UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE

Favian Busby and Michael Edgington, *on their own behalf and on behalf of those similarly situated*; Petitioners-Plaintiffs, v. Floyd Bonner, Jr., *in his official capacity*, Shelby County Sheriff, and the Shelby County Sheriff's Office, Respondents-Defendants.	Case No. _____

DECLARATION OF DR. JOE GOLDENSON IN SUPPORT OF PETITIONERS-PLAINTIFFS' MOTION FOR A TEMPORARY RESTRAINING ORDER

I, Joe Goldenson, certify under penalty of perjury that the following statement is true and correct pursuant to 28 U.S.C. § 1746:

1. I am over the age of 18 and I am competent to make this declaration.

2. I am a physician who has worked in health care for prisoners for 33 years. I worked for Jail Health Services of the San Francisco Department of Public Health for 28 years. I was the Director and Medical Director for 22 of those years. In that role, I provided clinical services, managed public health activities in the San Francisco County jail, and administered the correctional health enterprise, including its budget, human resources services, and medical, mental health, dental, and pharmacy services.

3. I served as a member of the Board of Directors of the National Commission on Correctional Health Care for eight years and was past President of the California chapter of the American Correctional Health Services Association.

4. I held an academic appointment as an Assistant Clinical Professor at the University of California, San Francisco, for 35 years.

5. I have worked extensively as a correctional health medical expert and court monitor. I have served as a medical expert for the United States District Court for the Northern District of California for 25 years. I am currently retained by that Court as a medical expert in *Plata v. Newsom*, Case No. 3:01-cv-01351 (N.D. Cal.), to evaluate medical care provided to inmate patients in the California Department of Correctional Rehabilitation. I have also served as a medical expert/monitor at Cook County Jail in Chicago and Los Angeles County Jail, at other jails in Washington, Texas, and Florida, and at prisons in Illinois, Ohio, and Wisconsin.

6. My resume is attached as Exhibit A.

I. COVID-19

7. COVID-19 is a disease that has reached pandemic status. As of May 19, 2020, there are 4,731,458 confirmed cases of COVID-19 worldwide; COVID-19 has caused 316,169 deaths.[1] Outbreaks have occurred within the United States in regions like New York, New Jersey, Louisiana, Michigan, and Illinois. As of May 19, 2020, there are 1,477,516 confirmed cases of COVID-19 and 89,272 COVID-19 related deaths within the United States.[2]

8. COVID-19 is a serious illness caused by SARS-CoV-2, a novel coronavirus ("the virus"). In severe cases, COVID-19 can require hospitalization and lead to respiratory failure and death. Symptoms may appear two to 14 days after exposure to the virus and may include fever, cough, and shortness of breath or difficulty breathing. While more than 80% of cases are mild, overall some 20% of cases will have more severe disease requiring medical intervention and support.

9. Patients who suffer from serious disease may progress to Acute Respiratory Distress Syndrome (ARDS), which is a type of respiratory failure. Many patients suffering from ARDS will require mechanical ventilation. ARDS has a 30 percent mortality rate overall, and a higher mortality rate in people with other medical conditions.

10. Certain populations are particularly vulnerable to severe cases of COVID-19. The case fatality rate and need for advanced medical intervention and support increase significantly with advancing age in people aged over 50 and for people of any age with certain underlying medical conditions (the "medically vulnerable"). The Centers for Disease Control and Prevention ("CDC") identified underlying medical conditions that may increase the risk of serious COVID-

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[1] WORLD HEALTH ORGANIZATION, *Coronavirus disease (COVID-19) Situation Report – 116* 14 (May 15, 2020), https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200515-covid-19-sitrep-116.pdf?sfvrsn=8dd60956_2.

[2] *Id*. at 7.

19 for individuals regardless of age, including: blood disorders, chronic kidney or liver disease, compromised immune system, endocrine disorders, diabetes, metabolic disorders, heart and lung disease, neurological and neurologic and neurodevelopmental conditions, and severe obesity.[3]

11. At this time, there is no vaccine to prevent COVID-19 and there is no known cure or anti-viral treatment available.

12. The virus that causes COVID-19 is highly infectious. It is transmitted from person to person via airborne droplets. The droplets are released by infected individuals when they cough, sneeze or talk and can infect other persons in close proximity (within approximately six feet). The infected droplets can survive in the air for up to three hours. The virus may also be transmitted when a person touches a surface or object that has the virus on it and then touches their own mouth, nose, or possibly eyes. Infected droplets can survive on surfaces for varying time periods. For example, studies suggest that the virus can survive for up to 24 hours on cardboard, and for two to three days on plastic or stainless steel.

13. A significant number of those who are infected with COVID-19 do not exhibit any symptoms. Similarly, some people may only experience mild symptoms. However, these asymptomatic and mildly symptomatic individuals can, and do, transmit the virus to others, which has further contributed to its rapid spread. Recognizing the high risk of transmission posed by asymptomatic individuals, the CDC recommended everyone in the United States wear cloth face coverings when in public settings where social distancing is difficult to maintain.[4]

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[3] CENTERS FOR DISEASE CONTROL AND PREVENTION, *People Who Are at Higher Risk for Severe Illness* (May, 14 2020), https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html.

[4] CENTERS FOR DISEASE CONTROL AND PREVENTION, *Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission* (Last Updated Apr. 3, 2020), https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html.

14. The only known ways to prevent the spread of COVID-19 are maintaining six feet of physical distance between individuals ("social distancing"), frequent and thorough handwashing, and frequent decontamination of surfaces.

II. The Risks of COVID-19 in Detention Facilities

15. COVID-19 poses a very serious risk to detainees, staff, and other visitors to detention facilities such as prisons or jails. It is uncontroversial that detention facilities, including jails like Shelby County Jail, are associated with high transmission rates for infectious diseases, including tuberculosis, multi-drug resistant tuberculosis, MRSA (methicillin resistant staph aureus), and viral hepatitis.

16. Living conditions in prisons and jails exacerbate the spread of infectious diseases, particularly diseases like COVID-19 that are transmitted by airborne droplets. In these facilities, large numbers of people are closely confined and are physically unable to practice social distancing, which the CDC has identified as a "cornerstone of reducing transmission of respiratory diseases such as COVID-19."[5] Further, detainees often have limited access to hygiene and personal protective equipment such as soap, hand sanitizer, masks, and gloves.

17. People in jails and prisons typically sleep in close quarters, for example, a single room may contain multiple bunkbeds with limited ventilation. A single cell can house multiple people. Detainees are generally forced to share toilets, sinks, and showers without disinfection between use. Common areas are shared by large groups of people. The preparation and distribution of food is often centralized, sometimes using a single kitchen or cafeteria for an entire facility.

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[5] CENTERS FOR DISEASE CONTROL AND PREVENTION, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, (Last Updated May 7, 2020) https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

18. Additionally, the likelihood of exposure is heightened due to the constant "churn" (*i.e.*, exit and entry) of both staff and detainees in jails, and population mixing of staff and detainees. Staff have regular direct physical contact with detainees, for example, when handcuffing or removing handcuffs from detainees who are entering or exiting the facility.

19. Outbreaks of COVID-19 have occurred in detention facilities in the United States, for example at the Lompok facility near Los Angeles, California,[6] the Marion Correctional Facility in Ohio,[7] the Bledsoe Prison in Pikeville, Tennessee[8], and the Rikers Island detention facility in New York City[9].

20. Jails and prisons generally lack the medical care infrastructure and resources required to cope with an outbreak of infectious disease. Some do not have onsite medical facilities at all. Medical facilities within jails and prisons are generally designed and resourced to administer medical care for the ordinary day to day needs of detainees. They are not designed or equipped to cope with an influx of cases of a highly infectious disease like COVID-19, especially in addition to the regular case load. Medical facilities within detention facilities are generally not designed or equipped to administer the resource-intensive advanced care required by patients with serious cases of COVID-19.

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6 Tyler Hayden, *Lompoc Prison Explodes with Active COVID-19 Cases*, (May 13, 2020) https://www.independent.com/2020/05/13/lompoc-prison-explodes-with-active-covid-19-cases/.

7 Josiah Bates, *Ohio Began Mass Testing Incarcerated People for COVID-19. The Results Paint a Bleak Picture for the U.S. Prison System*, TIME (Apr. 22, 2020), https://time.com/5825030/ohio-mass-testing-prisons-coronavirus-outbreaks/.

8 Bill Hutchinson, *COVID-19 outbreak infecting over 500 prisoners may have come from staff: Medical director*, ABC NEWS (Apr. 28, 2020), https://abcnews.go.com/US/covid-19-outbreak-infecting-500-prisoners-staff-medical/story?id=70382322.

9 Miranda Bryant, *Coronavirus spread at Rikers is a 'public health disaster', says jail's top doctor*, THE GUARDIAN (Apr. 1, 2020), https://www.theguardian.com/us-news/2020/apr/01/rikers-island-jail-coronavirus-public-health-disaster.

21. Jails and prisons often need to rely on external facilities such as hospitals and emergency departments to provide intensive medical care. This places additional strain on the resources of those facilities which may already be overwhelmed during a pandemic.

22. During an outbreak, jail staff also become infected and fall ill, and therefore cannot report to work. This can result in understaffing of crucial roles, such as medical staff, cleaning staff and security staff, placing further strain on the facility's ability to cope with the outbreak.

23. Prison outbreaks can pose serious risks to communities beyond the prison. For example, the tuberculosis epidemic that broke out in New York City in the early 1990s began in jails and was spread to the community by jail employees who became infected and then returned home.[10] The severe epidemic of tuberculosis in prisons in Central Asia and Eastern Europe was demonstrated to increase community rates of tuberculosis in multiple states in that region.[11]

24. Medically vulnerable people within jails and prisons are at even higher risk than other detainees. As described herein, compared to the general population, they are at a higher risk of death or severe illness from COVID-19. They also require ongoing medical care for their underlying medical conditions. However, medical units within detention facilities may not have the resources to administer adequate care during the course of a pandemic. Failure to provide those individuals with adequate medical care for chronic underlying health conditions will also result in increased risk of morbidity and mortality related to those underlying conditions. In turn, that results in increased risk of COVID-19 infection and increased risk of COVID-19-related morbidity and mortality if they do become infected.

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[10] LEE B. REICHMAN, EARL S. HERSHFIELD, TUBERCULOSIS: A COMPREHENSIVE INTERNATIONAL APPROACH 650–652 (2d ed. 2000).

[11] David Stuckler et al., *Mass incarceration can explain population increases in TB and multidrug-resistant TB in European and central Asian countries*, 105 Proc. Nat'l Acad. Sci. U S A., 13280, 13280 (2008).

25. While jails and prisons should take all measures possible to reduce exposure to infection in detention, given the rapid spread of COVID-19, it is now likely impossible to achieve and sustain those measures quickly enough to mitigate the risk of transmission. It is therefore an urgent priority to reduce the number of persons in detention as quickly as possible.

26. This is consistent with guidance from the World Health Organization, which recommended that "enhanced consideration should be given to resorting to non-custodial measures at all stages of the administration of criminal justice, including at the pre-trial, trial and sentencing as well as post-sentencing stages."[12] Indeed, the pandemic has prompted the release of prisoners around the world. In California, 3,500 inmates were granted early release.[13] France released 5,000 inmates.[14] Many cities and counties across the US, including San Francisco[15], Chicago[16], Cleveland[17] and New York[18], are also releasing prisoners to reduce the risk of COVID-19.

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[12] WORLD HEALTH ORGANIZATION, *Preparedness, prevention and control of COVID-19 in prisons and other places of detention Interim guidance* 4 (Mar. 15, 2020), http://www.euro.who.int/__data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1.

[13] Robert Burnson and Laurel Brubaker Calkins, California, *Texas Plan Wide Release of Inmates as Virus Spreads*, BLOOMBERG NEWS (Mar. 31, 2020), https://www.bloomberg.com/news/articles/2020-03-31/california-to-release-up-to-3-500-inmates-in-response-to-virus.

[14] BBC NEWS, *Coronavirus: Low-risk prisoners set for early release* (Apr. 4, 2020) https://www.bbc.com/news/uk-52165919.

[15] Katie Canales, *Nearly half of San Francisco's inmate population has been released to avoid coronavirus outbreaks within jails*, BUSINESS INSIDER (Apr. 6, 2020), https://www.businessinsider.com/san-francisco-inmates-jails-released-coronavirus-2020-4.

[16] Cheryl Corley, To Combat High Infection Rate, Chicago Jail Releases Hundreds, NPR (Apr. 11, 2020), https://www.npr.org/2020/04/11/832572950/to-combat-high-infection-rate-chicago-jail-releases-hundreds.

[17] Scott Noll, *Cuyahoga County Jail releases hundreds of low-level offenders to prepare for coronavirus pandemic*, THE REBOUND (Mar. 20, 2020), https://www.news5cleveland.com/news/local-news/oh-cuyahoga/cuyahoga-county-jail-releases-hundreds-of-low-level-offenders-to-prepare-for-coronavirus-pandemic.

[18] Mary Bassett et al., *Andrew Cuomo, Stop a Coronavirus Disaster: Release People from Prison*, N.Y. TIMES (Mar. 30, 2020), https://www.nytimes.com/2020/03/30/opinion/nyc-prison-release-covid.html.

III. Medically Vulnerable Persons at Shelby County Jail Are at Grave Risk of Death or Serious Illness

27. I have reviewed the following materials regarding the conditions at Shelby County Jail: the declarations of Josh Spickler; the declaration of Stella Yarbrough; the declaration of Josie Holland; the declaration of Ann Schiller; the declaration of Michael Working.

28. Based on my review of these materials, my experience working in public health in jails and prisons, and my review of the materials above, it is my opinion that medically vulnerable persons at Shelby County Jail are at grave risk of death or serious illness. To the extent possible, Respondent-Defendants must release all medically vulnerable people to prevent death and serious illness. The reasons for this conclusion are described below.

29. I understand that many detainees at Shelby County Jail are housed in "pods," of around 30 to 40 people, comprised of cells which line a communal area. I understand that on April 17, 2020, 23 pretrial detainees at the Jail were tested; five were positive for COVID-19.[19] On April 30 the Jail tested 266 pretrial detainees and employees. Seventy-two percent tested positive.[20] The numbers in the Jail today are likely higher, as the Jail has neither administered universal testing nor any testing since April 30, 2020. To date, one Jail employee has died from COVID-19.[21]

30. Many detainees at Shelby County Jail, including medically vulnerable detainees, are not able to practice social distancing. I understand that many cells are shared by two detainees,

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[19] Yolanda Jones, *Five Inmates Test Positive for COVID at Shelby County Jail as Bonner Takes Safety Precautions*, DAILY MEMPHIAN (Apr. 17, 2020) https://dailymemphian.com/article/13074/sheriff-floyd-bonner-five-inmates-positive-coronavirus-shelby-county-jail.

[20] Yolanda Jones, *More Than 70% Of Inmates Tested At 201 Poplar Are Positive For COVID-19*, DAILY MEMPHIAN (Apr. 29, 2020) https://dailymemphian.com/article/13488/201-poplar-covid-testing-70-percent-positive.

[21] Yolanda Jones, *Sheriff's Office Employee Dies From COVID-19*, DAILY MEMPHIAN (Apr. 21, 2020) https://dailymemphian.com/article/13185/sheriffs-office-employee-dies-from-covid-19.

and that the cells are not large enough for cell mates to maintain a distance of six feet apart from each other. Those detainees share a toilet and sink.

31. Detainees also eat meals and share telephone and laundry facilities in the communal area. I understand that communal areas are not large enough that detainees can practice social distancing. Detainees must queue in close proximity to each other to receive any medication they require, where it is impossible to maintain six-feet distance from each other. Detainees must queue in close proximity to receive meals, and eat meals at small shared tables. Detainees who are attending court must wait in a holding cell with up to 30 or 40 other detainees, and can spend the entire day in the holding cell. Detainees cannot practice social distancing in any of those situations.

32. I understand that cells are not disinfected regularly. I understand that detainees are not provided with disinfectant or cleaning equipment and that if detainees wish to clean their cells they must submit a request to use cleaning solution spray, which is often not available. I understand that detainees share the use of touchscreen kiosks (used to place orders from the commissary) and telephones in the communal area that are not disinfected between individual uses. I understand that meals are communally prepared and delivered to the detainees by other detainees.

33. I understand that detainees are required to purchase soap from the commissary or, if they do not have funds, they can request small bars of soap at no cost that can take up to a week to arrive. Detainees do not have access to hand sanitizer or paper towels. I understand that, while masks were distributed, many detainees were given only one mask each, which is not cleaned or replaced regularly, if at all. I understand that not all detainees are required to wear masks in communal areas.

34. I understand that many staff do not wear masks and when they do wear the masks, they do not wear them adequately so that it covers their mouths at all times when in the presence

of detainees. Failure to do so places detainees at risk of infection by staff, who often move in close proximity to the people being detained. Staff do not always practicing social distancing from each other.

35. I understand that detainees can request medical attention by logging a sick call through the kiosk in the communal area for a fee. I understand that once the sick call has been logged it can take up to two days to be seen by medical staff. I understand that some detainees who have displayed COVID-19 symptoms have not been provided with any medical assistance.

36. I understand that people arrested and booked into the Shelby County Jail are not consistently screened for symptoms of COVID-19. Failure to screen and quarantine new arrivals places other prisoners at risk of infection from new arrivals who are infected, including those who are asymptomatic or presymptomatic. Under the conditions described herein, detainees cannot practice social distancing or good hygiene, nor can they frequently disinfect shared surfaces. The detainees at Shelby County Jail are unable to take basic steps to protect themselves from the virus. There is a high risk that detainees will become infected with COVID-19, which means that medically vulnerable detainees face a grave risk of death or serious illness.

37. I understand that some detainees who tested positive for COVID-19 were removed from their pods to designated quarantine areas, including isolation units. I also understand some detainees that have exhibited symptoms of COVID-19 but have not tested positive were also placed in quarantine, and were housed with detainees that have confirmed cases of COVID-19. This practice presents a grave risk that persons who are not infected with COVID-19 will become infected.

38. I understand that some quarantined detainees did not have access to fresh drinking water and had to drink water from the toilet tanks. I also understand that those detainees placed in

isolation lost certain privileges (for example, access to a clothes washer and dryer, microwave, and television). The prospect of losing privileges tends to discourage detainees from seeking testing or reporting symptoms and seeking medical attention.

39. In my opinion, the only viable course of action is risk mitigation, and the best form of risk mitigation for medically vulnerable people is to release them from detention, given the heightened risks to their health and safety. I understand that there are 155 confirmed cases of COVID-19 at Shelby County Jail.[22] While those detainees have been housed separately, it is likely that there are many unconfirmed cases living amongst the prison population.

40. Release of the most vulnerable people also reduces the burden on the limited health care infrastructure within Shelby County Jail, because the released detainees will not require treatment related to COVID-19 infection and will no longer require treatment for underlying conditions. Releasing medically vulnerable detainees also reduces the burden on nearby hospitals, which will otherwise need to treat these individuals when infected, freeing up those resources to treat other members of the public.

41. Releasing as many detainees as possible is important to protect the health of detainees, staff, health care workers at jails and other detention facilities, and the community as a whole.

42. To the extent possible, medically vulnerable detainees at Shelby County Jail must be released as soon as possible. Those detainees should be released to a place where they can maintain quarantine for at least 14 days and receive any necessary healthcare for underlying chronic conditions.

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[22] Yolanda Jones, *More Than 70% Of Inmates Tested At 201 Poplar Are Positive For COVID-19*, DAILY MEMPHIAN (Apr. 29, 2020) https://dailymemphian.com/article/13488/201-poplar-covid-testing-70-percent-positive.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 20th day in May, 2020 in Alameda County, California.

/s/ Joe Goldenson____
Joe Goldenson, M.D.
1406 CYPRESS STREET
BERKELEY, CA 94703
(510) 557-1086
jgoldenson@gmail.com

Exhibit A

CURRICULUM VITAE

JOE GOLDENSON, MD
1406 CYPRESS STREET
BERKELEY, CA 94703
(510) 557-1086
jgoldenson@gmail.com

EDUCATION

Post Graduate Training

February 1992	University of California, San Francisco, CPAT/APEX Mini-Residency in HIV Care
1979-1980	Robert Wood Johnson Fellowship in Family Practice
1976-1979	University of California, San Francisco Residency in Family Practice

Medical School

1973-1975	Mt. Sinai School of Medicine, New York M.D. Degree
1971-1973	University of Michigan, Ann Arbor

Undergraduate Education

1967-1971	University of Michigan, Ann Arbor B.A. in Psychology

PROFESSIONAL EXPERIENCE

Practice Experience

1993-2015	Director/Medical Director Jail Health Services San Francisco Department of Public Health
1991-1993	Medical Director Jail Health Services San Francisco Department of Public Health
1990-1991	Chief of Medical Services, Hall of Justice Jail Health Services San Francisco Department of Public Health
1987-1990	Staff Physician Jail Health Services San Francisco Department of Public Health
1980-1987	Sabbatical
1975-1976	Staff Physician United Farm Workers Health Center, Salinas, CA

Consulting

6/16-8/19	Consultant to Los Angeles Department of Health Services re: provision of health care services in the LA County Jail
4/02-Present	Federal Court Medical Expert, *Plata v. Newsome*, Class Action Lawsuit re: prisoner medical care in California State Prison System
6/14-9/14	Medical expert for the Illinois Department of Corrections and the ACLU of Illinois
6/10-12/13	Federal Court appointed Medical Monitor, U.S.A. v. Cook County, et al., United States District Court for the Northern District of Illinois, No. 10 C 2946, re: medical care in the Cook County Jail
6/08-6/12	Member, *Plata v. Schwarzenegger* Advisory Board to the Honorable Thelton E. Henderson, U.S. District Court Judge
5/08-9/09	Medical Expert for ACLU re Maricopa County Jail, Phoenix, AZ
1/08	Member of the National Commission on Correctional Health Care's Technical Assistance Review Team for the Miami Dade Department of Corrections
9/07-1/10	Federal Court appointed Medical Expert, *Herrera v. Pierce County, et al.*, re: medical care at the Pierce County Jail, Tacoma, WA
8/06-8/12	State Court Appointed Medical Expert, *Farrell v. Allen*, Superior Court of California Consent Decree re medical care in the California Department of Juvenile Justice
6/05	Member of Technical Assistance Review Team for the Dallas County Jail
11/02-4/03	Medical Expert for ACLU re Jefferson County Jail, Port Townsend, Washington
4/02-8/06	Federal Court Medical Expert, *Austin, et. al vs Wilkinson, et al*, Class Action Law Suit re: Prisoner medical care at the Ohio State Penitentiary Supermax Facility
1/02-3/02	Consultant to the Francis J. Curry, National Tuberculosis Center re: *Tuberculosis Control Plan for the Jail Setting: A Template (Jail Template)*,
8/01-4/02	Medical Expert for ACLU re Wisconsin Supermax Correctional Facility, Boscobel, WI
7/01-4/02	Medical Expert for Ohio Attorney General's Office re Ohio State Prison, Youngstown, OH
1/96-1/14	Member and Surveyor, California Medical Association Corrections and Detentions Health Care Committee
5/95-6/08	Medical Expert for the Office of the Special Master, *Madrid vs Alameida*, Federal Class Action Law Suit re: Prisoner medical care at the Pelican Bay State Prison Supermax Facility
3/98-12/98	Member, Los Angeles County Department of Public Health Jail Health Services Task Force

2/98	Medical Expert, Department of Justice Investigation of Clark County Detention Center, Las Vegas, Nevada
6/94	Surveyor, National Commission on Correctional Health Care, INS Detention Center, El Centro, CA

Work Related Committees

1/14 to present	Member, Editorial Advisory Board, *Correctional Health Care Report*
10/11 to 5/19	Member, Board of Directors of the National Commission on Correctional Health Care
5/07-10/12	Liaison to the CDC Advisory Council for the Elimination of Tuberculosis (ACET) from the National Commission on Correctional Health Care
12/04-3/06	Member of the CDC Advisory Council for the Elimination of Tuberculosis (ACET) Ad Hoc Working Group on the *Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC* (MMWR 2006; 55(No. RR-9))
6/03-8/03	Member of the Advisory Panel for the Francis J. Curry National Tuberculosis Center and National Commission on Correctional Health Care, 2003: *Corrections Tuberculosis Training and Education Resource Guide*
3/02-1/03	Member of the Advisory Committee to Develop the *Tuberculosis Control Plan for the Jail Setting: A Template (Jail Template)*, Francis J. Curry, National Tuberculosis Center
6/01-1/15	Director's Cabinet San Francisco Department of Public Health
3/01	Consultant to Centers for Disease Control on the Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings (MMWR 2003; 52(No. RR-1))
9/97-6/02	Member, Executive Committee of Medical Practice Group, San Francisco Department of Public Health
3/97-3/02	American Correctional Health Services Association Liaison with American Public Health Association
3/96-6/12	Chairperson, Bay Area Corrections Committee (on tuberculosis)
2/00-12/00	Medical Providers' Subcommittee of the Office-based Opiate Treatment Program, San Francisco Department of public Health
12/98-12/00	Associate Chairperson, Corrections Sub-Committee, California Tuberculosis Elimination Advisory Committee
7/94-7/96	Advisory Committee for the Control And Elimination of Tuberculosis, San Francisco Department of Public Health
6/93-6/95	Managed Care Clinical Implementation Committee, San Francisco Department of Public Health
2/92-2/96	Tuberculosis Control Task Force, San Francisco Department of Public Health
3/90-7/97	San Francisco General Hospital Blood Borne Pathogen Committee

1/93-7/93 Medical Staff Bylaws Committee, San Francisco Department of Public Health

ACADEMIC APPOINTMENT

1980-2015 Assistant Clinical Professor
University of California, San Francisco

PROFESSIONAL AFFILIATIONS

Society of Correctional Physicians, Member of President's Council, Past-Treasurer and Secretary
American Correctional Health Services Association, Past-President of California Chapter
American Public Health Association, Jails and Prison's Subcommittee
Academy of Correctional Health Professionals

PROFESSIONAL PRESENTATIONS

Caring for the Inmate Health Population: A Public Health Imperative, Correctional Health Care Leadership Institutes, July 2015

Correctional Medicine and Community Health, Society of Correctional Physicians Annual Meeting, October, 2014

Identifying Pulmonary TB in Jails: A Roundtable Discussion, National Commission on Correctional Health Care Annual Conference, October 31, 2006

A Community Health Approach to Correctional Health Care, Society of Correctional Physicians, October 29, 2006

Prisoners the Unwanted and Underserved Population, Why Public Health Should Be in Jail, San Francisco General Hospital Medical Center, Medical Grand Rounds, 10/12/04

TB in Jail: A Contact Investigation Course, Legal and Administrative Responsibilities, Francis J. Curry National Tuberculosis Center, 10/7/04

Public Health and Correctional Medicine, American Public Health Association Annual Conference, 11/19/2003

Hepatitis in Corrections, CA/NV Chapter, American Correctional Health Services Association Annual Meeting, 1/17/02

Correctional Medicine, San Francisco General Hospital Medical Center, Medical Grand Rounds, 12/16/02

SuperMax Prisons, American Public Health Association Annual Conference, 11/8/01

Chronic Care Programs in Corrections, CA/NV Chapter, American Correctional Health Services Association Annual Meeting, 9/19/02

Tuberculosis in Corrections - Continuity of Care, California Tuberculosis Controllers Association Spring Conference, 5/12/98

HIV Care Incarcerated in Incarcerated Populations, UCSF Clinical Care of the AIDS Patient Conference, 12/5/97

Tuberculosis in Correctional Facilities, Pennsylvania AIDS Education and Training Center, 3/25/93

Tuberculosis Control in Jails, AIDS and Prison Conference, 10/15/93

The Interface of Public Health and Correctional Health Care, American Public Health Association Annual Meeting, 10/26/93

HIV Education for Correctional Health Care Workers, American Public Health Association Annual Meeting, 10/26/93

PUBLICATIONS

Structure and Administration of a Jail Medical Program. Correctional Health Care: Practice, Administration, and Law. Kingston, NJ: Civic Research Institute. 2017.

Structure and Administration of a Jail Medical Program – Part II. Correctional Health Care Report. Volume 16, No. 2, January-February 2015.

Structure and Administration of a Jail Medical Program – Part I. Correctional Health Care Report. Volume 16, No. 1, November-December 2014.

Pain Behind Bars: The Epidemiology of Pain in Older Jail Inmates in a County Jail. Journal of Palliative Medicine. 09/2014; DOI: 10.1089/jpm.2014.0160

Older jail inmates and community acute care use. Am J Public Health. 2014 Sep; 104(9):1728-33.

Correctional Health Care Must be Recognized as an Integral Part of the Public Health Sector, Sexually Transmitted Diseases, February Supplement 2009, Vol. 36, No. 2, p.S3–S4

Use of sentinel surveillance and geographic information systems to monitor trends in HIV prevalence, incidence, and related risk behavior among women undergoing syphilis screening in a jail setting. Journal of Urban Health 10/2008; 86(1):79-92.

Discharge Planning and Continuity of Health Care: Findings From the San Francisco County Jail, American Journal of Public Health, 98:2182–2184, 2008

Public Health Behind Bars, Deputy Editor, Springer, 2007

Diabetes Care in the San Francisco County Jail, American Journal of Public Health, 96:1571-73, 2006

Clinical Practice in Correctional Medicine, 2nd Edition, Associate Editor, Mosby, 2006.

Tuberculosis in the Correctional Facility, Mark Lobato, MD and Joe Goldenson, MD, *Clinical Practice in Correctional Medicine, 2nd Edition,* Mosby, 2006.

Incidence of TB in inmates with latent TB infection: 5-year follow-up. American Journal of Preventive Medicine. 11/2005; 29(4):295-301.

Cancer Screening Among Jail Inmates: Frequency, Knowledge, and Willingness

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AWARDS

Armond Start Award of Excellence, Society of Correctional Physicians, 2014
Award of Honor, San Francisco Board of Supervisors, 2014
Award of Honor, San Francisco Health Commission, 2014
Certificate of Appreciation, San Francisco Public Defender's Office, 2014
Certificate for Excellence in Teaching, California Department of Health Services, 2002
Employee Recognition Award, San Francisco Health Commission, July 2000
Public Managerial Excellence Award, Certificate of Merit, San Francisco, 1997

LICENSURE AND CERTIFICATION

Medical Board of California, Certificate #A32488
Fellow, Society of Correctional Physicians
Board Certified in Family Practice, 1979-1986 (Currently Board Eligible)