

Exhibit A

4. We now know that a significant number of individuals infected with COVID-19 either do not exhibit symptoms until several days after they are infected (what is known as pre-symptomatic) or never exhibit any symptoms at all (what is known as asymptomatic).¹ The CDC Director Dr. Robert Redfield estimates that 25% of people with COVID-19 may be asymptomatic.²
5. Critically, both asymptomatic individuals and pre-symptomatic individuals can and do spread the virus through viral shedding. Indeed, even for individuals who eventually become symptomatic, the CDC estimates that viral transmission can occur up to 48 hours *before* any symptoms.³
6. Unless asymptomatic individuals are tested, this silent transmission of the disease can lead to a rapid spreading of COVID-19 that is entirely hidden until it suddenly, and fatally, explodes into view in a massive outbreak. For example, according to a new model of the spread of the disease by researchers at Northeastern University, while there were only 23 confirmed cases of coronavirus in Boston, Seattle, Chicago, San Francisco and New York on March 1, 2020, there could have been as many as 28,000 infections in those cities by that time.⁴
7. Social distancing is the primary way to prevent the transmission of COVID-19. Recent research has shown that asymptomatic spread is rampant in congregant living spaces where social distancing is not possible.
8. In an April 23, 2020 press release announcing the expansion of asymptomatic testing “at select facilities,” the BOP itself acknowledges, “asymptomatic inmates who test positive for COVID-19 can transmit the virus to other inmates.”⁵

¹ Centers for Disease Control and Prevention, *Recommendations for Cloth Face Covers*, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html#studies>.

² Apoorva Mandavilli, *Infected but Feeling Fine: The Unwitting Coronavirus Spreaders*, N.Y. Times (Apr. 20, 2020), <https://www.nytimes.com/2020/03/31/health/coronavirus-asymptomatic-transmission.html>.

³ Sam Whitehead and Carrie Feibel, *CDC Director on Models for the Months to Come: ‘This Virus is Going to Be With Us’*, NPR (Mar. 31, 2020), <https://www.npr.org/sections/health-shots/2020/03/31/824155179/cdc-director-on-models-for-the-months-to-come-this-virus-is-going-to-be-with-us>.

⁴ Benedict Carey and James Glanz, *Hidden Outbreaks Spread Through U.S. Cities Far Earlier Than Americans Knew, Estimates Say*, N.Y. Times (Apr. 23, 2020), <https://www.nytimes.com/2020/04/23/us/coronavirus-early-outbreaks-cities.html>.

⁵ Press Release, *Bureau of Prisons Expands COVID-19 Testing*, (Apr. 23, 2020), attached as Exhibit 2.

9. I have read the declaration that Dr. Megan Shaw, Clinical Director at FMC Devens, submitted in this case. Based on my review, it is my understanding that FMC Devens is testing only symptomatic prisoners. See Shaw Decl. ¶¶ 23, 26.
10. In my professional opinion, this testing protocol is dangerously flawed.
11. It is impossible to know the breadth of the COVID-19 infection rate within FMC-Devens based on testing that is limited to prisoners with symptoms of the disease. Based on my research, I know that you can only discover the true rate of COVID-19 infections within a facility by testing both symptomatic and asymptomatic prisoners.
12. For example, when North Carolina’s Neuse Correctional Institution tested all 700 prisoners in its facility, it was discovered that at least 65% had the virus.⁶ Ninety-five percent of those infected with COVID-19 were not experiencing symptoms at the time of their test.⁷ We have seen similar results in Michigan—where broad testing at Lakeland Prison revealed that 73% of the first 535 prisoners tested positive—and Ohio—where universal testing at Marion Correctional Institution and Pickaway Correctional Institution revealed 2,000 and 1,500 COVID-19 positive prisoners, respectively.⁸
13. In contrast, according to my review of publicly available data, as of April 26, 2020 FMC-Devens was reporting a single confirmed prisoner case of COVID-19.⁹ But because the facility is testing only symptomatic prisoners, this data point is not meaningful. It certainly does not mean that the facility is safe. Everything we know about the presentation and transmission of this disease points to the fact that when you have one confirmed case under a symptomatic protocol, it is fair to assume that there are many more cases at that facility. In my professional opinion, this single confirmed case is the tip of the iceberg at FMC Devens.
14. Relying exclusively on symptomatic testing is dangerous not just for the prisoners within FMC Devens, but for the staff, their families, and the surrounding community as well.
15. Based on my review of Dr. Shaw’s declaration, FMC Devens is taking the temperature of every staff member, and screening them for symptoms, before they can enter the facility. Shaw Decl. ¶ 25. Due to asymptomatic and pre-symptomatic viral shedding, this will not prevent the virus from entering the facility. Similarly, the symptomatic testing of prisoners will not protect staff members from contracting the virus from prisoners and taking it back to

⁶ Cary Aspinwall and Joseph Neff, *These Prisons are Doing Mass Testing for COVID-19 – And Finding Mass Infections*, The Marshall Project (Apr. 24, 2020), <https://www.themarshallproject.org/2020/04/24/these-prisons-are-doing-mass-testing-for-covid-19-and-finding-mass-infections>.

⁷ *Id.*

⁸ *Id.*

⁹ BOP, *COVID-19 Cases*, <https://www.bop.gov/coronavirus/>.

their family members and communities. The unchecked spread of the virus inside FMC Devens will therefore lead to the spread of the virus outside the facility.

16. We have already seen the grave consequences of insufficient testing in congregant settings through the rapid spread of COVID-19 in nursing homes throughout the country.¹⁰ On April 24, 2020, the national number of nursing home deaths from COVID-19 surpassed 11,000.¹¹ New York Governor Andrew Cuomo accurately described the spread of COVID-19 in nursing homes as “fire through dry grass.”¹²
17. Reflecting this understanding, the Massachusetts Department of Public Health (DPH) now recommends that nursing home facilities using its mobile testing program “order tests for all residents and staff, NOT just symptomatic individuals.”¹³
18. When it comes to disease transmission, jails and prisons are similar to nursing homes. They both house a large number of individuals in close quarters. And much like nursing homes, the incarcerated population is more vulnerable to COVID-19 than the general population due to age and medical risk factors.
19. It is therefore not surprising that we have also seen large outbreaks at BOP facilities that have not decreased their population to allow for social distancing. As of April 25, 2020, BOP was reporting 217 confirmed COVID-19 positive prisoners and 2 COVID-19 prisoner deaths at FMC Fort Worth, as well as 51 confirmed COVID-19 positive prisoners, 48 confirmed COVID-19 positive staff and 6 COVID-19 prisoner deaths at FCI Elkton.¹⁴
20. These outbreaks make it all the more troubling that since the Attorney General’s April 3 memo encouraging the BOP to use home confinement to decrease its prison population, “the number of people allowed to serve the rest of their sentence in home confinement went up by only 1,027” which is “about half of one percent of the more than 174,000 people in the bureau’s custody at the start of the month.”¹⁵ Throughout the month of April, the total federal prison population decreased by approximately 3,400 people—including people

¹⁰ Associated Press, *11,000 Deaths: Ravaged Nursing Homes Plead for More Testing*, N.Y. Times (Apr. 23, 2020), <https://www.nytimes.com/aponline/2020/04/23/us/ap-us-virus-outbreak-nursing-home-testing.html>.

¹¹ *Id.*

¹² *Id.*

¹³ Massachusetts COVID-19 Nursing Home, Rest Home, and ALR Mobile Testing Program, Revised Guidance: April 13, 2020, attached as Exhibit 3.

¹⁴ BOP, *COVID-19 Cases*, <https://www.bop.gov/coronavirus/>.

¹⁵ Joseph Neff and Keri Blakinger, *Few Federal Prisoners Released Under COVID-19 Emergency Policies*, The Marshall Project (Apr. 25, 2020), <https://www.themarshallproject.org/2020/04/25/few-federal-prisoners-released-under-covid-19-emergency-policies>.

whose sentences ended in April—which is 300 *less* than the 3,700 people the BOP released on average every month last year.¹⁶

21. The same reasons that animate DPH’s testing recommendation suggests that a similar approach would be necessary to understand the size of the COVID-19 infection rate at FMC Devens. There is no reason to take a different approach to protect the health of those who live in nursing homes than to protect the health of those who live within our federal prisons.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 26th day of April 2020.



Lauren Brinkley-Rubinstein, PhD

¹⁶ *Id.*

Exhibit 1

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EDUCATION

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Division of Infectious Diseases, Warren Alpert Medical School
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01/12 – 05/15 Ph.D., Community Research and Action
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08/09 – 12/11 M.S., Community Research and Action
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08/04 – 12/06 M.A., Criminal Justice Policy
City University of New York (CUNY),
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08/01 – 05/04 B.A., Sociology
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PROFESSIONAL EXPERIENCE

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06/16 – Present Assistant Professor of Social Medicine, University of North Carolina at
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09/17 – Present Health Criminology Research Consortium Faculty Fellow,
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Brinkley-Rubinstein, L., Craven, K.L., & McCormack, M.M. (2013) Shifting perceptions of race and incarceration as adolescents age: The importance of understanding the ways in which social environment informs racial identity. *Journal of Child and Adolescent Social Work*, 31(1), 25-38. doi: 10.1007/s10560-013-0306-4.

Brinkley-Rubinstein, L., & Turner, W.L. (2013). Health impact of incarceration on HIV positive African American males: A qualitative exploration. *Journal of AIDS Patient Care and STDs*, 27(8), 450-

458. doi: 10.1089/apc.2012.0457.

Slobogin, C. & **Brinkley-Rubinstein, L.** (2013) Putting desert in its place. *Stanford Law Review*, 65(2), 1-52.

Brinkley-Rubinstein, L., & Cornett, M.B. (2011). Is Mandatory HIV testing a violation of prisoners' rights? An examination of the existing prison testing policies. *Health Law & Policy Forum*, 3(1), 35-37.

Books and Chapters

Brinkley-Rubinstein, L. (2018). Prison populations: Epidemiology of HIV/AIDS. In T.J. Hope, M. Stevenson & D. Richman (Eds.), *Encyclopedia of AIDS* (pp.1175-1178). New York, NY: Springer.

McCauley, E. & **Brinkley-Rubinstein, L.** (2017). Institutionalization and incarceration of LGBT individuals. In K. Eckstrand & J. Potter (Eds.) *Trauma, resilience, and health promotion for LGBT patients*, (pp.149-161). New York, NY: Springer.

Barnes, S., **Brinkley-Rubinstein, L.**, Doykos, B., Martin, N., & McGuire, A. (2015). *Academics in action! A model for community-engaged research, teaching, and service*. New York, NY: Fordham University Press.

Barnes, S., **Brinkley-Rubinstein, L.**, Doykos, B., Martin, N., & McGuire, A. (2015). Introduction. In S. Barnes, L. Brinkley-Rubinstein, B. Doykos & N. Martin (Eds.) *Academics in action! A model for community-engaged research, teaching, and service*, (pp.1-26). New York, NY: Fordham University Press.

Brinkley-Rubinstein, L., Chatman, V., Lunn, L. Mann, A. & Heflinger, C.A. (2015). Putting Boyer's four types of scholarship into practice: A community research and action perspective on public health. In S. Barnes, L. Brinkley-Rubinstein, B. Doykos & N. Martin (Eds.) *Academics in action! A model for community-engaged research, teaching, and service*, (pp.124-141). New York, NY: Fordham University Press.

Brinkley-Rubinstein, L., & Mann, A. (2014). The complexity of culture: Culture's impact on health disparities. In R. Gurung (Ed.), *Multicultural approaches to health and wellness in America*, (pp. 29-50). Westport, CT: Praeger.

Brinkley-Rubinstein, L. (2014). Historical perspectives on race and the war on drugs and prolonged effects of racially biased laws and policies. In S. Bowman (Ed.), *Color behind bars: Racism in the U.S. prison system* (pp. 171-190). Santa Barbara, CA: ABC-CLIO.

Brinkley-Rubinstein, L., & Turner, W.L. (2013). Creating healthier communities: Advancing from science to policy to practice. In K. Fitzpatrick (Ed.), *Poverty and health: A crisis among America's most vulnerable*, (pp.241- 258). Westport, CT: Praeger.

Commentaries

Brinkley-Rubinstein, L. (2014). Drug users need treatment, not punishment, *The Tennessean*, 14A.

Brinkley-Rubinstein, L. (2013). Three possible strategies for eliminating racial bias in the criminal justice system, *The Tennessean*, 16A.

GRANTS

Active

U01DA050442 (Brown University) 08/2019 – 07/2024

\$11,457,579

National Institute of Drug Abuse

Multiple Principal Investigator (15% of salary)

Using Implementation Interventions and Peer Recovery Support to Improve Opioid Treatment Outcomes in Community Supervision

We propose to conduct an implementation and outcome evaluation to improve medication assisted treatment uptake at sites in North Carolina, Rhode Island, and Pennsylvania.

UG1DA050072-01 (Yale University) 08/2019 – 07/2024

\$11,828,050

Site Principal Investigator and Co-Investigator (20% of salary)

Transitions Clinic Network: Post Incarceration Treatment, Healthcare, and Social Support Study

We propose to adapt the Transitions Clinic Network model to use community health workers to connect individuals leaving jails in New Haven, Durham, San Juan, the Bronx, and Milwaukee to community-based medication assisted treatment.

R01MD013573 (University of North Carolina, Chapel Hill) 09/2018 – 08/2023

\$2,721,528

National Institute of Minority Health Disparities

Principal Investigator (20% of salary)

The Southern Pre-Exposure Prophylaxis (PrEP) Cohort Study: Longitudinal PrEP initiation and adherence among Parolees.

In this study, we are conducting an observational PrEP cohort study among parolees in three Southern states: NC, KY, and FL.

U54MD002329 11/2017 – 10/2022

\$1,402,893

National Institute of Minority Health Disparities (University of Arkansas for Medical Sciences)

Co-Investigator (20% of salary)

Linking High-Risk Jail Detainees to HIV pre-exposure prophylaxis: Pre-Exposure Prophylaxis (PrEP)-LINK

In this study, we are assessing the facilitators and barriers to PrEP uptake among high-risk jail detainees to optimize a future PrEP intervention.

R01AI129731 (University of North Carolina, Chapel Hill) 07/2017 – 06/2021

\$681,959

National Institute of Allergy and Infectious Disease

Co-Investigator (7% of salary)

Leveraging Big Data to understand and improve continuity of care among HIV positive jail

Inmates

In this study, we are developing a database combining jail and state HIV records, use the database to examine burden of known HIV in county jails, assess inmates’ use of HIV services before, during and after incarceration, and identify inmate and facility factors associated with services before, during and after incarceration.

R34MH114654 (Brown University) 07/2017 – 06/2020
 \$681,959

National Institute of Drug Abuse
Co-Investigator (5% of salary)

Linkage to Community-Based HIV Pre-Exposure Prophylaxis Care Among at Risk Women upon Release from Incarceration

In this study, we will test a HIV prevention intervention among women at the Rhode Island Department of Corrections.

Completed

Robert Wood Johnson Foundation (University of North Carolina at Chapel Hill) 11/2018-11/2019
 \$149,245

Principal Investigator (no salary support)

Focusing a special issue of the American Journal of Public Health on how incarceration exacerbates health disparities

This grant funds a special issue of the American Journal of Public Health and pays for the coordination of the issue.

R21DA043487-Supplement 10/2018 – 09/2019
 \$150,000

Co-Investigator (7% of salary)

Adapting an Agent Based Model to Understand the Impact of Medication Assisted Treatment Accessibility during Prison and Jail on Overdose Outcomes in the Community

In this study, we are using agent-based modeling to demonstrate the effect that access to medication assisted treatment while incarcerated has on overdose outcomes in the community post-release.

Center for AIDS Research Supplement 09/2018 – 08/2019
 \$150,000

Co-Principal Investigator (15% of salary)

PrEP-aring for Prison Release

In this study, we are conducting qualitative research on how to adapt a community health worker intervention to aid in linkage to PrEP care after release from prison.

R01MD010403 (Yale University) 09/2016 – 08/2019
 \$1,314,190

National Institute of Minority Health Disparities

Co-Investigator (9.8% of salary)

Building Resilient Neighborhoods and Positive Social Networks to Prevent Gun Violence

We are applying a novel framework to mitigate the impact of gun violence in New Haven neighborhoods by defining gun violence as a chronic, manmade disaster, where prevention efforts can be planned and include the participation of neighborhood residents most impacted.

R21DA043487 (Brown University) 08/2017 – 07/2019

\$476,602

National Institute of Drug Abuse

Co-Investigator (10% of salary)

Evaluating the implementation and impact of a novel medication assisted treatment program in a unified jail and prison system

In this study, we are evaluating the implementation and impact of a comprehensive medication assisted treatment program at the Rhode Island Department of Corrections.

The John and Laura Arnold Foundation (Brown University) 08/2017 – 07/2019

\$296,234

Improving the Treatment of Opioid Use Disorders among People Transitioning through Correctional Settings

Co-Investigator (10% of salary)

In this study, are evaluating the post-release treatment follow-up of individuals who participate in the Rhode Island Department of Corrections comprehensive medication assisted treatment program.

UNC Committee of Faculty Research and Scholarly Leaves 01/2018 – 01/2019

\$10,000

Principal Investigator (no salary support)

Small Grant to supplement other research activities

This is an internal UNC grant that will be used to pay for research assistance.

UNC Center for AIDS Research Developmental Award 01/2018 – 12/2018

Principal Investigator (no salary support)

Exploring the use of pre-exposure prophylaxis among people who inject drugs in Durham County, North Carolina

This project includes conducting qualitative interviews with people who inject drugs to explore HIV risk behaviors, drug use trajectory, and interest in pre-exposure prophylaxis.

R25DA037190 (Brown University)

National Institute of Drug Abuse

05/2015 – 05/2017

Trainee

Criminal Justice Research Program on Substance Use and HIV

This program provided mentoring to promote training in clinical research for new investigators in clinical research with a focus on HIV/AIDS, criminal justice, substance use, mental illness, global health and health disparities.

R25DA035692 (University of California, Los Angeles)

National Institute of Drug Abuse

05/2015 – 05/2017

Trainee

HIV/AIDS, Substance Abuse and Trauma Training Program

This program provided multi-disciplinary, state-of-the-art training to better equip postdoctoral fellows and early career investigators to submit and receive grant funding.

T32DA013911 (Brown University)

National Institute of Drug Abuse

05/2015 – 06/2016

Trainee

Training in HIV and Other Infectious Consequences of Substance Abuse

This training program provided multi-disciplinary training in clinical research in the areas of prevention, diagnosis and treatment of HIV and other infectious aspects of substance abuse.

INVITED PRESENTATIONS

Brinkley-Rubinstein, L. (2019, October). *Incarceration as a Social Determinant of Health*. Invited talk at University of Buffalo, Buffalo, NY.

Brinkley-Rubinstein, L. (2019, March). *HIV infection among people who are incarcerated*. Invited talk at the Southeast AIDS Education and Training Center coordinated by Vanderbilt University, Nashville, TN.

Brinkley-Rubinstein, L. (2019, March). *Barriers and facilitators to implementation of a medication assisted treatment program in a statewide unified correctional setting in Rhode Island*. Invited talk at the Mental Health Seminar Series at Duke University, Durham, NC.

Brinkley-Rubinstein, L. (2019, January). *Fentanyl-contaminated heroin among communities of color*. Invited talk at the Drug Policy Alliance, New York, NY.

Brinkley-Rubinstein, L. (2018, October). *Opioid use among incarcerated populations*. Invited talk at St. Louis University, St. Louis, MO.

Brinkley-Rubinstein, L. (2018, October). *Initiating medication assisted treatment in incarcerated populations*. Invited talk at the Vermont Center on Behavior and Health, Burlington, VT.

Brinkley-Rubinstein, L. (2018, September). *Understanding substance use, mental illness, and involvement in the criminal justice system: Theory, interventions, and opportunities*. Invited talk at the AHEC, Raleigh, NC.

Brinkley-Rubinstein, L. (2018, June). *Introduction to the social determinants of health and health equity*. Center for Health Equity Research Summer Training Program, University of North Carolina at Chapel Hill, Chapel Hill, NC.

PEER-REVIEWED CONFERENCE PRESENTATIONS

Brinkley-Rubinstein, L. (2019, March). *Solitary Confinement is Associated with Increased Risk of Death*. Presented at the Academic and Health Policy Conference on Correctional Health. Las Vegas, NV.

Neher, T.L., **Brinkley-Rubinstein, L.**, Marshall, S.A., Zielinski, M., & Zaller, N.D. (2018,

November). *HIV risk factors and PrEP knowledge of incarcerated women in a county jail*. Presented at the meeting of the American Public Health Association, San Diego, CA.

Macmadu, A., **Brinkley-Rubinstein, L.**, & Rich, J. (2018, March). *Fentanyl*. Paper presented at the Academic and Health Policy Conference on Correctional Health. Houston, TX.

Ashkin, E., Rosen, D., & **Brinkley-Rubinstein, L.** (2018, March). *NC Re-missioning*. Presented at the Academic and Health Policy Conference on Correctional Health. Houston, TX.

Zaller, N., **Brinkley-Rubinstein, L.**, Cloud, D., & Peterson, M. (2018, March). *The CJ continuum for opioid users at risk of overdose*. Presented at the Academic and Health Policy Conference on Correctional Health. Houston, TX.

Brinkley-Rubinstein, L. (2017, March). *Exploring knowledge, interest, and barriers related to PrEP use among criminal justice involved men who have sex with men*. Presented at the Academic and Health Policy Conference on Correctional Health. Atlanta, GA.

Marshall, B.D.L., King, M., Macmadu, A., **Brinkley-Rubinstein, L.**, Sanchez, J., Beckwith, C.G., Altice, F.L., & Rich, J.D. (2016, June). *The effect of incarceration on HIV care continuum outcomes in the United States: An agent-based modeling approach*. Presented at the Epidemiology Congress of the Americas, Miami, FL.

Brinkley-Rubinstein, L. & Eckstrand, K. (2015, November). *Exploring the health experiences of transgender individuals in a local jail*. Presented at the American Public Health Association Annual Meeting, Chicago, Illinois.

Brinkley-Rubinstein, L. (2015, March). *Health and incarceration of HIV positive individuals*. Presented at the Academic and Health Policy Conference on Correctional Health. Boston, Massachusetts.

Brinkley-Rubinstein, L. (2014, November). *Measuring the health impact of incarceration on the HIV positive individuals*. Presented at the American Public Health Association Annual Meeting, New Orleans, Louisiana.

Brinkley-Rubinstein, L., & Griffith, D. (2014, November). *How do African American men define health and what implications do these definitions have for health practices?* Presented at the American Public Health Association Annual Meeting, New Orleans, Louisiana.

Brinkley-Rubinstein, L. (2014, October). *The usefulness of mixed methods in assessing the health of formerly incarcerated individuals*. Presented at the American Evaluation Association Annual Meeting, Denver, Colorado.

Brinkley-Rubinstein, L. (2014, March). *Measuring the health impact of incarceration on HIV positive individuals*. Presented at the Academic and Health Policy Conference on Correctional Health, Houston, Texas.

Griffith, D.M., **Brinkley-Rubinstein, L.**, & Metz, J. (2013, December). *How do African American men*

define health and what implications do these definitions have for health practices? Presented at the meeting of International Congress on Men's Health, Arlington, Virginia.

Brinkley-Rubinstein, L. (2013, October). *Dual identities of formerly incarcerated HIV positive individuals and the impact on health.* Presented at the American Public Health Association Annual Meeting, Boston, Massachusetts.

Brinkley-Rubinstein, L. & Turner, W.L. (2013, August). *Incarceration as an exacerbation of worsening health among African American HIV positive men.* Presented at the Annual Meeting of the American Sociological Association, New York, New York.

Brinkley-Rubinstein, L. (2013, March). *Difficult pasts, uncertain futures: An exploration of the lived experiences of formerly incarcerated HIV positive African American males.* Presented at the 5th Annual Health Disparities Conference at Teachers College, Columbia University, New York, New York.

Brinkley-Rubinstein, L. & Turner, W.L. (2013, March). *Understanding the compounding effect of stigma among formerly incarcerated HIV positive African Americans: A qualitative exploration.* Presented at the 6th Academic and Health Policy Conference on Correctional Health, Chicago, Illinois.

Brinkley-Rubinstein, L. & Mann, A. (2013, February). *The complexity of culture: Using an intersectional and social ecological lens to examine the impact of culture on health disparities.* Presented at the Cross Cultural Health Care Conference, Honolulu, Hawaii.

Brinkley-Rubinstein, L. (2012, October) *Incarceration as a catalyst for worsening health.* Presented at the Annual Meeting of the American Public Health Association, San Francisco, CA.

Meinbresse, M. & **Brinkley-Rubinstein, L.** (2012, September). *Exploring the incidence of violence among high-risk homeless populations.* Presented at the National Association for Community Health Centers Annual Conference. Orlando, FL.

Craven, K., Geller, J., Doykos, B., O'Connor, B., **Brinkley-Rubinstein, L.** & Bess, K. (2012, February). *Contextual barriers to collective action and community organizing in a high poverty, high crime neighborhood.* Presented at the Annual Meeting of the Association of American Geographers, New York, NY.

Brinkley-Rubinstein, L., Craven, K.L. & McCormack, M.M. (2011, November). *Incarceration as exposure: An assessment of the efficacy of community organization to mediate involvement with the juvenile justice system.* Presented at the International Conference on Urban Health, Belo Horizonte, Brazil.

Brinkley-Rubinstein, L. (2011, August). *The cascading effects of social capital: From parenting to mediating sexual behavior.* Presented at the Society for the Study of Social Problems Annual Meeting. Las Vegas, NV.

Brinkley-Rubinstein, L. (2011, July) *Type of charge most often associated with HIV positive prisoners.* Presented at the International AIDS Society Biannual Meeting. Rome, Italy.

DiPietro, B. & **Brinkley-Rubinstein, L.** (2011, June). *Show me the (UDS) Data: Difference between homeless & non-homeless health center patients*. Presented at the National Health Care for the Homeless Conference & Policy Symposium. Washington, DC.

Brinkley-Rubinstein, L. (2011, June). *Investigating the premises of empirical desert*. Presented at the Law and Society Annual Meeting. San Francisco, CA.

Brinkley-Rubinstein, L. (2011, May). *Perceived barriers to successful reintegration after release from prison*. Presented at the 7th Annual International Congress of Qualitative Inquiry. Champaign-Urbana, IL.

Brinkley-Rubinstein, L., Rhodes, L., & O'Connor, B. (2011, April). *Examining spatial distribution of incidence rates of sexually transmitted diseases and socio-economic measures*. Presented at the American Association of Geographers Annual Meeting, Seattle, WA.

Rhodes, J., & **Brinkley-Rubinstein, L.** (2010, October). *Examining incidence rates of sexually transmitted infections and socio-economic measures: A cross-sectional study in Nashville/Davidson County, TN*. Presented at the 9th Annual International Conference on Urban Health, New York City, NY.

Brinkley-Rubinstein, L. (2010, July). *Demographics and other characteristics associated with increased risk of incarceration and re-incarceration among HIV positive individuals*. Presented at the International AIDS Conference, Vienna, Austria.

Brinkley-Rubinstein, L., Rhodes, J., McKelvey, B., & Solivan, A. (2010, June) *Demographics and characteristics associated with the incidence of HIV among youth*. Presented at the NIMH Annual International Research Conference on the Role of Families in Preventing and Adapting to HIV/AIDS, Nashville, TN.

Brinkley-Rubinstein, L. & Rhodes, J. (2010, March). *Syphilis and HIV co-infection in Nashville/Davidson Co., Tennessee: A case for improving syphilis and STI testing among persons living with HIV*. Presented at the 4th Annual Southeast Regional HIV/AIDS Conference sponsored by the Jefferson Comprehensive Care System, Inc., Little Rock, AR.

Brinkley-Rubinstein, L., & Rhodes, J. (2010, March). *Early Syphilis and HIV syndemic in Nashville/Davidson Co., Tennessee: Implications for improving syphilis screening for people living with and at risk for HIV*. Presented at the National STD Prevention Conference, Atlanta, GA.

TEACHING ACTIVITIES

University of North Carolina, Chapel Hill, Chapel Hill, NC
Instructor of Record, Fall 2018

- Taught Social and Health Systems III to 16 second year medical students. This class focused on incarceration and health and covered the following subtopics: women and incarceration, substance use, HIV/AIDS, post-release healthcare access issues, how incarceration affects known social determinants of health (housing, employment, etc.), and healthcare delivery in correctional settings.

University of North Carolina, Chapel Hill, Chapel Hill, NC

Instructor of Record, Fall and Spring, 2017, 2018

- Taught Social and Health Systems I & II to 15 first year medical students
- Lectures given encompassed topics such as: influence of race, culture, gender, and sex on health outcomes and health disparities; health reform; bioethics; and health policy as clinically relevant for medical professionals.

Brown University, School of Public Health, Providence, RI

Co-Instructor of Record, Spring, 2016

- Taught the Tri-Lab: Designing better education for prisoner and community health
- Gave lectures related to race and incarceration, community-based participatory research methods, and the impact of incarceration on health
- Mentored student groups who were designing education interventions to improve prisoner health. Group topics included: Hepatitis C, PrEP, navigating the healthcare system post-release, and PTSD

Vanderbilt University, Department of Human and Organizational Development, Nashville, TN

Co-Instructor of Record, Spring, 2015

- Taught HOD 3600: Ethnography
- Gave lectures related to field work, data analysis, ethnographic methods
- Mentored students to develop ethnographic research projects and research proposals

HONORS AND AWARDS

2014- 2016	Recipient, Langeloth Scholarship for the Academic and Health Policy Conference on Correctional Health
2015	Participant, SBSRN Mentor Day
2015	Winner, Newbrough Award for best scholarly work in the Department of Human and Organizational Development at Vanderbilt University
2013-2014	Winner, Society for Community, Research & Action Southeast region graduate student of the year
2012-2014	Recipient, Peabody College Honor Scholarship
2010-2014	Recipient, Peabody College tuition and stipend award
2014	Recipient, of a Vanderbilt Graduate School dissertation enhancement grant
2013	Recipient, Social Justice Institute Training for Mass Incarceration Scholarship
2012-2013	Nominated, Vanderbilt University Teaching Award

PROFESSIONAL SERVICE

Associate Editorial Board: *BMC Public Health, 2017-Present; BMC Infectious Diseases 2018-Present*

Editorial Board: *Health & Justice 2016-Present*

Peer Reviewer 2018-2019: *PLOSone, Journal of Healthcare for the Poor and Underserved, SAHARA-J: Journal of Social Aspects of HIV/AIDS, AIDS Care, HIV/AIDS and Social Services, Health & Justice, Drug and Alcohol Dependence, Addictive Behaviors, Preventive Medicine, American Journal of Public Health, American Journal of Preventive Medicine, Annals of Internal Medicine, AIDS & Behavior, American Journal of Public Health*

Local Host Committee: Academic and Health Policy Conference on Correctional Health 2020 annual meeting

Executive Steering Committee Member: Justice, Substance Use, HIV/AIDS Involved Populations Inter-CFAR working group

DSMB Member: Integrated Treatment Adherence Program for Bipolar Disorder at the Time of Prison Release (R34MH117198; PI: Weinstock, Lauren)

DSMB Member: Kentucky Communities and Researchers Engaging to Halt the Opioid Epidemic (CARE2HOPE) (UH3DA44798; PIs: Young, April & Cooper, Hannah)

PROFESSIONAL AFFILIATIONS

American Public Health Association
International Association of Urban Health
International AIDS Society
Society for Community Research and Action
Academic Consortium on Criminal Justice and Health

Exhibit 2



**U.S. Department of Justice
Federal Bureau of Prisons**

FOR IMMEDIATE RELEASE
April 23, 2020

Contact: Office of Public Affairs
202-514-6551

Bureau of Prisons Expands COVID-19 Testing

WASHINGTON - Recently, the Bureau of Prisons (BOP) began expanding COVID-19 testing of inmates utilizing the Abbott ID NOW instrument for Rapid RNA testing at select facilities experiencing widespread transmission. The BOP continues to provide testing for COVID-19, symptomatic inmates, as recommended by the Centers for Disease Control and Prevention (CDC).

The BOP received ten Abbott ID NOW instruments on April 10, 2020, and a day later, 264 test kits were deployed to institutions with known COVID-19 cases. Their primary role is for rapid testing of newly symptomatic cases to confirm the diagnosis quickly and isolate them appropriately. Expanding the testing with the Abbott ID NOW instruments on asymptomatic inmates will assist the slowing of transmission with isolating those individuals who test positive and quarantining contacts.

Next week the BOP will receive ten additional Abbott ID NOW instruments. The deployment of these additional resources will be based on facility need to contain widespread transmission and the need for early, aggressive interventions required to slow transmission at facilities with a high number of at-risk inmates such as medical referral centers.

Asymptomatic inmates who test positive for COVID-19 can transmit the virus to other inmates. The testing of asymptomatic inmates will assist in slowing transmissions within a correctional setting along with increasing the number of COVID-19 positive tests reflective on the BOP.gov website.

Expanding COVID-19 testing for asymptomatic inmates with the Abbott ID NOW instrument and collaboration with public health entities will improve the BOP's ability to manage COVID-19 at facilities experiencing widespread transmission. The COVID-19 testing of inmates utilizing the Abbott ID NOW instrument will provide BOP's facilities the opportunity to implement a more comprehensive approach to medical isolation of inmates infected with the virus, whether asymptomatic, pre-symptomatic or symptomatic.

Exhibit 3

MASSACHUSETTS COVID-19 NURSING HOME, REST HOME, AND ALR MOBILE TESTING PROGRAM

REVISED GUIDANCE: APRIL 13, 2020

Older adults living in congregate care settings, such as nursing homes, rest homes and assisted living residences are vulnerable to COVID-19. This program allows for safe, onsite sample collection by either medical personnel at your facility or trained personnel from the Massachusetts National Guard or Fallon EMS Service. Nursing homes, Rest homes, and ALRs (Facilities) in Massachusetts are eligible for the program. **All residents and employees, symptomatic or asymptomatic, are eligible to be tested.** To participate:

Healthcare personnel at a facility identify the need to test the facility due to COVID-19 infection concerns.

- You MUST have orders from a licensed provider for all tests. For facilities with ordering providers on-site (medical directors), the medical director or licensed independent provider on-call may serve as the ordering provider. For facilities with multiple on-site providers, ensure you have orders for all residents.
- For facilities without ordering providers associated with the facility, facility personnel should obtain orders from individuals' providers.
- **It is recommended that you order tests for all residents and staff, NOT just symptomatic individuals.**
- Due to supply constraints at this point, we can only support **one-time testing of the full facility to provide a baseline.**

Facility Administrator or designee calls mobile testing hotline at 617-366-2350. The hotline is staffed 7 days a week from 8AM-4PM ET.

OPTION 1 FOR ALL FACILITIES WITH ON-SITE OR AFFILIATED MEDICAL STAFF: request testing kits for your facility (preferred)

- **Order:** Facilities use the Broad Institute requisition form which will be e-mailed to the medical director (ordering provider) after you request test kits on the mobile testing hotline. It will be pre-populated with your ordering physician name and facility information, such that you only need to fill in resident name, date of birth and sample information.
- **Delivery:** Call center will arrange a courier service to deliver the specimen collection materials to your facility. The specimen collection kit will include test kits and barcodes to label the samples.
- **Sampling:** Licensed health care personnel should don PPE following CDC guidance. When collecting diagnostic respiratory specimens from an individual who may be infected with COVID-19, the health care professional should wear an N95 respirator (or facemask if N95 not available), eye protection, gloves, and a gown. Facilities without sufficient PPE should use traditional channels to request ([link](#)).

- **Labeling samples:** Label each test by attaching one barcode to tube and the other to the requisition form. Write Resident/Employee Name and Date of Birth on swab tube and on pre-filled paper requisition. Place swab (break in half) in tube and close tube tightly. Place tube and paper requisition in bag and seal.
- **Paperwork:** One form must be completed for each person tested. This must be PRINTED and attached to the sample. Please also ensure the full facility name, address, zip code, and phone number are on every form. It is crucial that this information is filled-out in full for epidemiological tracking and patient reporting. Incompletely labeled samples may be rejected for testing.
- **Sending samples:** When finished taking patient samples, please call the courier number provided with your test kit delivery to schedule pick-up.
- **Resulting:** Your ordering provider should expect to receive results from the Broad Institute through a secure electronic manifest.

**OPTION 2: FACILITIES WITHOUT ON-SITE OR AFFILIATED HEALTH CARE PERSONNEL:
Schedule in-facility testing by MA National Guard or Fallon Emergency Medical Service**

- **Ordering:** Through this option, you can request (via the mobile testing hotline) for personnel to come to your facility to collect patient specimens.
- **Complete ALL paperwork prior to arrival:** For each resident being tested, you must print one requisition form, complete all fields, and attach to the sample. It is extremely important that this information is filled-out in full for proper epidemiological tracking and patient reporting. Ensure the full name of the facility, address, zip code and phone number are on every form. Incompletely labeled samples may be rejected for testing. If paperwork is incomplete when testing team arrives, testing may not be completed.
- **Testing team arrives:** If MA National Guard is servicing your facility, you will be notified both the evening before and the morning of, when MANG is coming the next day. If Fallon is servicing your facility, you will receive a phone call the day before they arrive, letting you know when they will arrive for testing. We cannot take requests for either set of personnel.
 - o Personnel will arrive at the Facility entrance in PPE. Please ensure security is aware of their visit.
- Personnel will doff PPE before leaving the building. A red PPE disposal container must be provided at the entrance of the building to allow the personnel to dispose of their PPE.
- **Await test results.** Tests requested via this program will be paid for by the state. The results will be communicated back with the ordering provider listed on the requisition form.

WHAT TO DO WHILE AWAITING RESULTS:

Symptomatic individuals should be presumed positive while awaiting test results and should be isolated. Please consult with your local Board of Health for protocols on isolation and/or reach out to the DPH Epidemiology Line (24/7): 617-983-6800.

Negative results, especially in asymptomatic individuals, should be interpreted with caution, as they merely represent a point in time and individuals who test negative could still be within the

incubation period of disease. Further, individuals potentially exposed but testing negative should still be closely monitored and quarantined as appropriate, if still within 14 days of exposure.

Employees who test positive, even while asymptomatic, should not be returning to work until a minimum of 7 days following the positive result.

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.