

Declaration of Dr. Jaimie Meyer

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

I. Background and Qualifications

1. I am Dr. Jaimie Meyer, an Assistant Professor of Medicine at Yale School of Medicine and Assistant Clinical Professor of Nursing at Yale School of Nursing in New Haven, Connecticut. I am board certified in Internal Medicine, Infectious Diseases and Addiction Medicine. I completed my residency in Internal Medicine at NY Presbyterian Hospital at Columbia, New York, in 2008. I completed a fellowship in clinical Infectious Diseases at Yale School of Medicine in 2011 and a fellowship in Interdisciplinary HIV Prevention at the Center for Interdisciplinary Research on AIDS in 2012. I hold a Master of Science in Biostatistics and Epidemiology from Yale School of Public Health.
2. I have worked for over a decade on infectious diseases in the context of jails and prisons. From 2008-2016, I served as the Infectious Disease physician for York Correctional Institution in Niantic, Connecticut, which is the only state jail and prison for women in Connecticut. In that capacity, I was responsible for the management of HIV, Hepatitis C, tuberculosis, and other infectious diseases in the facility. Since then, I have maintained a dedicated HIV clinic in the community for patients returning home from prison and jail. For over a decade, I have been continuously funded by the NIH, industry, and foundations for clinical research on HIV prevention and treatment for people involved in the criminal justice system, including those incarcerated in closed settings (jails and prisons) and in the community under supervision (probation and parole). I have served as an expert consultant on infectious diseases and women's health in jails and prisons for the UN Office on Drugs and Crimes, the Federal Bureau of Prisons, and others. I also served as an expert health witness for the US Commission on Civil Rights Special Briefing on Women in Prison.
3. I have written and published extensively on the topics of infectious diseases among people involved in the criminal justice system including book chapters and articles in leading peer-reviewed journals (including Lancet HIV, JAMA Internal Medicine, American Journal of Public Health, International Journal of Drug Policy) on issues of prevention, diagnosis, and management of HIV, Hepatitis C, and other infectious diseases among people involved in the criminal justice system. In making the following statements, I am not commenting on the particular issues posed this case. Rather, I am making general statements about the realities of persons in detention facilities, jails and prisons.
4. My C.V. includes a full list of my honors, experience, and publications, and it is attached as Exhibit A.
5. I was paid \$1,000 for my time drafting an earlier version of this report filed in another case. I subsequently prepared this version of the report without receiving payment for my services.

6. I have not testified as an expert at trial or by deposition in the past four years.

II. Heightened Risk of Epidemics in Jails and Prisons

7. The risk posed by infectious diseases in jails and prisons is significantly higher than in the community, both in terms of risk of transmission, exposure, and harm to individuals who become infected. There are several reasons this is the case, as delineated further below.
8. Globally, outbreaks of contagious diseases are all too common in closed detention settings and are more common than in the community at large. Prisons and jails are not isolated from communities. Staff, visitors, contractors, and vendors pass between communities and facilities and can bring infectious diseases into facilities. Moreover, rapid turnover of jail and prison populations means that people often cycle between facilities and communities. People often need to be transported to and from facilities to attend court and move between facilities. Prison health is public health.
9. Reduced prevention opportunities: Congregate settings such as jails and prisons allow for rapid spread of infectious diseases that are transmitted person to person, especially those passed by droplets through coughing and sneezing. When people must share dining halls, bathrooms, showers, and other common areas, the opportunities for transmission are greater. When infectious diseases are transmitted from person to person by droplets, the best initial strategy is to practice social distancing. When jailed or imprisoned, people have much less of an opportunity to protect themselves by social distancing than they would in the community. Spaces within jails and prisons are often also poorly ventilated, which promotes highly efficient spread of diseases through droplets. Placing someone in such a setting therefore dramatically reduces their ability to protect themselves from being exposed to and acquiring infectious diseases.
10. Disciplinary segregation or solitary confinement is not an effective disease containment strategy. Beyond the known detrimental mental health effects of solitary confinement, isolation of people who are ill in solitary confinement results in decreased medical attention and increased risk of death. Isolation of people who are ill using solitary confinement also is an ineffective way to prevent transmission of the virus through droplets to others because, except in specialized negative pressure rooms (rarely in medical units if available at all), air continues to flow outward from rooms to the rest of the facility. Risk of exposure is thus increased to other people in prison and staff.
11. Reduced prevention opportunities: During an infectious disease outbreak, people can protect themselves by washing hands. Jails and prisons do not provide adequate opportunities to exercise necessary hygiene measures, such as frequent handwashing or use of alcohol-based sanitizers when handwashing is unavailable. Jails and prisons are often under-resourced and ill-equipped with sufficient hand soap and alcohol-based sanitizers for people detained in and working in these settings. High-touch surfaces (doorknobs, light switches, etc.) should also be cleaned and disinfected regularly with bleach to prevent virus spread, but this is often not done in jails and prisons because of a

lack of cleaning supplies and lack of people available to perform necessary cleaning procedures.

12. Reduced prevention opportunities: During an infectious disease outbreak, a containment strategy requires people who are ill with symptoms to be isolated and that caregivers have access to personal protective equipment, including gloves, masks, gowns, and eye shields. Jails and prisons are often under-resourced and ill-equipped to provide sufficient personal protective equipment for people who are incarcerated and caregiving staff, increasing the risk for everyone in the facility of a widespread outbreak.
13. Increased susceptibility: People incarcerated in jails and prisons are more susceptible to acquiring and experiencing complications from infectious diseases than the population in the community.¹ This is because people in jails and prisons are more likely than people in the community to have chronic underlying health conditions, including diabetes, heart disease, chronic lung disease, chronic liver disease, and lower immune systems from HIV.
14. Jails and prisons are often poorly equipped to diagnose and manage infectious disease outbreaks. Some jails and prisons lack onsite medical facilities or 24-hour medical care. The medical facilities at jails and prisons are almost never sufficiently equipped to handle large outbreaks of infectious diseases. To prevent transmission of droplet-borne infectious diseases, people who are infected and ill need to be isolated in specialized airborne negative pressure rooms. Most jails and prisons have few negative pressure rooms if any, and these may be already in use by people with other conditions (including tuberculosis or influenza). Resources will become exhausted rapidly and any beds available will soon be at capacity. This makes both containing the illness and caring for those who have become infected much more difficult.
15. Jails and prisons lack access to vital community resources to diagnose and manage infectious diseases. Jails and prisons do not have access to community health resources that can be crucial in identifying and managing widespread outbreaks of infectious diseases. This includes access to testing equipment, laboratories, and medications.
16. Jails and prisons often need to rely on outside facilities (hospitals, emergency departments) to provide intensive medical care given that the level of care they can provide in the facility itself is typically relatively limited. During an epidemic, this will not be possible, as those outside facilities will likely be at or over capacity themselves.
17. Health safety: As an outbreak spreads through jails, prisons, and communities, medical personnel become sick and do not show up to work. Absenteeism means that facilities can become dangerously understaffed with healthcare providers. This increases a number of risks and can dramatically reduce the level of care provided. As health systems inside facilities are taxed, people with chronic underlying physical and mental health conditions and serious medical needs may not be able to receive the care they need for these

¹ *Active case finding for communicable diseases in prisons*, 391 *The Lancet* 2186 (2018), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31251-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31251-0/fulltext).

conditions. As supply chains become disrupted during a global pandemic, the availability of medicines and food may be limited.

18. Safety and security: As an outbreak spreads through jails, prisons, and communities, correctional officers and other security personnel become sick and do not show up to work. Absenteeism poses substantial safety and security risk to both the people inside the facilities and the public.
19. These risks have all been borne out during past epidemics of influenza in jails and prisons. For example, in 2012, the CDC reported an outbreak of influenza in 2 facilities in Maine, resulting in two inmate deaths.² Subsequent CDC investigation of 995 inmates and 235 staff members across the 2 facilities discovered insufficient supplies of influenza vaccine and antiviral drugs for treatment of people who were ill and prophylaxis for people who were exposed. During the H1N1-strain flu outbreak in 2009 (known as the “swine flu”), jails and prisons experienced a disproportionately high number of cases.³ Even facilities on “quarantine” continued to accept new intakes, rendering the quarantine incomplete. These scenarios occurred in the “best case” of influenza, a viral infection for which there was an effective and available vaccine and antiviral medications, unlike COVID-19, for which there is currently neither.

III. Profile of COVID-19 as an Infectious Disease⁴

20. The novel coronavirus, officially known as SARS-CoV-2, causes a disease known as COVID-19. The virus is thought to pass from person to person primarily through respiratory droplets (by coughing or sneezing) but may also survive on inanimate surfaces. People seem to be most able to transmit the virus to others when they are sickest but it is possible that people can transmit the virus before they start to show symptoms or for weeks after their symptoms resolve. In China, where COVID-19 originated, the average infected person passed the virus on to 2-3 other people; transmission occurred at a distance of 3-6 feet. Not only is the virus very efficient at being transmitted through droplets, everyone is at risk of infection because our immune systems have never been exposed to or developed protective responses against this virus. A vaccine is currently in development but will likely not be able for another year to the

² *Influenza Outbreaks at Two Correctional Facilities — Maine, March 2011*, Centers for Disease Control and Prevention (2012),

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a3.htm>.

³ David M. Reutter, *Swine Flu Widespread in Prisons and Jails, but Deaths are Few*, Prison Legal News (Feb. 15, 2010), <https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-widespread-in-prisons-and-jails-but-deaths-are-few/>.

⁴ This whole section draws from Brooks J. Global Epidemiology and Prevention of COVID19, COVID-19 Symposium, Conference on Retroviruses and Opportunistic Infections (CROI), virtual (March 10, 2020); *Coronavirus (COVID-19)*, Centers for Disease Control, <https://www.cdc.gov/coronavirus/2019-ncov/index.html>; Brent Gibson, *COVID-19 (Coronavirus): What You Need to Know in Corrections*, National Commission on Correctional Health Care (February 28, 2020), <https://www.nchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections>.

general public. Antiviral medications are currently in testing but not yet FDA-approved, so only available for compassionate use from the manufacturer. People in prison and jail will likely have even less access to these novel health strategies as they become available.

21. Most people (80%) who become infected with COVID-19 will develop a mild upper respiratory infection but emerging data from China suggests serious illness occurs in up to 16% of cases, including death.⁵ Serious illness and death is most common among people with underlying chronic health conditions, like heart disease, lung disease, liver disease, and diabetes, and older age.⁶ Death in COVID-19 infection is usually due to pneumonia and sepsis. The emergence of COVID-19 during influenza season means that people are also at risk from serious illness and death due to influenza, especially when they have not received the influenza vaccine or the pneumonia vaccine.
22. The care of people who are infected with COVID-19 depends on how seriously they are ill.⁷ People with mild symptoms may not require hospitalization but may continue to be closely monitored at home. People with moderate symptoms may require hospitalization for supportive care, including intravenous fluids and supplemental oxygen. People with severe symptoms may require ventilation and intravenous antibiotics. Public health officials anticipate that hospital settings will likely be overwhelmed and beyond capacity to provide this type of intensive care as COVID-19 becomes more widespread in communities.
23. COVID-19 prevention strategies include containment and mitigation. Containment requires intensive hand washing practices, decontamination and aggressive cleaning of surfaces, and identifying and isolating people who are ill or who have had contact with people who are ill, including the use of personal protective equipment. Jails and prisons are totally under-resourced to meet the demand for any of these strategies. As infectious diseases spread in the community, public health demands mitigation strategies, which involves social distancing and closing other communal spaces (schools, workplaces, etc.) to protect those most vulnerable to disease. Jails and prisons are unable to adequately provide social distancing or meet mitigation recommendations as described above.
24. The time to act is now. Data from other settings demonstrate what happens when jails and prisons are unprepared for COVID-19. News outlets reported that Iran temporarily

⁵ *Coronavirus Disease 2019 (COVID-19): Situation Summary*, Centers for Disease Control and Prevention (March 14, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>.

⁶ *Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study*. The Lancet (published online March 11, 2020), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

⁷ *Coronavirus Disease 2019 (COVID-19): Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease*, Centers for Disease Control and Prevention (March 7, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

released 70,000 prisoners when COVID-19 started to sweep its facilities.⁸ To date, few state or federal prison systems have adequate (or any) pandemic preparedness plans in place.⁹ Systems are challenged to respond to COVID-19 guidelines that are modified on a near-daily basis. It may be impossible to adequately respond to the COVID-19 pandemic, while also respecting the rights and dignity of people who are incarcerated.

IV. Possible Risks of COVID-19 in ICE Detention Facilities

25. Based on my experience working on public health in jails and prisons, I can make the following general statements about how the COVID-19 outbreak will interact with and exacerbate conditions that may exist in some detention centers.
26. Any delays in access to care that already exist in normal circumstances will only become worse during an outbreak, making it especially difficult for the facilities to contain any infections and to treat those who are infected.
27. Failure to provide individuals with continuation of the treatment they were receiving in the community, or even just interruption of treatment, for chronic underlying health conditions will result in increased risk of morbidity and mortality related to these chronic conditions.
28. Failure to provide individuals adequate medical care for their underlying chronic health conditions results in increased risk of COVID-19 infection and increased risk of infection-related morbidity and mortality if they do become infected.
29. People with underlying chronic mental health conditions need adequate access to treatment for these conditions throughout their period of detention. Failure to provide adequate mental health care, as may happen when health systems in jails and prisons are taxed by COVID-19 outbreaks, may result in poor health outcomes. Moreover, mental health conditions may be exacerbated by the stress of incarceration during the COVID-19 pandemic, including isolation and lack of visitation.
30. Failure to keep accurate and sufficient medical records will make it more difficult for facilities to identify vulnerable individuals in order to both monitor their health and protect them from infection. Inadequate screening and testing procedures in facilities increase the widespread COVID-19 transmission.
31. Language barriers will similarly prevent the effective identification of individuals who are particularly vulnerable or may have symptoms of COVID-19. Similarly, the failure to

⁸ *Iran temporarily releases 70,000 prisoners as coronavirus cases surge*, Reuters (March 9, 2020), <https://www.reuters.com/article/us-health-coronavirus-iran/iran-temporarily-releases-70000-prisoners-as-coronavirus-cases-surge-idUSKBN20W1E5>.

⁹ Luke Barr & Christina Carrega, *State prisons prepare for coronavirus but federal prisons not providing significant guidance, sources say*, ABC News (March 11, 2020), <https://abcnews.go.com/US/state-prisons-prepare-coronavirus-federal-prisons-providing-significant/story?id=69433690>.

provide necessary aids to individuals who have auditory or visual disabilities could also limit the ability to identify and monitor symptoms of COVID-19.

32. Facilities with a track record of neglecting individuals with acute pain and serious health needs under ordinary circumstances are more likely to be ill-equipped to identify, monitor, and treat a COVID-19 epidemic.
33. Similarly, facilities with a track record of failing to adequately manage single individuals in need of emergency care are more likely to be seriously ill-equipped and under-prepared when a number of people will need urgent care simultaneously, as would occur during a COVID-19 epidemic.
34. For individuals in facilities that have experienced these problems in the past, the experience of an epidemic and the lack of care while effectively trapped can itself be traumatizing, compounding the trauma of incarceration.

V. Conclusion and Recommendations

35. Reducing the size of the population in jails and prisons can be crucially important to reducing the level of risk both for those within those facilities and for the community at large. As such, from a public health perspective, it is my recommendation that individuals who can safely and appropriately remain in the community not be placed in ICE detention facilities at this time. I also recommend that individuals who are already in these facilities should be evaluated for release.
36. This is more important still for individuals with preexisting conditions (e.g., heart disease, chronic lung disease, chronic liver disease, suppressed immune system, diabetes) or who are over the age of 65.
37. Health in jails and prisons is community health. Protecting the health of individuals who are detained in and work in these facilities is vital to protecting the health of the wider community.

I declare under penalty of perjury that the foregoing is true and correct.

March 23, 2020
New Haven, Connecticut



Dr. Jaimie Meyer

CURRICULUM VITAE

Name: Jaimie P. Meyer, M.D., M.S.

Education:

B.A. Dartmouth College (Anthropology) 2000
M.D. University of Connecticut 2005
M.S. Yale School of Public Health (Biostatistics and Epidemiology) 2014

Career/Academic Appointments:

2005-08 Intern and Resident, Internal Medicine, NY Columbia Presbyterian Hospital, New York, NY
2008-11 Clinical and Research Fellow, Infectious Diseases, Yale University, New Haven, CT
2010-12 Postdoctoral Fellow, Center for Interdisciplinary Research on AIDS, Yale School of Public Health, New Haven, CT
2012-14 Instructor, Infectious Diseases (AIDS Program), Yale School of Medicine, New Haven, CT
2014-present Assistant Professor, Infectious Diseases (AIDS Program), Yale School of Medicine, New Haven, CT
2015-present Clinical Assistant Professor, Division of Primary Care/Health Systems in Nursing, Yale School of Nursing, New Haven, CT

Clinical Positions Held & Other Employment:

1999 Spanish Medical Interpreter, Boston Children's Hospital, Boston, MA
2000-01 Research Assistant, UCSF Immunogenetics and Transplantation Laboratory, San Francisco, CA
2010-12 Infectious Diseases Attending (per diem), Hospital of Saint Raphael, New Haven, CT
2009-15 Infectious Diseases Clinician, York Women's Correctional Institution, Niantic, CT
2015- HIV Clinician, Nathan Smith Clinic, New Haven, CT
2018- Faculty, Contemporary Management of HIV, Clinical Care Options

Board and other Certifications:

American Board of Internal Medicine, Internal Medicine, 2008, 2018
American Board of Internal Medicine, Infectious Diseases, 2010
American Board of Preventive Medicine, Addiction Medicine, 2018
DATA 2000 DEA X waiver to prescribe Buprenorphine, 2010
REMS Certified implanter and prescriber for Probuaphine, 2016

Professional Honors & Recognition

A) International/National/Regional
2018 Selected as Early Career Reviewer, NIH Center for Scientific Review
2017 Doris Duke Charitable Foundation Scholar

2016 Fellow, American College of Physicians
 2016 NIH Health Disparities Loan Repayment Award Competitive Renewal
 2016 Selected for AAMC Early Career Women Faculty Professional Development Seminar
 2014 NIH Health Disparities Loan Repayment Program Award
 2014 NIDA Women & Sex/Gender Differences Junior Investigator Travel Award
 2014 International Women's/Children's Health & Gender Working Group Travel Award
 2014 Patterson Trust Awards Program in Clinical Research
 2013 Thornton Award for Clinical Research
 2011 Bristol Myers-Squibb Virology Fellows Award
 2006 John N. Loeb Intern Award
 2005 Connecticut State Medical Society Award
 2005 American Medical Women's Association Citation
 2000 Hannah Croasdale Senior Award, Dartmouth College
 1998 Palaeopitus Senior Leadership Society Inductee, Dartmouth College

B) University

2014 Fellow, Women's Faculty Forum Public Voices Thought Leadership Program

PROFESSIONAL SERVICE

Journal Service:

Reviewer

2012-present (In alphabetical order): *Addiction Sci and Clin Pract, Addictive Behav Reports, AIDS Care, AIMS Public Health, American Journal on Addictions, American Journal of Epidemiology, American Journal of Public Health, Annals Internal Medicine, BMC Emergency Medicine, BMC Infectious Diseases, BMC Public Health, BMC Women's Health, Clinical Infectious Diseases, Critical Public Health, Drug and Alcohol Dependence, Drug and Alcohol Review, Epidemiologic Reviews, Eurosurveillance, Health and Justice (Springer Open), International Journal of Drug Policy, International Journal of Prisoner Health, International Journal of STDs and AIDS, International Journal of Women's Health, JAIDS, JAMA Internal Medicine, Journal of Family Violence, Journal of General Internal Medicine, Journal of Immigrant and Minority Health, Journal of International AIDS Society, Journal of Psychoactive Drugs, Journal of Urban Health, Journal of Women's Health, Open Forum Infectious Diseases, PLoS ONE, Public Health Reports, University of Wisconsin-Milwaukee Research Growth Initiative, Social Science and Medicine, SpringerPlus, Substance Abuse Treatment Prevention and Policy, Women's Health Issues, Yale Journal of Biology and Medicine*

2019-present Section Editor: Sex and Gender Issues, *Journal of the International Association of Providers of AIDS Care (JIAPAC)*

Grant Service:

Reviewer:

2020 Doris Duke Charitable Foundation Physician Scientist Fellowship Award
 2019 NIH RFA-DA-19-025 HEAL Initiative: Justice Community Opioid Innovation Network (JCOIN) Clinical Research Centers

Professional Service for Professional Organizations

2016-present Fellow, American College of Physicians

2016-present Member, AAMC Group on Women in Medicine and Science (GWIMS)
 2013-2016 Member, American College of Physicians
 2013-present Member, InWomen's Network, NIDA International Program
 2011-present Member, American Medical Women's Association
 2011-present Member, Connecticut Infectious Disease Society
 2009-present Member, American Society of Addiction Medicine
 2008-present Member, Infectious Disease Society of America
 2005-present Member, American Medical Association
 2005-2008 Member, New York State Medical Society

Yale University Service

2019-present Core Faculty, Program in Addiction Medicine
 2017-present Affiliated Faculty, Arthur Liman Center for Public Interest Law, Yale Law School
 2016-present Leadership Council, Women's Faculty Forum, Yale University
 2015-2016 Steering Committee, US Health and Justice Course, Yale School of Medicine
 2014-present Yale Internal Medicine Traditional Residency Intern Selection Committee
 2013-present Women in Medicine at Yale Mentoring Program
 2013-present Women in Science at Yale Mentoring Program
 2012-present Affiliated Scientist, Center for Interdisciplinary Research on AIDS
 2009-2011 Preclinical Clerkship Tutor, Yale School of Medicine

Individual Mentorship

2020 Zoe Sernyak, Yale University: Summer internship
 2020 Caroline Wortman, Cornell University: Summer internship
 2020 Chevaughn Wellington, Quinnipiac School of Medicine: Capstone Project Advisor
 2019 Callie Ginapp, Yale School of Medicine: Research Mentor
 2019 Alissa Haas, Yale School of Public Health (EMD): Research mentor
 2019 Emily Bail, Yale School of Nursing: APRN Clinical mentor
 2018 Camila Odio, Yale Internal Medicine Residency Program: Research mentor
 2018 Zoe Adams, Yale School of Medicine: Research mentor
 2018 Yilu Qin, Yale Primary Care Residency Program, HIV Training Track: Research mentor
 2018 Kaitlin Erickson, Yale School of Nursing: APRN Clinical mentor
 2017-2019 Emily Hoff, Yale School of Medicine: Research mentor, Thesis mentor
 2017 Lindsay Eysenbach, Yale School of Medicine: Research mentor, Summer project on Syringe Service Program
 2017 Megan Carroll, Yale School of Public Health: M.S. Thesis advisor (Biostatistics)
 2016-2020 Britton Gibson, Yale School of Public Health and Quinnipiac School of Medicine: Research mentor
 2016 Ronnye Rutledge, Yale School of Medicine: MHS Thesis advisor; awarded IDSA Education and Research Foundation 2015 Medical Scholarship and Yale School of Medicine Medical Student Research Fellowship; earned School and Departmental Honors for Thesis
 2015 Kelsey Loeliger, Yale Schools of Medicine and Public Health: M.D./Ph.D. Dissertation committee

- 2014 Javier Cepeda, Yale School of Public Health: Ph.D. Research advisor/mentor
- 2014 Audrey Fritzingler, Yale PA Program: Thesis advisor; Received Honors for thesis
- 2014 Cecilia Dumouchel, Yale College: Summer internship
- 2014 Joan Chi-How, Yale School of Medicine: Internship
- 2014 Michelle Fikrig, Oberlin College: Summer internship
- 2014 Madison Breuer, Southern Connecticut State University: Internship

Public Service

- 2020 Expert Consultant on COVID-19 Preparedness in Vermont Department of Corrections: Vermont Office of the Defender General, Prisoner Rights' Office
- 2020 Expert Consultant on COVID-19 in Jails and Prisons: New York ACLU and Bronx Defenders, *Onosamba-Ohindo, et al. v. Barr et al., Case No. 20-cv-0290 (W.D.N.Y.)*.
- 2020 Expert Consultant on COVID-19 in Jails and Prisons: New York ACLU and Bronx Defenders, *Velesaca v. Wolf et al., Case No. 20-cv-1803 (S.D.N.Y.)*.
- 2019 Consultant on Medication Assisted Treatment in Prisons, Vermont Department of Corrections, Addiction Health Services
- 2019 Expert Witness for Women in Prison Briefing, U.S. Commission on Civil Rights
- 2018 Consultant for SAMHSA State Targeted Response-Technical Assistance Consortium to address the opioid crisis, American Academy of Addiction Psychiatry
- 2017 Consultant on HIV Care in Prisons, United Nations Office on Drugs and Crime
- 2017 Scientific Advisory Board, HIV Prevention and Treatment in Cis-Gendered Women, Gilead Sciences, Inc.
- 2016 Consultant on Women's Health, Female Offenders Unit, Federal Bureau of Prisons
- 2002 "Medicine as a Profession" Fellow, Soros Open Society Institute
- 1999 Volunteer Spanish Medical Interpreter, Boston Children's Hospital
- 1998 Honorary Service Fellow, Costa Rican Humanitarian Foundation

Research Support

Ongoing Research Support

ACTIVE

Investigator Sponsored Award (M161462) PI: Meyer 7/1/2017-6/30/2020 1.8 calendar

Gilead Sciences, Inc. \$81,151 (FY1 Directs)

Delivering HIV Pre-Exposure Prophylaxis to Networks of Justice-Involved Women

Description: To leverage risk networks of CJ-involved women as a means of delivering PrEP and to evaluate the acceptability and feasibility of strategically delivering PrEP to network members.

Clinical Scientist Development Award PI: Meyer 7/1/17-6/30/20 3.0 calendar

Doris Duke Clinical Foundation \$149,959 (FY1 Directs)

Developing and Testing the Effect of a Patient-Centered HIV Prevention Decision Aid on PrEP uptake for Women with Substance Use in Treatment Settings

Description: 1) To adapt a patient-centered HIV prevention decision aid to women with substance use entering treatment for substance use disorders. 2) Building on findings from Aim 1, to pilot test the effect of the adapted decision-aid intervention on PrEP uptake among women with substance use entering treatment for substance use disorders.

1 R21 DA042702-01A1 PI: Meyer 8/1/2017–7/31/2020 (NCE) 1.20 calendar
NIH/NIDA \$129,673 (FY1 Directs)

Prisons, Drug Injection and the HIV Risk Environment in Kyrgyzstan

Description: We propose to generate qualitative data from interviews with prisoners and prison staff and triangulate it with quantitative data from MATLINK within an analytical HIV risk environment framework which aims to: 1. Describe the individual-environment interactions that shape within-prison drug-related HIV risk practices and health expectations post-release; and 2. Measure how within-prison risk and other factors within the prison environment mediate engagement with OAT both within prison and after release.

H79 TI080561 PI: Meyer 11/30/2018–11/29/2023 1.20 calendar
SAMHSA \$389,054 (FY1 Directs)

CHANGE: Comprehensive Housing and Addiction Management Network for Greater New Haven

We will expand and enhance the local implementation of a community infrastructure that integrates housing, behavioral health, and addiction treatment services for highly vulnerable populations at-risk for or living with HIV (PARLWH), by virtue of their involvement in criminal justice (CJ) systems and/or engagement in sex work. The target population for CHANGE is CJ-involved PARLWH in New Haven, Connecticut who experience co-occurring homelessness, psychiatric, and substance use disorders.

Pilot Project Award mPI: Willie, Meyer 10/01/19-09/30/20 0.24 calendar
Center for Interdisciplinary Research on AIDS (CIRA) \$29,993

Optimizing PrEP's Potential in Non-Clinical Settings: Development and Evaluation of a PrEP Decision Aid for Women Seeking Domestic Violence Services

This Type II hybrid effectiveness-implementation study seeks to adapt an existing PrEP decision aid to intimate partner violence (IPV)-exposed women seeking domestic violence services at two major Connecticut service agencies. This study will: provide support for a PrEP decision aid that addresses the HIV prevention needs of IPV-exposed women; use implementation science to increase PrEP uptake; include DV agencies in intervention development and implementation; and improve understanding of PrEP scale-up by addressing implementation factors in the community settings that serve IPV-exposed women.

R01 MH121991 mPI: Meyer, Sullivan 01/01/2020-11/30/2024 1.8 calendar
NIMH \$374,816 (FY1 Directs)

Identifying Modifiable Risk and Protective Processes at the Day-Level that Predict HIV Care Outcomes among Women Exposed to Partner Violence

The main purpose of this study is to understand how exposure to intimate partner violence (IPV) affects women's abilities to self-manage their HIV on a daily basis (i.e., adhere to antiretroviral medication), engage in longitudinal HIV care, and achieve and

sustain viral suppression. The project aims to build awareness of the IPV-health association and inform strategies/resources to promote resilience.

UNDER REVIEW:

R01 MH124533 PI: Meyer 07/01/2020-06/30/2025 3.6 calendar
NIMH \$577,894 (FY1 Directs)

TelePrEP+ for Women in Criminal Justice Systems

This study is designed to test an active facilitation strategy (ePrEP) for scaling up PrEP, an evidence-based practice, in two distinct settings (Connecticut and Alabama) for a key population of women involved in criminal justice systems. We will randomize justice-involved, PrEP-eligible women across two sites (CT and AL) to receive ePrEP or standard of care. Using a Type I Hybrid Efficacy-Implementation framework, we will evaluate individual-level (PrEP initiation and 6-month retention) and organizational-level outcomes important for ePrEP scalability and sustainability across diverse contexts.

Inmate Health Services 2019 (Clinical Services Contract) PI: Meyer
10/01/2019-09/30/2022 0.96

Connecticut Department of Corrections \$436,899

Yale Center of Excellence in Prison Health

We will create a Yale Center of Excellence in Prison Health that will provide specialty e-consultation, staff development, and quality assurance programs for the CT Department of Correction (DOC) in the areas of Behavioral Health, Transitional care, and Infectious Diseases, which are the largest cost centers for DOC healthcare. We will additionally provide outpatient specialty telehealth services in key areas, including: Cardiology, Endocrinology, and Rheumatology. We focus on regional healthcare delivery (RFPs 2 and 4), acknowledging that the majority of people in these facilities will return home to the greater New Haven area, enabling continuity of care and serving as a regional hub.

Inmate Health Services 2019 (Clinical Services Contract) PI: Meyer
10/01/2019-09/30/2022 0.96

Connecticut Department of Corrections \$250,805

Yale HIV in Jails Program

The current proposal seeks to reinvigorate and improve upon the HIV in Prisons Program to deliver high quality, cost-effective HIV care and Infectious Disease consultations to PWH in each of Connecticut's jails (Hartford CC in RFP Region 1; New Haven CC in RFP Region 2; Bridgeport CC in RFP Region 3; Corrigan Radgowski CC and York CI in RFP Region 4).

Completed Research Support

K23 DA033858 PI: Meyer 7/1/2012 – 11/30/2017 9.0 calendar
NIH/NIDA \$153,529 (FY1 Directs)

Evaluating and Improving HIV Outcomes in Community-based Women who Interface with the Criminal Justice System

The major goal of this project is to inform, adapt and test an intervention that will improve HIV treatment outcomes for community-based women who interface with the criminal justice system, either after release from jail or during community supervision.

Patterson Trust Awards Program in Clinical Research PI: Meyer 1/31/14-
10/30/15

Disentangling the Effect of Gender on HIV Treatment and Criminal Justice Outcomes

Bristol Myers-Squibb HIV Virology Fellowship Award PI: Meyer 9/1/11-6/30/13

NIMH T32 MH020031 PI: Ickovics 7/2/10-6/30/12
Interdisciplinary HIV Prevention Training Program, Yale University School of Epidemiology and Public Health, Center for Interdisciplinary Research on AIDS
Role: Research Scientist

NIAID T32 AI007517 PI: Quagliarello 6/30/09-7/1/10
Training in Investigative Infectious Disease, Yale University School of Medicine, Section of Infectious Disease
Role: Research Scientist

Publications

Peer-Reviewed Journals

Azar M, Springer S, **Meyer J**, Altice F. A Systematic Review of the Impact of Alcohol Use Disorders on HIV Treatment Outcomes, Adherence to Antiretroviral Therapy and Health Care Utilization. *Drug and Alcohol Dependence* 2010, 112: 178–193. *PMID* 20705402. *PMCID: PMC2997193*

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Springer S, Spaulding A, **Meyer J**, Altice F. Public Health Implications for Adequate Transitional Care for HIV-Infected Prisoners: Five Essential Components. *Clinical Infectious Disease* 2011; 53(5): 469-479. *PMID* 21844030 *PMCID: PMC3156144.*

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Althoff A, Zelenev A, **Meyer J**, Fu J, Brown S, Vagenas P, Avery A, Cruzado J, Spaulding A, Altice F. Correlates of Retention in HIV Care after Release from Jail: Results from a Multi-site Study. *AIDS and Behavior* 2013 Oct;17 Suppl 2:156-70. *PMID: 23161210.* *PMCID: 3714328.*

Chen N, **Meyer J**, Avery A, Draine J, Flanigan T, Lincoln T, Spaulding A, Springer S, Altice F. Adherence to HIV Treatment and Care among Previously Homeless Jail Detainees. *AIDS Behav.* 2013 Oct;17(8):2654-66. doi: 10.1007/s10461-011-0080-2. *PMID: 22065234.* *PMCID: PMC3325326*

Williams C, Kim S, **Meyer J**, Spaulding A, Teixeira P, Avery A, Moore K, Altice F, Simon D, Wickersham J, Murphy-Swallow D, Ouellet L. Gender Differences in Baseline Health, Needs at Release, and Predictors of Care Engagement among HIV-positive Clients Leaving Jail. *AIDS and Behavior* 2013 Oct;17 Suppl 2:195-202 *PMID: 23314801*
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Qin L, Price C, Puglisi L, Rutledge R, Madden L, **Meyer J**. Women's Decision-Making about PrEP for HIV Prevention in Drug Treatment Contexts. *J Int Assoc Provid AIDS Care*. 2020;19:2325958219900091. PMID: 31918605

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Manuscripts in Submission

Muthulingam D, Clemons T, Marcus R, **Meyer J**, Yonkers K. Pregnancy as Peril for Women with Addiction: Public Health, not Punishment. *AJPH: Under review*.

Rich K, Loeliger K, Chandra D, Muthulingam D, Althoff K, Gallagher C, **Meyer J**, Altice F. Elevated Mortality Risk after Release from Prisons and Jails: Implications for Targeting At-Risk Persons. *JAIDS: Under review*.

Rich K, Eysenbach L, Joslin S, Marcus R, Brothers S, **Meyer J**, Altice F. Evaluation of a "One-Stop-Shop": An innovative treatment and prevention program that integrates harm reduction and primary care services for people who inject drugs. *J Urban Health: Under review*.

Barber D, Kempner T, Pasalar S, Borne D, Eysenbach L, Quinn E, Rajabiun S, **Meyer J**. Effects of a Multisite Medical Home Intervention on Emergency Department Use among Homeless People with HIV. *J Healthcare Poor and Underserved: Under review*.

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Culbert G, Azbel L, Bachireddy C, Kurmanalieva A, Rhodes T, Altice F, **Meyer J**. A Qualitative Study of Diphenhydramine Injecting in Kyrgyz Prisons and Implications for Harm Reduction Efforts. *To submit to Harm Reduction J*.

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Book Chapters

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Other Media Communications

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“Safe” Sex with IUDs Is Not Safe Enough. Ms. Magazine Online. Posted December 8, 2014. <http://msmagazine.com/blog/2014/12/08/safe-sex-with-iuds-is-not-safe-enough/>

Women’s Health Behind Bars- Not so Black and Orange. Huffington Post. Posted December 18, 2014. http://www.huffingtonpost.com/jaimie-meyer/womens-health-behind-bars-not-so-black-and-orange_b_6308892.html

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Caring for the dying, behind bars. Boston Globe. Posted online May 21, 2015; in print May 24, 2015. <http://www.bostonglobe.com/opinion/2015/05/21/caring-for-dying-inmates/WNispkkTY8Mol6zYP8tSRO/story.html>

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Invited Conference Presentations & Published Abstracts

Adherence to HIV treatment and care among previously homeless jail detainees. IAPAC HIV Treatment and Adherence Conference. Miami, Florida. May 2011.

Emergency Department Use by Released Prisoners with HIV. Connecticut Infectious Disease Society Annual Symposium. Orange, Connecticut. May 2011.

Effects of Intimate Partner Violence on HIV and Substance Abuse in Released Jail Detainees. 5th Academic and Health Policy Conference on Correctional Health. Atlanta, Georgia. March 2012.

Frequent Emergency Department Use among Released Prisoners with HIV: Characterization Including a Novel Multimorbidity Index. IDWeek: Infectious Diseases Society of America Annual Meeting. San Diego, California. October 2012.

Correlates of Retention in HIV Care after Release from Jail: Results from a Multi-site Study. IDWeek: Infectious Diseases Society of America Annual Meeting. San Diego, California. October 2012.

Women Released from Jail Experience Suboptimal HIV Treatment Outcomes Compared to Men: Results from a Multi-Center Study. Conference on Retroviruses and Opportunistic Infections (CROI). Atlanta, Georgia. March 2013.

Women Released from Jail Experience Suboptimal HIV Treatment Outcomes Compared to Men: Results from a Multi-Center Study. Connecticut Infectious Disease Society Annual Meeting. Orange, Connecticut. May 2013.

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Longitudinal Treatment Outcomes in HIV-Infected Prisoners and Influence of Re-Incarceration. Conference on Retroviruses and Opportunistic Infections (CROI). Boston, Massachusetts. March 2014.

Longitudinal Treatment Outcomes in HIV-Infected Prisoners and Influence of Re-Incarceration. Connecticut Infectious Disease Society Annual Meeting. Orange, Connecticut. May 2014.

Gender Differences in HIV and Criminal Justice Outcomes. College on Problems in Drug Dependence (CPDD). San Juan, Puerto Rico. June 2014.

Gender Differences in HIV and Criminal Justice Outcomes. International Women's and Children's Health and Gender Working Group. San Juan, Puerto Rico. June 2014.

Violence, Substance Use, and Sexual Risk among College Women. International Women's and Children's Health and Gender Working Group. Phoenix, Arizona. June 2015.

Evidence-Based Interventions to Enhance Assessment, Treatment, and Adherence in the Chronic Hepatitis C Care Continuum. International Harm Reduction Conference. Kuala Lumpur, Malaysia. October 2015.

Beyond the Syndemic: Condom Negotiation and Use among Women Experiencing Partner Violence (Oral presentation). CDC National HIV Prevention Conference. Atlanta, Georgia. December 2015.

An Event-level Examination of Successful Condom Negotiation Strategies among College Women. International Women's and Children's Health and Gender Working Group. Palm Springs, California. June 2016.

Where rubbers meet the road: HIV risk reduction for women on probation (Oral presentation). 2017 Annual Meeting of the Society for Applied Anthropology. Santa Fe, New Mexico. April 2017.

A Mixed Methods Evaluation of HIV Risk among Women with Opioid Dependence in Ukraine. International Women's and Children's Health and Gender Working Group. Montreal, Canada. June 2017.

Assessing Receptiveness to and Eligibility for PrEP in Criminal Justice-Involved Women. International Women's and Children's Health and Gender Working Group. Montreal, Canada. June 2017.

A Mixed Methods Evaluation of HIV Risk among Women with Opioid Dependence in Ukraine. NIDA International Forum. Montreal, Canada. June 2017.

Late breaker: Predictors of Linkage to and Retention in HIV Care Following Release from Connecticut, USA Jails and Prisons. International AIDS Society (IAS) Meeting. Paris, France. July 2017.

Predictors of Linkage to and Retention in HIV Care Following Release from Connecticut, USA Jails and Prisons (Oral presentation). IDWeek: Annual Meeting of Infectious Diseases Society of America. San Diego, CA. October 2017.

The New Haven syringe services program. 2017 Connecticut Public Health Association Annual Conference. Plantsville, CT. October 2017.

Assessing Concurrent Validity of Criminogenic and Health Risk Instruments among Women on Probation in Connecticut. 11th Academic and Health Policy on Conference on Correctional Health. Houston, TX. March 2018.

From prison's gate to death's door: Survival analysis of released prisoners with HIV. 2018 Conference on Retroviruses and Opportunistic Infections (CROI). Boston, MA. March 2018.

HIV and Drug Use among Women in Prison in Azerbaijan, Kyrgyzstan and Ukraine. NIDA International. San Diego, CA. June 2018.

Methadone Maintenance Therapy Uptake, Retention, and Linkage for People who Inject Drugs Transitioning From Prison to the Community in Kyrgyzstan: Evaluation of a National Program. 22nd International AIDS Conference. Amsterdam, Netherlands. 23-27 July 2018.

HIV risk perceptions and risk reduction strategies among prisoners in Kyrgyzstan: a qualitative study. 22nd International AIDS Conference. Amsterdam, Netherlands. 23-27 July 2018.

Service needs and access to care among participants in the New Haven Syringe Services Program (SA-15). 12th National Harm Reduction Conference. New Orleans, LA. October 2018.

Oral presentation: New Haven Syringe Service Program: A model of integrated harm reduction and health care services. American Public Health Association (APHA) Annual Meeting. San Diego, California. November 2018.

PrEP Eligibility and HIV Risk Perception for Women across the Criminal Justice Continuum in Connecticut. 12th Academic and Health Policy on Conference on Correctional Health. Las Vegas, Nevada. March 2019.

Released to Die: Elevated Mortality in People with HIV after Incarceration. 2019 Conference on Retroviruses and Opportunistic Infections (CROI). Seattle, Washington. March 2019.

Impact of Trauma and Substance Abuse on HIV PrEP Outcomes among Women in Criminal Justice Systems. Symposium: "Partner Violence: Intersected with or Predictive of Substance Use and Health Problems among Women." Behaviors across Diverse Populations: Innovations in Science and Practice, APA Collaborative Perspectives on Addiction Annual Meeting. Providence, Rhode Island. April 2019.

Uniquely successful implementation of methadone treatment in a women's prison in Kyrgyzstan. 11th International Women's and Children's Health and Gender (InWomen's) Group. San Antonio, Texas. June 2019.

Diphenhydramine Injection in Kyrgyz Prisons: A Qualitative Study Of A High-Risk Behavior With Implications For Harm Reduction. 2019 NIDA International Forum. San Antonio, Texas. June 2019.

Decision-Making about HIV Prevention among Women in Drug Treatment: Is PrEP Contextually Relevant? 14th International Conference on HIV Treatment and Prevention Adherence. Miami, Florida. June 2019.

Punitive approaches to pregnant women with opioid use disorder: Impact on health care utilization, outcomes and ethical implications. CPDD 81st Annual Scientific Meeting. San Antonio, Texas. June 2019.

How does methadone treatment travel? On the 'becoming-methadone-body' of Kyrgyzstan prisons. Harm Reduction International. Porto, Portugal. May 2019.

Effects of a Multisite Medical Home Intervention on Emergency Department Use among Unstably Housed People with Human Immunodeficiency Virus. Society for Academic Emergency Medicine (SAEM) New England Regional Meeting (NERDS). Worcester, Massachusetts. March 2019.

Preliminary Findings from a Novel PrEP Demonstration Project for Women Involved in Criminal Justice Systems and Members of their Risk Networks. 37th Annual Connecticut Infectious Disease Society Conference. New Haven, Connecticut. May 2019.

Decision-Making about HIV Prevention among Women in Drug Treatment: Is PrEP Contextually Relevant? American College of Physicians (ACP) Connecticut Chapter Scientific Meeting. Hartford, Connecticut. October 2019.

Oral presentation: Decision-Making about HIV Prevention among Women in Drug Treatment: Is PrEP Contextually Relevant? SGIM New England Regional Meeting. Boston, Massachusetts. November 2019.

Workshop presentation: Treatment of Women's Substance Use Disorders and HIV Prevention During and Following Incarceration. Association for Justice-Involved Female Organizations Conference 2019. Atlanta, Georgia. December 2019.

Oral presentation: Can an interactive aid modify decisional preference for HIV pre-exposure prophylaxis (PrEP) among women seeking domestic violence services? description of a novel collaborative program and preliminary findings. National Conference on Health and Domestic Violence (NCHDV). Chicago, Illinois. March 2020.

Oral presentation: A Novel PrEP Demonstration Project for Justice-Involved Women and Members of their Risk Networks. 13th Academic and Health Policy Conference on Correctional Health. Raleigh, North Carolina. April 2020.

Impact of Motherhood Identity on Women's Substance Use and Engagement in Treatment Across the Lifespan. International Women's and Children's Health and Gender (InWomen's) Group. Hollywood, Florida. June 2020.

Invited Lectures/Seminars

Yale School of Medicine Affiliated

"HIV 101": Yale Affiliated Hospital Program, Greenwich Hospital Internal Medicine Residency Conference. March 2011.

"Clostridium Difficile": Yale Affiliated Hospital Program, Greenwich Hospital Internal Medicine Residency Conference. April 2013.

"Community-Acquired Infections." Student Microbiology Workshop, Yale University School of Medicine. September 2013.

"Hospital Associated Infections." Student Microbiology Workshop, Yale University School of Medicine. September 2014.

"Microbiology of the Central Nervous System." Student Microbiology Seminar. Yale University School of Medicine, Physician Associate Program. October 2014.

"Fever of Unknown Origin": Yale Affiliated Hospital Program, Greenwich Hospital Grand Rounds. January 2015.

"HIV and Women": Yale Affiliated Hospital Program, Greenwich Hospital Grand Rounds. May 2015.

"Clinical Care of HIV+ Women." Nathan Smith Clinic Lecture Series. May 2015.

"Implicit Bias and incarceration." Yale School of Medicine Pre-clinical clerkship seminar. September 2015.

Incarceration and Health Disparities." US Health and Justice course, Yale School of Medicine, Physician Assistant Program, and Yale School of Nursing. November 2015.

"Fever of Unknown Origin": Yale Affiliated Hospital Program, Danbury Hospital Teaching Rounds. January 2016.

"Management of Substance Use Disorders." Yale Affiliated Hospital Program, Greenwich Hospital Teaching Rounds. February 2016.

"Management of Substance Use Disorders." Yale Affiliated Hospital Program, Bridgeport Hospital Resident Teaching Rounds. June 2016.

"Clostridium Difficile Infection." Yale Affiliated Hospital Program, Norwalk Hospital Resident Conference. October 2016.

"Management of Substance Use Disorders." Yale Affiliated Hospital Program, Bridgeport Hospital Resident Teaching Rounds. November 2016.

“Mass Incarceration: Film and Panel Discussion.” Yale Department of Psychiatry, Psychiatry and Film Series. December 2016.

“HIV 101.” Yale Affiliated Hospital Program, Bridgeport Hospital Noon Conference. May 2017.

“HIV in the Criminal Justice System.” Yale Affiliated Hospital Program, Danbury Hospital Noon Conference. June 2017.

“Management of Substance Use Disorders.” Yale Affiliated Hospital Program, Norwalk Hospital Teaching Rounds. October 2017.

“Management of Substance Use Disorders.” Yale Affiliated Hospital Program, Bridgeport Hospital Noon Conference. March 2018.

“HIV prevention for justice-involved women.” Addiction Medicine Grand Rounds. May 2018.

“Diagnosis and Management of Urinary Tract Infections.” Yale Affiliated Hospital Program, Norwalk Hospital Teaching Rounds. November 2018.

“Bacteremia.” Yale Medicine Residency Program Resident Noon Conference. March 2019.

“Clostridium Difficile.” Yale Affiliated Hospital Program, Norwalk Hospital Teaching Rounds. October 2019.

Invited small group facilitator. “Taking a Substance Use History.” Session delivered as a required component of the Interprofessional Longitudinal Clinical Experience (ILCE) course delivered to all first-year Yale medical, nursing and PA students. Yale School of Nursing. November 1, 2019.

Non-Yale School of Medicine Affiliated

“HIV and Addiction”: Rhode Island Chapter of the Association of Nurses in AIDS Care, 7th Annual Education Day. September 2010.

“Incarceration as Opportunity: Prisoner Health and Health Interventions”: Yale College Class of 1960 Criminal Justice Symposium. May 2013.

“Trends and obstacles associated with healthcare for incarcerated or recently incarcerated women.” Arthur Liman Public Interest Program, Yale Law School. October 2015.

“Incarceration as Opportunity: Prisoner Health and Health Interventions.” New England AIDS Education Training Center, Dartmouth Geisel School of Medicine. April 2016.

“Trends in HIV Prevention: Integration of Biomedical and Behavioral Approaches.” Connecticut Advanced Practice Registered Nurse Society Annual Meeting. April 2016.

“Topics in Infectious Diseases.” Evolutionary Medicine course, Frank H. Netter School of Medicine, Quinnipiac University. October 2016.

“Optimizing the HIV Care Continuum for People Who Use Drugs: Strategies to Address Health Disparities.” Clinical Directors Network Webinar. January 2017.

“HIV prevention for justice-involved women.” Frank H. Netter School of Medicine Faculty Seminar Series. March 2018.

Plenary: “Intersection of the HIV and Opioid Epidemics.” CCO Annual HIV and Hepatitis Symposium: Regional Workshops and Annual Update 2018. Washington, DC. April 2018.

“HIV prevention and treatment for women involved in criminal justice systems.” CT HIV/AIDS Identification and Referral task force (CHAIR), Center for Interdisciplinary Research on AIDS (CIRA). Yale School of Public Health. May 2018.

Discussant: “Research on Women who Use Drugs: Knowledge and Implementation Gaps and A Proposed Research Agenda.” Workshop on Women in Addictions Ten Years On, College of Problems on Drug Dependence. San Diego, CA. June 2018.

“PrEP Awareness among Special Populations of Women and People who Use Drugs.” Clinical Directors Network Webinar. October 2018.

Panelist and Expert Witness: “An Analysis of Women’s Health, Personal Dignity and Sexual Abuse in the US Prison System.” US Commission on Civil Rights, Briefing on Women in Prison: Seeking Justice Behind Bars. Washington, DC. February 2019.

Faculty: “A Grassroots Approach to Weed out HIV and HCV in Special OUD Populations” (Live Webcast). CME Outfitters. September 2019.

“PrEP in Special Populations: PrEP in People who Inject Drugs.” New England AIDS Education Training Center Annual Primary Care Conference. Hartford, CT. March 2020.