Study. Health Justice. 2018 Apr 13;6(1):9. doi: 10.1186/s40352-018-0068-3
88. **Spaulding AC**, Chhatwal J, Adey M*, Lawrence R, von Oehsen W. Funding Hepatitis C Treatment in Correctional Facilities by Using a Nominal Pricing Mechanism. Journal of Correctional Healthcare. 2018 Oct 15. doi: 10.1177/1078345818805770
89. Ayer T, Zhang C, Bonifonte A, **Spaulding AC**, Chhatwal J. Prioritizing Hepatitis C Treatment in U.S. Prisons. Operations Research. 2016 November 14. doi: 10.2139/ssrn.2869158
90. **Spaulding AC**, Holstad MM. Lessons from HIV deaths post-release. Lancet HIV. 2018 Sep 6. doi: 10.1016/S2352-3018(18)30218-2
91. **Spaulding AC**, Lemon TL,* So M. Measuring Correctional Experience to Inform Development of HIV, STI and Substance Use Interventions for Incarcerated Black Men Who Have Sex with Men. American Journal of Public Health. 2018 Nov;108(S4):S237-S239. doi: 10.2105/AJPH.2018.304810

92. Bedell PS, So M, Morse DS, Kinner SA, Ferguson WJ, **Spaulding AC**. Corrections for Academic Medicine: The Importance of Using Person-First Language for Individuals Who Have Experienced Incarceration. *Acad Med*, 2019. 94(2), 172-175. doi:10.1097/acm.0000000000002501
93. Chhatwal J, Chen Q, Bethea ED, Hur C, **Spaulding AC**, Kanwal F. The impact of direct-acting anti-virals on the hepatitis C care cascade: identifying progress and gaps towards hepatitis C elimination in the United States. *Alimentary pharmacology & therapeutics*. 2019 Jul 1. 50(1):66-74 doi.org/10.1111/apt.15291.
94. Cunningham W, Nance R, Golin C, Flynn P, Knight K, Beckwith C, Kuo I, **Spaulding AC**, Delaney J, Crane H, Springer S. Self-reported ART Adherence and Viral Load in Criminal Justice-Involved Populations: Results of the NIDA Seek, Test, Treat and Retain Study. Accepted, *BMC Infectious Diseases*.
95. Gardner SK, Elkington KS, Knight DK, Huang S, DiClemente RJ, **Spaulding AC**, Oser CB, Robertson AA, Baird-Thomas C. Juvenile justice staff endorsement of HIV/STI prevention, testing, and treatment linkage. *Health Justice* 7(1):15 (2019) doi:10.1186/s40352-019-0096-7. PMID: 31485779
96. **Spaulding AC**, Chen J,* Mackey CA,* Adee MG,* Bowden CJ, Selvage WD, Thornton KA. Assessment and Comparison of Hepatitis C Viremia in the Prison Systems of New Mexico and Georgia. *JAMA Network Open*. 2019 Sep 4;2(9):e1910900. doi: 10.1001/jamanetworkopen.2019.10900.
97. Dalgic OO, Samur S, **Spaulding AC**, Llerena S, Cobo C, Ayer T, Roberts MS, Crespo J, Chhatwal J. Improved Health Outcomes from Hepatitis C Treatment Scale-Up in Spain's Prisons: A Cost-Effectiveness Study. *Sci Rep*. 2019 Nov 14;9(1):16849. doi: 10.1038/s41598-019-52564-0 PMID: 31727921

Manuscripts Submitted/In Review

1. Fils-Aime R*, Lehnert JD*, Chamberlain A, Bowden CJ, Berkelman RL, **Spaulding AC**. Local Jails and Public Health Emergency Preparedness: A reproducible demonstration project to strengthen the ability of the public health infrastructure to deliver vaccines. Submitted to *Public Health Report*; under revision for submission elsewhere.
2. Chen J*, Mackey C*. Adee M*, Brown A, Bowden CJ, Miller L, **Spaulding AC**. The case for examining hepatitis C viremia in prison surveillance studies and treatment cost assessments: a lesson from the Deep South. Submitted to *JAMA Network Open*. Rejected in initial format. Will resubmit elsewhere.

Invited Book Review

1. Trost SL*, **Spaulding A**. The CDC Field Epidemiology Manual. *American Journal of Epidemiology* (in press.)

Letters to Journals

1. **Spaulding A**, Silverblatt FJ. Using grids to document laboratory results. *Annals of Internal Medicine*. 1993 Oct 15; 119(8) - 863.

2. Feller A, Dickenson B, Mitty J, **Spaulding A**, Flanigan T. Scaling prison walls, *Lancet* 1998 June 27; 351(9120):1968.
3. Allen SA, **Spaulding A**, Rich JD. Treatment of Chronic Hepatitis C in a State Correctional Facility. *Annals of Internal Medicine*, 2004; 140(2):151.
4. Allen SA, **Spaulding AC**, Taylor LE, Rich JD. Confined treatment continued. *Gastroenterology*. 2004; Mar; 126(3):928.
5. **Spaulding AC**, Allen SA, Stone A. Mortality after release from prison. [Research Letter] *New England Journal of Medicine* 2007 Apr26; 356 (17):1785.
6. **Spaulding A**, McCallum V*. Prior Reports of Medical Problems among Inmates. *American Journal of Public Health*. 2009; 99(11):1925.
7. Rosenberg E*, Delaney K*, Branson B, **Spaulding A**, Sullivan P, Sanchez T. Regarding, "Derivation and Validation of the Denver Human Immunodeficiency Virus (HIV) Risk Score for Targeted HIV Screening." *American Journal of Epidemiology* 2012; 176(6): 567-568.
8. Poorman E*, **Spaulding A**. Response to--Cuellar AE, Cheema J. As Roughly 700,000 Prisoners Are Released Annually, About Half Will Gain Health Coverage and Care under Federal Laws. *Health Affairs* 2012; 31(5):931-938.
9. Lemon T*, **Spaulding A**, Rich JD. Response to--State of Research Funding from the National Institutes of Health for Criminal Justice Health Research. *Annals of Internal Medicine* 2015; 162: 345-352.
10. Drobeniuc A*, **Spaulding A**. Censoring of HIV Viremia Data of Reincarcerated Individuals: A Response to Wohl et al. *JAIDS Journal of Acquired Immune Deficiency Syndromes* 2017; 76(1): e22-e23.
11. **Spaulding AC**, Kehus HE*, Sabol WJ. In Search of Denominators. *JAMA Surgery* (accepted).
12. **Spaulding A**, Graham C, Akiyama M, Chhatwal J, Nijhawan A, Ninburg M, Rich J, Strick L, Taylor L, Trooskin S, Westergaard R, Sabol W. HCV Prevalence Estimates Among Incarcerated Persons. *Hepatology: Hepatology*. 2019 Apr 2. doi: 10.1002/hep.30636.

Book Chapters

1. **Spaulding A**. Fever of undetermined origin. In: *Ferri's Clinical Advisor*. 2000 Edition, St. Louis: Mosby, 2000.
2. Cortez K, **Spaulding A**. Cysticercosis. In: *Ferri's Clinical Advisor*. 2000 Edition, St. Louis: Mosby, 2000.
3. **Spaulding AC**., Durbin WA. Hepatitis. In: *Manual of Clinical Problems in Pediatrics*, 4th edition. Boston: Little Brown and Company, 1995.
4. Lloyd SL*, Messina, LC*, **Spaulding AC**. HIV Screening and Assessment in the Correctional System. In: *Encyclopedia of Criminology and Criminal Justice*. Springer. 2014.
5. Lloyd SL*, Messina, LC*, **Spaulding AC**. HIV Prevention in the Correctional System. In: *Encyclopedia of AIDS*. Springer. 2017.

6. Luffy S*, Lemon T*, **Spaulding AC**. Introduction to the Epidemiology, Detection, and Management of Infectious Diseases in Corrections: What the Corrections Manager Needs to Know about HIV, STDs, Tuberculosis, Hepatitis C, and Related Conditions. In Cohen, F ed., Correctional Health Care: Practice, Administration, and Law. In Press.

Guidance Document/White Paper

Centers for Disease Control and Prevention. HIV Testing Implementation Guidance for Correctional Settings. January 2009: 1-38. Available at:

<http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings>.

Presented Abstracts (Selected List)

1. Flanigan TP, Rich JD, Dickinson B, Vigilante K, **Spaulding A**. Incarceration as a Unique Opportunity for HIV Diagnosis, Initiation of Comprehensive Care, and Linkage to the Community. Poster 9183. 4th Conf. on Retroviruses and Opportunistic Infections. 1997.
2. Rich JD, Dickinson BP, **Spaulding A**, Lafazia L, Flanigan TP. Identification of Acute HIV Infection in the Incarcerated Setting. Poster 9580, 5th Conference on Retroviruses and Opportunistic Infections, Chicago, IL. 1998.
3. Schiffman JD, Ribaudo SE, **Spaulding AC**, Iadevaia RA, Rich J, Flanigan TP. An HIV Prevention and Treatment Video Project for Incarcerated Women by Incarcerated Women. 12th World AIDS Conference, Geneva, Switzerland. 1998.
4. **Spaulding A**, Bansal T, Papagolos R. The Economics of Hepatitis C for Correctional Facilities. Oral presentation for the National Commission on Correctional Health Care. 22nd Annual Conference. Long Beach, CA. 1998.
5. **Spaulding AC**, Rich J, Mitty J, Flanigan T. Strategies for Managing Hepatitis C Virus in Prisons. 36th Annual Meeting, Infectious Diseases Society of America, Denver, CO. 1998.
6. Miles JR, Murrill CS, **Spaulding A**, Addressing the Burden of Infectious Disease Among Incarcerated Illicit Drug Users Through Model Prevention and Drug Treatment Programs. 126th Annual Meeting - American Public Health Association. Washington, D.C. 1998.
7. Rich J, Macalino GE, Salas C, Towe CW, Carpenetti NB, Dickenson BP, Foisie CK, McKenzie M, **Spaulding A**, Vlahov D. Community incidence and Prevalence of HIV and Hepatitis in Incarcerated Women in Rhode Island. Poster #478, 6th Conference on Retroviruses and Opportunistic Infections, Chicago, IL. 1999.
8. Lubelczyk RB, **Spaulding A**, Salas C, Rich J, Gershon R. Issues in Post-Exposure Prophylaxis Against Blood Borne Viruses in the Correctional Setting. Oral Presentation at the National Commission on Correctional Health Care 24th Annual Meeting. St. Louis, MO. 2000.
9. Jongco A, **Spaulding A**, Clarke JG, Jackson E, Kurpewski J, Flanigan TP. Testing Jail Entrants for Sexually Transmitted Diseases. Oral Presentation at the National Commission on Correctional Health Care 24th Annual Meeting. St. Louis, MO. 2000.
10. **Spaulding AC**, Jongco A, Clarke JG, Jackson E, Kurpewski J, Flanigan TP. High Jail Prevalence of gonorrhea (GC)/chlamydia (CT) in Low Prevalence Area. Poster Presentation at 38th Annual Meeting, Infectious Disease Society of America, New Orleans, LA. 2000.

11. Kaplan M, **Spaulding A**. “Working with Corrections.” Oral Presentation at the 10th Annual Community Planning Leadership Summit for HIV Prevention, Chicago, IL. 2002.
12. Allen SA, Stone A, **Spaulding A**. Death Rate and Causes of Mortality in Rhode Island Inmates. Oral Presentation at the 26th National Commission on Correctional Health Care National Conference, Nashville, TN. 2002.
13. Stone TH, **Spaulding A**. Minimizing Risks to Prisoners as Human Subjects. Oral Presentation at 29th National Commission on Correctional Health Care National Conference, Denver, CO. 2005.
14. **Spaulding AC**, Abdulrahman S. When HCV Treatment Brings Out an Underlying Condition: Nailing the Diagnosis. Poster presentation at National Conference on Correctional Health Care. Atlanta, GA. October 2006.
15. **Spaulding AC**, Nazaire Y. An Unusual Rash in a Rash of HCV Infections: PCT in the Setting of HH and HCV. Poster presentation at National Conference on Correctional Health Care. Atlanta GA. October 2006.
16. **Spaulding AC**. Identifying LTBI and TB Disease in a Jail Population. Opening presentation on panel regarding putting CDC TB management guidelines into practice. National Conference on Correctional Health Care. Atlanta, GA. October 2006.
17. Kennedy S, **Spaulding AC**, Ramos K. Key Issues in HIV Testing in Jails: Rapid Testing, Linkage to Care and Evaluation. Oral presentation. Academic and Health Policy Conference on Correctional Health, University of Massachusetts. March 2007.
18. Lasry A, Sansom SL, Shrestha RK, Jafa-Bhushan,K, Taussig J, **Spaulding A**. Cost-effectiveness of HIV screening in prisons. Medical Decision Making, 2008. 28(1): E26-7. Poster Presentation at the 29th Annual Meeting of the Society for Medical Decision Making, Pittsburg, PA. October 2007.
19. **Spaulding AC**, Ramos K, Kennedy S, Hammett T, Norton G, Tinsley M. Evaluating best practices for identifying and linking HIV+ jail inmates to care. Oral presentation at National Conference on Correctional Health Care, Nashville, TN. October 2007.
20. Ashiru BO, Paul SM, **Spaulding AC**. HIV testing for minors without parental consent: Has new legislation in New Jersey increased the number of adolescents being tested for HIV? Poster presentation at 135th Meeting of the American Public Health Association, Washington, DC. November 2007.
21. Sumbry AR, **Spaulding AC**. Management of HIV infected pregnant women in the GA Department of Corrections (GDC). Poster presented at 2nd Annual Academic and Policy Conference on Correctional Health. Quincy, MA. March 2008.
22. **Spaulding AC**, Kent C, Kennedy S, Hammett T. Does privatization of jail health care impede the screening of detainees for STD? Oral presentation at 2008 National STD Prevention Conference, Chicago, Illinois. March 2008.
23. **Spaulding AC**, Sumbry AR, Matthews AK, Ramos KL, Wingood G. Pairing HIV+ prisoners with mentors to maintain health-promoting behavior upon release. Oral presentation at 2nd Annual Academic and Policy Conference on Correctional Health. Quincy, MA. March 27-28, 2008.

24. **Spaulding A**, Seals R, Page M, Matthews A, Rhodes W, Hammett T. HIV/AIDS Borne by US Correctional Releasees: Share of Burden Declines, Numbers Don't. Poster #1033. 16th Conference on Retroviruses and Opportunistic Infections. Montreal. February 2009.
25. **Spaulding A**, et al. Key Issues in HIV Testing In Jails. Presentation C15-3; CCT4. Presented at 2009 National HIV Prevention Conference. Atlanta, GA. August 23-26, 2009.
26. **Spaulding A**, Seals R, McCallum V. Long Term Mortality in a Cohort of Persons Imprisoned in Georgia, 1991. Presented at 137th Annual Meeting and Expo of the American Public Health Association. Philadelphia, PA. November 7-11, 2009.
27. **Spaulding A** and the Enhancing Linkages Study Group. HIV testing in jails—what is the yield? Poster presented at the 2008 National Summit on HIV Diagnosis, Prevention, and Access to Care, sponsored by the Forum for Collaborative HIV Research. Arlington, VA. November 19-21, 2009.
28. Lee AS, Berendes DM, **Spaulding AC**, Seib KG, Chung KW, Chavez RS, Whitney EAS, Meyer PL, Omer SB. Emergency preparedness practices in correctional facilities during the 2009 H1N1 influenza outbreak, National Conference on Correctional Healthcare, Las Vegas, NV. Oct 2010.
29. Berendes DM, Lee AS, **Spaulding AC**, Seib KG, Chavez RS, Whitney EAS, Meyer PL, Omer SB. H1N1 Influenza in Correctional Facilities: Public Health's Role and Room for Improvement in Prisons and Jails Nationwide (An Early Perspective), Public Health Preparedness Summit, Atlanta, GA. Feb 2011.
30. Salo A, **Spaulding A**, Beckwith C, Avery A, Shaikh I, Ball S, Williams C, Altice F. Jail Screening: Opportunity to Identify HIV⁺ Persons Early and Link Them with Care. Paper #1053. 18th Conference on Retroviruses and Opportunistic Infections. Boston, MA. February 2011.
31. Hood J, **Spaulding A**, Nelson R, Sikwa B, Mosiakgabo B, Sokwe M, Raats J, Monyatsi B. Frequency of HIV Test-seeking among Clients of a Maturing VCT Network in Botswana. Paper #1073. 18th Conference on Retroviruses and Opportunistic Infections. Boston, MA. February 2011.
32. Superak H, **Spaulding AC**, Yang Z, Resch S, Beckwith C, Jordan A, Michelman A, Shaikh I, Pinkerton S. 4th Annual Academic and Health Policy Conference on Correctional Health Care. Boston, MA, March 2011.
33. Lee A. S., Donohue M. T., Berendes D. M., Seib K. G., Whitney E. A. S., Chavez R. S., Omer S. B., Berkelman R. L., **Spaulding A. C.** The perils of overlooking jails in public health planning: emergency response to H1N1. *Georgia Public Health Association Conference, Atlanta, GA. April 12-13, 2011.*
34. Superak H, **Spaulding A**, Yang Z, Cunningham M, Pinkerton S. Cost and Cost-Effectiveness Considerations for Jail Linkage Services. Abstract 1902. CDC HIV Prevention Conference. Atlanta GA, August 2011.
35. **Spaulding A**, Bowden C, Miller L, Mbaba M, Church J. (Invited Presentation). An IIDDEALL Program for Jails: Integrating Infectious Disease Detection at Entry and Linkage to Care. CDC HIV Prevention Conference. Atlanta GA, August 2011.
36. **Spaulding A**, Cook J, Bowden C, et al. There's a Need and a Way; Where's the Will? Rapid HIV Testing for Jail Entrants. Abstract 1943. CDC HIV Prevention Conference. Atlanta GA, August 2011.

37. Malak M. Hepatitis B and C in Correctional Facilities. National Conference on Correctional Healthcare. October 2011.
38. Messina L, Ahuja D, Avery A, Stein M, Chung K-W, Lincoln T, **Spaulding A**, and EnhanceLink Study Group. Suppression of HIV Achievable with Prompt Medical Follow-up: A Longitudinal Observation Study of Outcomes 6 Months following Release from Jail. Poster Presentation. Conference on Retroviruses and Opportunistic Infections. Seattle WA, March 2012.
39. Varan A, Mercer D, Stein MS, **Spaulding A**. Surveillance of Hepatitis C Seropositivity in State Prison Systems: Prisoners with Declining Prevalence, Accounting for Declining Share of US Epidemic in 2006. 5th Annual Academic and Health Policy Conference on Correctional Healthcare, Atlanta GA, March 2012.
40. **Spaulding A**, Kim A. Treatment in Prison of Hepatitis C with Direct Acting Agents. 5th Annual Academic and Health Policy Conference on Correctional Healthcare, Atlanta GA, March 2012.
41. **Spaulding AC**, Stein MS, Messina LC, Kim BI. Reaching HIV+ Black MSM: Jail Interventions are Key. Treatment as Prevention Conference, Vancouver BC, May 2012.
42. Symposium on Enhance Link: 19th International AIDS Conference, Washington DC July 2012.
43. Lima V and the Seek Test Treat and Retain Corrections (STTaR Corr) Modeling Group. Modeling the impact of implementing a Seek, Test, Treat, and Retain (STTR) strategy to halt the HIV epidemic within the Criminal Justice System (CJS) in different regions in the US. Poster presentation, 19th International AIDS Conference, Washington DC July 2012.
44. Mboup A, Sarr M, **Spaulding AC**, Diouf O, Traore I, Dia MC, Ndiaye AG, S. Mboup S. Prospective study of the incidence of HIV among registered female sex workers in Dakar, Senegal. (1992-2010) Poster presentation, 19th International AIDS Conference, Washington DC July 2012.
45. **Spaulding A**, Reid L., Bowden C, Copeland B, MacGowan R, Margolis A, Shresta R, Mustaafta G, Heilpern K, Shah B. (2013). A Tale of One City, Two Venues: Comparing Costs of Routine Rapid HIV Testing in a High-volume Jail and a High-volume Emergency Department, Atlanta, Georgia. Abstract 1061. Paper presented at the 20th Conference on Retroviruses and Opportunistic Infections, March 3-6, Atlanta GA.
46. **Spaulding A**, Bowden C, Mustaafta G (presenter). Improving the Reach of HIV Testing in Jails. US Conference on AIDS, New Orleans LA, September 8-10, 2013.
47. **Spaulding A**, Bowden C. Jail Detainees Accessing HIV Testing: Linking New Positives to Care in Jail and in the Community. FOCUS Partners Meeting, San Francisco CA. October 29, 2013.
48. **Spaulding A**, Carpenter T. Project IMPACT: Expanding HIV Testing and Linkage at Fulton County Jail. National Conference on Correctional Healthcare. Nashville TN, October 28, 2013.
49. **Spaulding A**, Haddad M*, Foote M.* Ray S. Intersection of the epidemics of incarceration and community Tuberculosis (TB) in Atlanta, Georgia: An update. 7th Annual Academic and Health Policy Conference on Correctional Health, Houston, Texas, March 20-21, 2014.
50. Hagan L*, **Spaulding A**. Could all-oral regimens for Hepatitis C Be priced Within reach for prison healthcare? 7th Annual Academic and Health Policy Conference on Correctional Health, Houston, Texas, March 20-21, 2014.

51. **Spaulding A**, Mustafa G, Kim M*, John K*, Bowden C. Universal offering of opt-out, rapid HIV testing in Atlanta's jails — finding a city's undiagnosed. 7th Annual Academic and Health Policy Conference on Correctional Health, Houston, Texas, March 20-21, 2014.
52. Miller L, Fuker, SA, Lundberg K, Rollin F, Park B, Quairol K, **Spaulding AC**. Successful Screening for and High Prevalence of Hepatitis C Among African American Baby Boomers in an Urban Primary Care Center. Society of General Medicine Conference. San Diego, CA April 22-25, 2014.
53. Miller L, Fuker SA, Turner B, **Spaulding AC**. Updates in Hepatitis C. Society of General Medicine Conference. San Diego, CA April 22-25, 2014.
54. Chhatwal J, He T, Roberts M, Grefenstette J, Li K, Ayer T, Spaulding A. Predicting the Benefit from Opt-out Hepatitis C Screening in United States Prisons through Mathematical Modeling. 8th Annual Academic and Health Policy Conference on Correctional Health, Boston MA, March 19-20, 2015.
55. **Spaulding A**, Staples-Horne M. JJ-TRIALS: Implementation Research in the Juvenile Justice System. 8th Annual Academic and Health Policy Conference on Correctional Health, Boston MA, March 19-20, 2015.
56. May J, Norvelus H, Duverger K, Smith L*, Varan A*, **Spaulding A**. Infectious disease screening: Using data to guide interventions in resource constrained settings. 8th Annual Academic and Health Policy Conference on Correctional Health, Boston MA, March 19-20, 2015.
57. **Spaulding A**. Exploring the Enhancement of Ethical Research Involving Persons under the Supervision of the Criminal Justice System. 9th Annual Academic & Health Policy Conference on Correctional Health: Advancing the Field of Academic Criminal Justice Health, March 16, 2017. Baltimore MD.
58. Anderson EJ*, **Spaulding AC**, Phillips J, Bowden C, Freshley. Implementing a nurse-led rapid opt-out HIV testing program in a county jail. 10th Annual Academic and Health Policy Conference on Correctional Health, March 16-17, 2017. Atlanta GA
59. Drobeniuc A*, **Spaulding A**. SUCCESS: Illustrating Trends of Improved Retention in HIV Care after Jail Release. 10th Annual Academic and Health Policy Conference on Correctional Health, March 16-17, 2017. Atlanta GA
60. Fils-Aime R*, **Spaulding A**, Chamberlain A, Bowden C, Lehnert JD*. Improving Jail and Health Department Preparedness Efforts by Demonstrating the Feasibility of Maternal Tdap Vaccine Education and Distribution. 10th Annual Academic and Health Policy Conference on Correctional Health, March 16-17, 2017. Atlanta GA
61. **Spaulding AC**. Exploring the Enhancement of Ethical Research Involving Persons under the Supervision of the Criminal Justice System. 10th Annual Academic and Health Policy Conference on Correctional Health, March 16-17, 2017. Atlanta GA
62. Elkington K, **Spaulding A**. Establishing feasibility of the JJ-health partnership approach to increasing HIV- testing of youth on probation. 10th Annual Academic and Health Policy Conference on Correctional Health, March 16-17, 2017. Atlanta GA
63. Lemon TL*, So M, **Spaulding A**. Lifetime Prevalence of Incarceration among U.S. Men by Race and Educational Level: Implications for Health? Society for Epidemiology Research 50, June 2017, Seattle WA.

64. Taborda Vidarte C, Anderson E, Khan M, Phillips J, **Spaulding A**. Where is the US Hepatitis C Epidemic *Now*? Putting the "Pen" on the Map as Elimination Efforts Hunt for Remaining Cases. Infectious Disease Week 2017, October 4-8, 2017. San Diego CA
65. Sales J, **Spaulding A**, Elkington K, Wiley T, Becan J, Belenko S, DiClemente R, Knoght D, Oser C, Robertson A, Staples-Horne M. Leveraging partnerships between health agencies and the juvenile justice system to increase HIV testing of youth on probation: An uphill road to address rising HIV diagnoses in youth. American Public Health Association Annual Meeting and Expo, November 4-8, 2017. Atlanta GA
66. J. Chhatwal, K. Li, T. He, M.S. Roberts, T. Ayer, S.S. Samur, J.J. Grefenstette, **A.C. Spaulding**. Hepatitis C Treatment as Prevention: Focusing on United States Prisons. EASL The Liver Congress. April 13-17, 2016. Barcelona Spain.
67. T. Ayer, C. Zhang, A. Bonifonte, **A.C. Spaulding**, J. Chhatwal. Prioritizing Hepatitis C Treatment in United States Prisons. 9th Academic & Health Policy Conference on Correctional Health. March 17-18 2016. Baltimore MD.
68. J. Chhatwal, K. Li, T. He. M.S. Roberts, T. Ayer, S. Samur, J. Grefenstette, **A.C. Spaulding**. Hepatitis C Treatment in United States Prisons Prevents Transmission and is Cost-Saving for the Society. AASLD The Liver Meeting. November 11-15, 2016. Boston MA.
69. **A. Spaulding**, K. Elkington. Establishing feasibility of the JJ-health partnership approach to increasing HIV- testing of youth on probation. 10th Academic & Health Policy Conference on Correctional Health. March 16-17, 2017. Atlanta GA.
70. *Vidarte CAT, *Anderson EJ, *Khan MA, Phillips JA, **Spaulding AC**. Where is the Us Hepatitis C Epidemic* now*? Putting the "pen" on the Map as Elimination Efforts Hunt for Remaining Cases. Infectious Disease Society of America Annual Conference, October 4-8, 2017, San Diego,CA
Abstract available:Open forum infectious diseases; 2017: Oxford University Press US. p. S195-S.
71. J. Chhatwal, Q. Chen, T. Ayer, X. Wang, M.S. Roberts, F. Kanwal, **A.C. Spaulding**. Updated Prevalence of Hepatitis C in the United States: Results from a Simulation Model Including the non-NHANES population. AASLD The Liver Meeting. October 20-24, 2017. Washington DC.
72. **A. Spaulding**, Richard Dembo, Ralph DiClemente, Carl Leukefeld, Julie Krupa, Eve Rose. Juvenile Justice Agency Involvement in Substance Abuse Treatment: Lessons Learned from JJ-TRIALS. 11th Academic and Health Policy Conference on Correctional Healthcare, March 22-23, 2018. Houston TX.
73. **A. Spaulding**, M. Adee, J. Chhatwal, R .Lawrence, W. von Oehsen. . Eliminating HCV transmission may require structural change in how prisons purchase medications. 11th Academic and Health Policy Conference on Correctional Healthcare. March 22-23, 2018. Houston TX.
74. P. Bedell, M. So, **A. Spaulding**, D. Morse, S. Kinner, W. Ferguson. Person-First Language for a New Era of Correctional Health Research: Words Matter When Promoting Health for All. 11th Academic and Health Policy Conference on Correctional Healthcare. March 22-23, 2018. Houston TX.
75. **A. Spaulding**, S. Thanthong-Knight, M. Adee, M.A. Ladd, T. Zhan, N. Nasir-Deen, J. Chhatwal. HepCorrections: An Upcoming Web-based Visualization of Hepatitis C in the Criminal Justice Population. 2018 National Conference on Correctional Healthcare. October 20-24, 2018. Las Vegas, NV.

76. **Spaulding A**, Chhatwal J., Adee M, Simon MJ, von Oehsen W. Eliminating syphilis may require structural change in how jails purchase penicillin. 12th Academic and Health Policy Conference on Correctional Healthcare, March 21-22, 2019. Las Vegas, NV.
77. **Spaulding AC**, Adee MG*, Bowden CJ, Qi M*, MacGowan R, Margolis A, Hutchinson AB. Routine Rapid HIV Screening of Jail Entrants in Fulton Co. (GA, US) is Cost Saving. International Association of Providers of AIDS Care. June 2019. Miami FL

Invited Talks at National and International Professional Meetings (selected list)

November 1998

Panel participant (Lou Tripolli MD, moderator). Hepatitis C and Corrections. Panel discussion at the National Commission on Correctional Health Care. 22nd Annual Conference. Long Beach, CA

January 1999

PA AIDS Education and Training Center. Philadelphia, PA
Presentation with Douglas Dieterich MD. HIV and Hepatitis C

June 1999

National Meeting: Association of Physician Assistants. Atlanta, GA
Topic: Infectious Diseases in Corrections

June 1999

National Commission on Correctional Health Care
Special Session on Mental Health and Hepatitis C. Chicago, IL
Luncheon Speaker. Mental Health Issues with HCV Treatment

October 1999

Current Strategies for the Management of HIV in Corrections
Conference sponsored by Brown University and Yale University
AIDS Programs. Workshop topic: Hepatitis C and HIV

January 2000

American Correctional Association/ American Correctional Health
Service Association National Winter Conference. Phoenix, AZ.
Topic: HIV and HCV Co-infection in Corrections

March 2000

National Institute of Drug Abuse/ National Development and Research
Institutes. Bethesda, MD. Conference on Drug Abuse Treatment in the Correctional
System. Integrating Infectious Disease Services Drug Treatment in Corrections

May 2002

Federal Bureau of Prisons Infection Control Conference, Atlanta, GA.
Topic: "Smallpox in Correctional Facilities"

August 2002

"'Correctionalizing' the NIH Hepatitis C Consensus Conference Statement",
Correctional Medical Institute Annual Conference, Baltimore, MD

September 2002

Invited Presentation at the Serious and Violent Offenders Re-Entry Conference, Department of Justice, Washington, DC. Topic: "Public Health is Public Safety"

September 2003

Keynote Speaker: Montana Public Health Association
Kalispell, MT. Topic: "Correctional Hepatitis Management and Public Health"

February 2005

American Association of State and Territorial Health Officers
Washington, DC. Topic "Infectious Disease Prevention in Prison Populations"

October 2005

Luncheon Speaker: Society of Correctional Physicians Annual Meeting
Denver, CO. Topic: Is HBV Management in Prisons and Jails Necessary?

November 2005

New York State Department of Health. Addressing Hepatitis C in Prisons and Jails.
November 1: Buffalo, NY. November 15: NYC, New York Academy of Medicine.

February 2006

HIV in Incarcerated Women Georgia Chapter, American Correctional Health Services Association. Cordele, GA

February 2007

HRSA's Initiative on Enhancing Linkages to HIV Primary Care in Jail Settings. National Sheriff Association winter conference. Washington, DC

June 2007

Challenges Conducting Research to Benefit Those Moving Through Correctional Facilities. Crossroads II conference. Institute for Community Research. Hartford, CT

September 2007

Unique challenges of pandemic influenza for prisons. Oral presentation at Planning for Pandemic Influenza in Prison Settings conference, sponsored by RSPH, GA Division of Public Health, Medical College of GA, and GA Department of Corrections. Macon, GA

January 2009

Invited speaker for the 2009 Women's Health Summit, Fulton County Human Services. Atlanta, GA

July 2009

Joint CDC-HRSA HIV Planning Committee Talk, Atlanta, GA

September 2010

Hepatitis C in Correctional Populations. Hepatitis Foundation Int'l Conference, Morehouse School of Medicine, Atlanta, GA

May 2011

HIV in Correctional Settings. Treatment as Prevention. NIH/UBC Sponsored Workshop. Vancouver, BC, Canada

June 2011

Epidemiology of HIV in the United States' Criminal Justice System. 12th Annual Symposium on HIV. Albany Medical College, Albany, NY

July 2011

Hepatitis C in Correctional Populations. Hepatitis Foundation Int'l Conference, Chicago, IL

April 2013

EnhanceLink: A Legacy of Lessons Learned. NIH/UBC Sponsored Workshop
Vancouver, BC, Canada

May 2014

HCV testing and treatment in U.S. correctional facilities. Invited Talk at symposium, "Treating and Defeating Hepatitis C in Rhode Island". Brown University. Providence RI

June 2014

Innovations in Teaching Correctional Health. Invited presentation at "A Public Health Approach to Incarceration" Conference at Columbia University

July 2014

Developing a feasible strategy for prisons to test and cure hepatitis C. Invited Lecture, National Commission on Correctional Healthcare Medical Director Boot Camp. Denver CO

October 2015

How to write a peer-reviewed journal article. Invited Lecture, National Conference on Correctional Healthcare, Dallas Texas

September 2016

Spaulding A. Routine, Rapid HIV Testing in Jails. Keynote Talk at California Office of AIDS Yearly Meeting. San Diego CA.

September 2016

Spaulding A. Viral Hepatitis and HIV in the Prison System. HIV and Hepatitis Conference. Jackson Hole WY.

October 2016

Spaulding A. Showing Jail Counts: Impacting the HIV Epidemic in Your Community and Communicating to Public Health Partners that Your Program Matters. National Conference on Correctional Healthcare.

December 2016

Spaulding A. Linkages to the Continuum of Care among Women in the Criminal Justice System. Women and HIV. Inter-CFAR Joint Symposium on HIV Research in Women. Birmingham, Alabama.

April 2017

Spaulding A. HCV Elimination for Jails and Prisons. A Problem of Execution. CDC Conference on HCV Elimination, Atlanta GA.

November 2017

Spaulding A. Managing HIV: Clinical and Ethical Perspectives. National Conference on Correctional Health Care, Chicago, IL.

November 2017

Spaulding A. Planning for Inevitable Infectious Disease Outbreaks. National Conference on Correctional Health Care, Chicago, IL.

March 2018

Spaulding A. von Oehsen W. Counting the Costs: Do we have a comprehensive strategy to fund hepatitis C treatment? National Hepatitis in Corrections Network Conference, Houston TX.

March 2018

Spaulding A. HCV Testing and Treatment in the Corrections Context. HHS Hepatitis C Medicaid Affinity Group Webinar.

October 2018

Spaulding AC. HIV 2018: Envisioning Improved Transitions to Community Treatment. Lunchtime Plenary Talk, National Conference on Correctional Healthcare (Conference of ~1,000). Las Vegas NV.

November 2018

Spaulding, A. HCV in the Criminal Justice System. American Association for the Study of Liver Diseases (AASLD) SIG Program: Navigating the Road to Elimination of HCV in the U.S., San Francisco, CA.

March 2019

Spaulding A. Hepatitis C in Corrections: Challenging the Status Quo. Plenary Address for the Academic and Health Policy Conference on Correctional Healthcare, Las Vegas NV.

April 2019

Spaulding AC. Breaking down Barriers to Effective HIV Treatment in Corrections as a Component of Ending the HIV Epidemic: A Plan for America. Lunchtime Plenary Talk, Spring Clinical Conference, National Commission on Correctional Healthcare. Nashville TN.

Invitations to Speak on Hepatitis C to State Correctional Systems:

- 1999 Connecticut Department of Corrections
- 1999 Massachusetts Department of Health/ Massachusetts DOC in attendance
- 1999 Virginia Department of Corrections
- 1999 Ohio Department of Corrections and Rehabilitative Services
(National Institute of Justice Technical Assistance Grant)
- 2000 New Hampshire Department of Corrections
- 2002 Georgia Department of Corrections

Grand Rounds, Academic Presentations, Etc.

1997

Grand Rounds, Department of Emergency Medicine, Brown University. "Every Hernia an Incarcerated Hernia: Corrections and Emergency Medicine." Providence, RI

December 1997

Grand Rounds, Department of Medicine, Brown University: “Current concepts in Correctional Medicine—update on STDs.” Providence, RI

December 2005

Morehouse School of Medicine. Public Health Leadership Seminars. “Health Care Delivery to Prisoners in the Georgia Department of Corrections System.” Atlanta, GA

December 2005

ID Rounds: “Should We Manage Hepatitis C in Prisons?” Emory University School of Medicine. Atlanta, GA

January 2009

Whole School Talk--RSPH. HIV among Correctional Populations. Atlanta, GA

April 2009

“Hepatitis C Management in the Georgia Community,” Emory Division of Infectious Disease Research Rounds

September 2010

“HIV in Jail Populations.” Infectious Disease Rounds, University of North Carolina, Chapel Hill

January 2012

“Jails as a Reservoir of HIV: Implications for control of community viral load.” Emory Division of Infectious Disease Research Rounds

April 2015

“Screening for Tuberculosis in Haitian Prisons: Transitioning to Use Data to Guide Interventions in Resource-constrained Settings--Health through Walls.” Emory Division of Infectious Disease Research Rounds.

February 2019

“Public Health Should Go to Jail.” Sponsored by Health Law Society and Criminal Law Society, Public Health Student Association. UNLV, Las Vegas Nevada.

August 2019

Hepatitis C: Corrections for Corrections. Talk to Division of Viral Hepatitis, Centers for Disease Control, Atlanta GA.

1 guidance by reserving space at each institution so that incarcerated persons could be readily
2 isolated in the early phases of an outbreak to prevent the outbreak from spreading. I understand
3 that this plan would result in less reserved space than the Receiver's plan, which seems to require
4 an excessive amount of reserved space at each prison based on an assumption that future outbreaks
5 will look similar to the four very large outbreaks that have occurred so far.

6 16. I also believe that CDCR's plan will allow CDCR greater flexibility in how it
7 utilizes available space at each of the prisons. I believe it is in the State's best interest to
8 implement a quarantine and isolation plan that provides them with the utmost flexibility. The
9 science surrounding COVID-19 is changing on a daily basis. We are constantly learning more
10 about this novel coronavirus, and as we learn more, CDCR officials need the flexibility to react to
11 the new science in real time. For instance, whereas the Centers for Disease Control and
12 Prevention ("CDC") previously recommended that persons with laboratory-diagnosed COVID-19
13 be housed ideally in individual rooms, that guidance was changed on July 14, 2020, and the CDC
14 now recommends using one large space to cohort COVID-19-positive individuals for medical
15 isolation so as to conserve PPE and reduce the chance of cross-contamination within the facility.

16
17 I declare under penalty of perjury that I have read this document, and its contents are true
18 and correct to the best of my knowledge. Executed on July 19, 2020, in Decatur, Georgia.

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21 ANNE SPAULDING
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10 **UNITED STATES DISTRICT COURT**
11 **NORTHERN DISTRICT OF CALIFORNIA**
12 **OAKLAND DIVISION**

13 MARCIANO PLATA, et al.,
14
15 Plaintiffs,
16 v.
17 GAVIN NEWSOM, et al.,
18 Defendants.

CASE NO. 01-1351 JST

DECLARATION OF RALPH DIAZ _____
IN SUPPORT OF DEFENDANTS'
RESPONSE TO PLAINTIFFS'
PROPOSED ORDER RE: QUARANTINE
AND ISOLATION SPACE

Judge: Hon. Jon S. Tigar

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20 I, Ralph Diaz, declare:

21 1. I am the Secretary of the California Department of Corrections and Rehabilitation
22 (CDCR). I was appointed by Governor Gavin Newsom as CDCR's Secretary on March 27, 2019.
23 Before my appointment as Secretary, I served in several positions at CDCR's headquarters,
24 including Undersecretary of Operations, Deputy Director of Facility Operations, and Associate
25 Director of High Security Institutions. And before I worked at CDCR's headquarters, I served as
26 a prison Warden, Correctional Counselor Supervisor, and Correctional Counselor, after starting
27 my career as a Correctional Officer in 1991. I submit this declaration to support Defendants'
28 response to Plaintiffs' proposed order regarding quarantine and isolation space.

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Decl. R. Diaz Supp. Defs.' Response Pls.' Proposed Order Re Quarantine and Isolation Space

1 2. Around the end of May and beginning of June 2020, incarcerated persons were
2 transferred from California Institution for Men (CIM)—where a large outbreak of COVID-19 was
3 underway—to the State prisons at San Quentin and Corcoran. Even though the transferees had
4 previously tested negative for COVID-19, some of the transferees tested positive for COVID-19
5 after they had arrived at San Quentin and Corcoran. While those transfers resulted in a large-scale
6 outbreak at San Quentin—with 1,111 “resolved” patients and 922 active patients as of July 20,
7 2020—by comparison, 151 patients at Corcoran are “resolved” and only 11 are currently
8 considered active. The units at San Quentin where these transferees were housed consist of open-
9 bar cells along five open tiers. At Corcoran, the transferees were housed in a “270 design”
10 building with solid cell doors.

11 3. CDCR and CCHCS have implemented specific mitigation measures as a result of
12 lessons learned following these and other outbreaks. For example, inter-institution transfers have
13 largely ceased (save for emergent situations), and in particular, an institution with three or more
14 COVID-19-positive incarcerated persons is closed to transfers. CDCR has also issued numerous
15 directives to staff and incarcerated persons alike, setting forth strict expectations with respect to
16 mask wearing, personal hygiene, and facility cleanliness.

17 4. Additionally, CDCR has recently completed statewide baseline COVID-19 testing
18 of all staff and will continue to test staff according to its current staff testing plan. Incarcerated
19 persons are also tested far more frequently than was the case when the outbreak at CIM first
20 started. And CCHCS’s data on testing of the prison population indicates that over 58,000
21 incarcerated persons have now been tested.

22 5. When outbreaks have caused a shortage of regular housing for either isolation or
23 quarantine space, CDCR has effectively used alternative spaces to provide both housing and
24 treatment space during outbreaks, including gymnasiums, chapels, Prison Industry Authority
25 buildings, and tents.

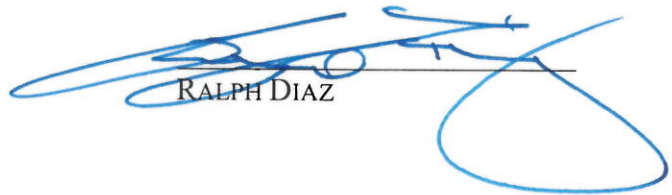
26 6. It is unlikely that the Receiver’s plan for reserving quarantine and isolation space
27 for outbreaks could be implemented without forcing CDCR to release a substantial number of
28 people in addition to the currently planned releases in order to maintain social distancing in the

1 remaining housing units. Conversely, CDCR should not need to release more people than it
2 already plans to release in order to implement its proposal to set aside a housing unit in each
3 prison, or at a minimum 100 beds, which could be supplemented with additional alternative
4 housing in the event of an outbreak.

5 7. It is important to recognize that closing even a single housing unit in many of the
6 prisons will result in higher population densities in the remaining units that continue to house
7 incarcerated persons. Under the Receiver's plan, that compaction would be more extreme, making
8 it more difficult, if not impossible, to allow for the physical distancing which has currently been
9 achieved in housing units.

10 8. Similarly, if the Receiver's plan for creating reserved quarantine and isolation
11 space were implemented, CDCR would likely have no choice but to transfer numerous
12 incarcerated persons between prisons, assuming transfers were permitted by the Receiver. But
13 CDCR's proposal for reserving space would require no or few transfers.

14 I declare under penalty of perjury that I have read this document, and its contents are true
15 and correct to the best of my knowledge. Executed on July 20, 2020, in Sacramento, California.

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10 **UNITED STATES DISTRICT COURT**
11 **NORTHERN DISTRICT OF CALIFORNIA**
12 **OAKLAND DIVISION**

13 MARCIANO PLATA, et al.,

14 Plaintiffs,

15 v.

16 GAVIN NEWSOM, et al.,

17 Defendants.

CASE NO. 01-1351 JST

**DECLARATION OF CONNIE GIPSON
IN SUPPORT OF DEFENDANTS'
RESPONSE TO PLAINTIFFS'
PROPOSED ORDER RE: QUARANTINE
AND ISOLATION SPACE**

Judge: Hon. Jon S. Tigar

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20 I, Connie Gipson, declare:

21 1. I am the Director of the California Department of Corrections and Rehabilitation's
22 (CDCR) Division of Adult Institutions. I have been working for CDCR since 1988 when I was a
23 medical technical assistant at the California Institution for Women. From 1997 to 2008, I held
24 several positions at Wasco State Prison, including captain, business manager and health program
25 coordinator. From 2008 to 2010, I was the Associate Warden at North Kern State Prison. From
26 2010 to 2013, I served in multiple positions at California State Prison, Corcoran, including as
27 Warden, Acting Warden and Chief Deputy Warden. From 2013 to 2016, I served as the Associate
28 Director of general population male offenders at CDCR's Division of Adult Institutions. From

1 2016 to 2019, I served as deputy director of facility operations at the Division of Adult
2 Institutions. And in 2019, I was promoted to the Acting Director of the Division of Adult
3 Institutions, and was appointed to my current position as the Director in April 2019. I am
4 competent to testify to the matters set forth in this declaration and, if called upon by this Court,
5 would do so. I submit this declaration in support of Defendants' Opposition to Plaintiffs'
6 Emergency Motion to Modify the Population Reduction Order.

7 2. On July 18, 2020, I reached out to officials at a number of institutions that have
8 medium sized outbreaks (in the range of 100 to 500 cases) of COVID-19. I asked each institution
9 to evaluate whether the availability of a vacant housing unit would have helped them address the
10 potential outbreak they faced. I learned the following in response from officials at those
11 institutions:

- 12 a. California Institution for Women (CIW) had a vacant building prior to its
13 outbreak. Due to mass testing and isolation of incarcerated persons within hours
14 of being confirmed positive, CIW never exceeded its isolation unit capacity.
- 15 b. California State Prison—Los Angeles County (LAC) reported that a vacant
16 building "might" have helped to cohort the high risk patients and make room to
17 isolate the positive cases in one location; however, the biggest factor in controlling
18 the spread of COVID-19 was the institution's ability to change the air handler
19 dampers from air recirculating in the housing units to 100% outside air intake and
20 exhaust. According to leadership at LAC, increased cleaning efforts in the
21 housing unit and on the yard also played a tremendous role in controlling the
22 spread of the virus.
- 23 c. California State Prison—Corcoran (COR) responded that a vacant building would
24 have further mitigated the spread of COVID-19. However, at the time of the
25 outbreak, current guidance required single-celling of COVID-19 positive patients
26 (contrary to more recent CDC guidance which now encourages cohorting COVID-
27 19 positive patients together).
- 28 d. California Rehabilitation Center (CRC) reported that one vacant building would

1 not have been sufficient to manage the number of COVID-19 positive patients
2 during the peak of its outbreak. Indeed, CRC created a vacant dorm for this
3 purpose, but delays in receiving test results appear to have complicated efforts to
4 mitigate the spread of the virus.

- 5 e. California Correctional Center's (CCC) first COVID-19 positive patients were
6 received at the institution from San Quentin on June 8, 2020. The Institution
7 received notification of four positive test results on June 21, 2020. These patients
8 had been housed on all levels of the institution, including in dorms and cells. Due
9 to enhanced testing of the incarcerated population and the various custody levels at
10 the institution, it was impossible to house all positive COVID-19 patients in one
11 building. Instead, CCC designated isolation and quarantine dorms or cells at each
12 facility (with the exception of CCC's MSF).

13 3. Regarding CRC's observation that it would have needed more than one vacant
14 housing unit to accommodate isolation and quarantine needs, this is because CRC's dorm units
15 have only 40-50 beds. It is my understanding that CDCR's proposed order would require at least
16 one entire housing unit of at least 100 beds be set aside. Thus, at CRC, the proposed order would
17 have required two to three housing units be set aside.

18
19 I declare under penalty of perjury that I have read this document, and its contents are true
20 and correct to the best of my knowledge. Executed on July 20, 2020, in Sacramento, California.

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA, OAKLAND DIVISION

MARCIANO PLATA, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

CASE NO. 01-1351 JST

**DECLARATION OF SAMANTHA
WOLFF IN SUPPORT OF DEFENDANTS'
OPPOSITION TO PLAINTIFFS'
PROPOSED ORDER RE QUARANTINE
AND ISOLATION**

I, Samantha Wolff, declare as follows:

1. I am a partner with the law firm Hanson Bridgett LLP, counsel of record in this matter for Defendants Governor Newsom, et al. (Defendants). I have personal knowledge of the matters set forth in this declaration and could and would competently testify to them. All of the matters stated here are known to me personally, unless stated on information and belief; and with regard to those statements, I am informed and reasonably believe them to be true.

2. On July 8, 2020, the Receiver's office provided the parties with a draft plan regarding bed space for isolation and quarantine in response to the Court's July 7, 2020 order. (Dock. No. 3381.) The Receiver's office provided a revised plan on July 9, 2020.

3. The parties met with the Receiver on July 9 to discuss the revised draft document,

1 and during that meeting, the Receiver acknowledged the methodology document needed further
2 revision and clarification. A revised draft was then provided to the parties on July 11. Another
3 meet-and-confer discussion between the parties and the Receiver occurred on July 13, and the
4 parties submitted their respective proposed orders to the Court on July 15. (Dock. No. 3391,
5 3392.)

6 4. Following the July 16 Case Management Conference, and at this Court's urging,
7 the parties met and conferred again on July 18. During that discussion, Defendants presented the
8 general concept of their new proposal. The parties discussed the proposal in broad terms and
9 Plaintiffs asked important questions about the development of this proposal and its possible
10 implementation. Defendants indicated they would endeavor to provide additional information to
11 Plaintiffs as it became available. Subsequently, on July 19, 2020 at 7:02 p.m., Defendants shared
12 their revised proposed order with Plaintiffs' counsel and the Receiver.

13
14 I declare under penalty of perjury that the foregoing is true and correct. Executed on July
15 20, 2020 at Lafayette, California.

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18 Samantha D. Wolff

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION**

MARCIANO PLATA, et al.,

Plaintiffs,

v.

EDMUND G. BROWN, et al.,

Defendants.

Case No. 01-cv-01351-JST

**[PROPOSED] ORDER RE:
QUARANTINE AND ISOLATION
SPACE**

On July 7, 2020, the Court ordered the parties to meet and confer with the Receiver regarding the need for “sufficient space at each institution to allow the institution to follow public health guidance on isolating and quarantining patients in the event of a COVID-19 outbreak,” and to submit a joint proposed order on that subject, or competing proposed orders on that subject, for the Court’s consideration. On Wednesday, July 15, 2020, the parties submitted competing proposed orders and briefing. The parties have now filed responses to each other’s proposed orders. Defendants have also filed another proposed order and have advised that CDCR intends to vacate a minimum of one entire housing unit at 30 to 32 of the 35 prisons for use in the event of an outbreak, and that each of these reserved units will have a minimum of 100 beds and possibly more. The remaining 3-5 prisons will identify and reserve other viable space to allow a

1 minimum of 100 beds for use in the event of an outbreak. CDCR intends to complete the process
2 of creating these reserved spaces within thirty days. Defendants have further advised that CDCR
3 will consider whether additional space is needed at each prison, and if so, how it will be provided.

4 In light of this development, the Court adopts Defendants' proposed order, which provides
5 the following:

6 1. Within ten days, CDCR will report which housing unit it will vacate at each prison
7 and the number of beds in that housing unit, or will otherwise identify the spaces that will be
8 reserved;

9 2. Within fifteen days, CDCR will assess whether it thinks additional space is needed
10 at each prison for isolation and quarantine purposes, and if so, whether that space will be reserved
11 or otherwise provided (e.g., activation of gymnasiums, installation of tents, alternative converted
12 space) in the event of an outbreak;

13 3. Thereafter, if either party believes the amount of space set aside for quarantine and
14 isolation purposes at a particular prison should be modified, that party can present the concern to
15 the Receiver, who will provide a recommendation concerning the requested modification. If the
16 parties cannot reach an agreement after meeting and conferring and considering the Receiver's
17 input, the Receiver shall refer the matter to the Court;

18 4. The Receiver shall continually monitor whether isolation and quarantine space
19 reserves are appropriate in light of changing circumstances, and advise the parties if he believes
20 reserve levels should be modified at a particular prison. If the parties cannot reach an agreement
21 concerning a recommendation from the Receiver, the Receiver shall refer the matter to the Court.

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1 5. In the event of an emergency at a prison, such as a fire, riot, or natural disaster,
2 CDCR may house inmates in the vacant housing unit if necessary, but shall only do so for the
3 period that the emergency requires that arrangement. If such an emergency causes CDCR to
4 transfer inmates into a reserved housing unit, Defendants will immediately advise the Receiver
5 and Plaintiffs, and meet and confer with the Receiver and Plaintiffs concerning what steps need to
6 be taken to ensure that there is adequate space at the prison in the event of a COVID-19 outbreak.

7 6. This order will terminate in 180 days unless the parties reach an agreement to
8 extend it.

9
10 IT IS SO ORDERED

11
12 Dated: _____

The Honorable Jon S. Tigar