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6 **IN THE UNITED STATES DISTRICT COURT**
7 **FOR THE DISTRICT OF ARIZONA**
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9 Victor Antonio Parsons, et al.,

10 Plaintiffs,

11 v.

12 Charles L Ryan, et al.,

13 Defendants.
14

No. CV-12-00601-PHX-ROS

ORDER

15 Defendants have moved for relief from two of the Court's earlier Orders under
16 Federal Rule of Civil Procedure 60(b)(6) and to stay several other Orders. (Docs. 2931,
17 2932, 2971). The Court will deny these motions. The Court will also grant the pending
18 motion to set a status hearing (Doc. 2999) and set a hearing for December 6, 2018, at
19 1:30 p.m.

20 **BACKGROUND**

21 **A. The Stipulation**

22 In October 2014, after two-and-a-half years of litigation, the parties signed a
23 Stipulation to settle this matter and jointly moved to refer the remainder of this case to
24 Judge Duncan. (Docs. 1185, 1186). After receiving nearly 250 comments from class
25 members, Judge Duncan conducted a Federal Rule of Civil Procedure 23(e) Fairness
26 Hearing in February 2015 and granted the parties' Motion to Approve Stipulation.
27 (Docs. 1208-1463).

28 Under the Stipulation, Defendants agreed to improve the healthcare provided to

1 inmates. In particular, Defendants agreed that over the course of three years, they would
2 reach a minimum level of compliance regarding 103 healthcare performance measures
3 (PMs) based on national standards for correctional healthcare. Defendants were required
4 to meet or exceed a 75% compliance score during the first year, 80% during the second
5 year, and 85% thereafter. Defendants further agreed to monitor and report on their
6 progress. The Arizona Department of Corrections' pre-existing Monitoring Bureau was
7 tasked with monitoring Defendants' efforts on each PM. Because the Stipulation only
8 contained high-level definitions for each PM, the Monitoring Bureau drafted a
9 "Monitoring Guide" for its employees to use.

10 As set out in the Monitoring Guide, every month, for each PM, the Monitoring
11 Bureau reviews a certain number of healthcare records and, applying the standards
12 applicable to that PM, determines whether each record is compliant. As of February
13 2017, if 85% or more of the records reviewed are compliant with the criteria in the
14 Monitoring Guide, ADC is compliant with that PM for that prison for that month. After
15 ADC generates a compliance number, it engages in an informal rebuttal process with its
16 private contractor, Corizon Health, Inc. (Corizon). During that informal process, Corizon
17 has the opportunity to offer additional information or context to explain why a particular
18 PM is actually compliant. At the conclusion of that rebuttal process, ADC enters the
19 compliance information into a spreadsheet called the CGAR report. This CGAR report,
20 generated by the Monitoring Bureau, determines whether each prison facility is
21 complying with the Stipulation's PMs.

22 **B. Efforts to Compel Compliance with the Stipulation**

23 In February 2016—approximately one year after the Court approved the parties'
24 stipulation—Plaintiffs filed a motion to compel, seeking production of information they
25 believed necessary to assess Defendants' compliance with the Stipulation. (Doc. 1506).
26 In April 2016, Plaintiffs filed their first Motion to Enforce the Stipulation involving PMs
27 related to chronic care treatment, inpatient care in prison infirmaries, medication
28 administration, diagnostic testing, access to mental health care, monitoring of

1 psychotropic medications, access to non-medication treatment, inadequate suicide
2 prevention, and monitoring confinement in isolation for the mentally ill. (Docs. 1506,
3 1576). That filing resulted in the Court spending a tremendous amount of time trying to
4 ascertain why Defendants were unable to comply with the obligations they accepted
5 under the Stipulation. The Court held status conferences in April 2016 and again in May,
6 June, August, September, October, November, and December. (Docs. 1549, 1559, 1582,
7 1619, 1645, 1678, 1708, 1780, 1831). These conferences covered Defendants'
8 remediation plans for non-compliant PMs, Plaintiffs' access to Defendants' new
9 electronic medical records system, and interpretations of key terms in the Stipulation. In
10 the latter half of 2016, the Court also conducted telephonic hearings on discovery
11 disputes, scheduled a prison tour, and addressed allegations of retaliation during the
12 prison tour. (Docs. 1666, 1723, 1734).

13 In late 2016, the parties began presenting disputes for the Court to resolve about
14 how to interpret the data and to assess compliance, including disputes about how to
15 evaluate timing, e.g., whether something done within 30 days means it is done within one
16 month; how to assess compliance when care needs to be provided within a specified
17 number of days; and whether a prisoner is "seen" by a mental health care provider in a
18 group setting or in their cell. (Doc. 1673). The Court also rejected Defendants' use of
19 partial credit to assess compliance and held that if one part of a prisoner's file is deficient,
20 it cannot be counted as compliant. (Doc. 1831).

21 In 2017, the Court continued to conduct monthly status hearings, emergent
22 telephonic hearings, and evidentiary hearings. (Docs. 1895, 1933, 1964, 2029, 2061,
23 2124, 2185, 2186, 2205, 2233, 2236, 2245, 2249, 2285, 2313, 2317, 2330, 2403, 2437,
24 2456, 2474, 2526). The frequent of hearings continued in 2018. (Docs. 2560, 2559,
25 2586, 2601, 2658, 2659, 2686, 2700, 2720, 2735, 2757, 2764, 2816, 2843, 2844, 2850,
26 2854, 2860, 2879, 2880, 2882). The Court also sought clarification about the
27 methodologies used to assess compliance and, therefore, held an evidentiary hearing
28 beginning in March 2017 on how data is collected. (Docs. 1964, 1980, 1996).

1 Throughout this time, the motion practice continued apace with the hearings. (Docs.
2 1583, 1673, 1709, 1727, 1745, 1754, 1762, 1833, 1862, 1907, 1910, 1917, 1918, 1951,
3 2030, 2117, 2118, 2119, 2147, 2179, 2225, 2235, 2353, 2382, 2483, 2504, 2551, 2604,
4 2620, 2644, 2789, 2791, 2810, 2833, 2856). In April 2017, the Court informed the
5 parties that it was considering the appointment of a Special Master under Federal Rule of
6 Civil Procedure 53. (Doc. 2029). The Court contemplated that an expert would serve in
7 multiple capacities to oversee the monitoring program and to provide guidance to the
8 Court on what remedial measures would be most effective. Plaintiffs argued that the
9 Court should instead appoint an expert under Federal Rule of Evidence 706. (Docs.
10 2043, 2083). Defendants argued that such an appointment would violate the Stipulation
11 and that “there is no question that this Court is best suited to oversee the monitoring and
12 enforcement of the Stipulation.” (Doc. 2067 at 4:8-9). The Court ordered the parties to
13 meet-and-confer about possible experts for appointment under Rule 706 and then submit
14 names for the Court’s consideration.

15 At the conclusion of this process, the Court appointed Mr. Millar of The Advisory
16 Group as an expert in October 2017. (Docs. 2133, 2236, 2249, 2437, 2483). The Court
17 recognized that the failure to meaningfully comply with the Stipulation was ultimately a
18 matter of staffing, but the Stipulation precluded the Court from ordering that Defendants
19 hire additional staff. Thus, the Court directed Mr. Millar to identify where Defendants
20 failed to meet their own established staffing levels and to identify the underlying cause of
21 that failure. Mr. Millar submitted his final report in June 2018. (Doc. 2880). The Court
22 thereafter ordered Defendants to “file their plan to implement the recommendations
23 contained in the final Advisory Group report.” (Doc. 2904). Defendants submitted a
24 plan and Plaintiffs have challenged that plan as insufficient. (Doc. 2948).

25 **C. Contempt Proceedings Due to Pervasive Noncompliance with the**
26 **Stipulation and Errors in the Monitoring Process**

27 At the June 2017 Status Hearing, after Defendants’ continued failure to ensure
28 compliance with critical PMs related to delivery of medication, seeing a healthcare

1 provider for routine illness or a specialist, ensuring compliance with emergency room
2 discharge recommendations, acting upon abnormal diagnostic testing, and receiving
3 urgent specialty diagnostic testing, the Court informed the parties that, for certain PMs at
4 certain prisons, “every single failure to comply . . . will result in an order to show cause
5 hearing as to why a \$1,000.00 fine should not be imposed.” (Doc. 2124). Following
6 briefing and a hearing, the Court entered findings of fact, conclusions of law, and held
7 Defendants in contempt for December 2017, January 2018, and February 2018 in the
8 amount of \$1,445,000. (Doc. 2898). Although some of the PM/locations captured by the
9 contempt proceedings demonstrated improvement, that improvement was neither
10 pervasive nor sustained. (Doc. 2095 at 2).

11 In prior orders, the Court concluded additional expert assistance was needed. In
12 particular, such assistance was needed regarding the monitoring process and for the PMs
13 Defendants repeatedly failed to satisfy. On the monitoring process, evidence—from
14 whistleblower witnesses and internal documents—established that ADC manipulated the
15 monitoring process so that the CGAR Reports showed compliance even when the goals
16 of providing sufficient and appropriate care had not been met. As detailed in the Court’s
17 Order, “the credible evidence before the Court indicates that [Corizon’s electronic
18 medical record system] allows providers to create dishonest and untraceable entries in an
19 inmate’s medical record, that Corizon has manipulated categories of records to comply
20 with the Stipulation’s time frames, and that Corizon has not ensured the integrity of its
21 electronic medical records system.” (Doc. 2900 at 8).

22 Other evidence showed that the Monitoring Bureau reviewed a fluctuating number
23 of records each month and the number of records reviewed may be manipulated to create
24 compliance. Internal emails led to different concerns. One email showed that a member
25 of the monitoring team raised concerns about a specific inmate but did not include him in
26 the CGARs. It seems likely the monitoring team only knew about that particular
27 inmate’s record because it was being reviewed in preparing the CGARs and the fact that
28 it was not included raises a concern that inmate records are artificially excluded from

1 CGARs. A different email showed that a different member of the monitoring team raised
2 concerns about a different inmate, but then counted his case as compliant for the CGARs.
3 (Doc. 2900 at 8-9). Further evidence showed that “Corizon [had] re-categorized a
4 category of care in a way that allowed them to take additional time to provide the care
5 and that did not permit an accurate assessment of whether or not there had been
6 compliance with the relevant performance measure.” (Doc. 2900 at 11).

7 This evidence, combined with Defendants’ “inexplicably inconsistent filings” and
8 inability to explain the Monitoring Guide’s procedures, resulted in the Court concluding
9 that expert assistance is necessary to review Defendants’ monitoring process and confirm
10 that it produces accurate, valid, and reliable information about compliance with the
11 Stipulation. (Doc. 2900).

12 Expert assistance was also necessary because there is a set of PM/locations where
13 the CGAR reports produced by Defendants show long-term non-compliance yet
14 Defendants’ remediation plans had stalled. As detailed in the Court’s Order, for some
15 PM/locations, Defendants had stopped submitting new ideas and have proposed to
16 “continue to utilize the same corrective action plan as set forth in the [previous] update.”
17 (Doc. 2874-1 at 79-80). For other PMs/locations, “Defendants have not even attempted a
18 substantive remedial measure and have simply informed the Court that a new hire will
19 solve the problem” even though the PM/location was already non-compliant when that
20 position had been filled. (Doc. 2905 at 1-2).

21 The Court ordered the parties to submit names for an outside expert who could
22 develop methods, policies, and procedures for Defendants in the performance
23 measures/locations where Defendants have demonstrated persistent non-compliance.
24 (Doc. 2905 at 3).

25 ANALYSIS

26 Since this matter was reassigned, the parties have filed multiple motions and other
27 documents required by Judge Duncan. Defendants seek relief under Rule 60 from two of
28 Judge Duncan’s June 22, 2018 Orders as well as a stay of other orders pending appeal.

1 As for Plaintiffs, they request the Court hold a status hearing.

2 **A. Motions for Relief Under Rule 60 and Stay Pending Appeal**

3 Defendants seek relief from the Order denying their Motion to Terminate
4 Monitoring and directing the retention of an expert to evaluate the monitoring process at
5 Defendants' expense and the Order directing Defendants to reinstall Health Needs
6 Request boxes. (Docs. 2931, 2931). Rule 60(b)(6) permits a court to relieve a party from
7 an order "for any other reason that justifies relief" and is used only "sparingly as an
8 equitable remedy to prevent manifest injustice." *U.S. v. Alpine Land & Reservoir Co.*,
9 984 F.2d 1047, 1049 (9th Cir. 1993). This procedural mechanism is reserved for
10 "extraordinary circumstances" such as a case dismissed because of an attorney's gross
11 negligence. *See, e.g., Lal v. California*, 610 F.3d 518, 524 (9th Cir. 2010). Thus, the
12 moving party must be "able to show both injury and circumstances beyond its control
13 prevented timely action to protect its interest." *Gardner v. Martino*, 563 F.3d 981, 991
14 (9th Cir. 2009). Here, Defendants' motions for relief rely entirely on arguments that
15 were presented, considered, and rejected. (Docs. 2931, 2932). Rule 60(b)(6) is not a
16 substitute for a motion for reconsideration or an appeal. Similarly, reassignment of this
17 matter with the Court is not an opportunity for a second bite at the apple.

18 Further, the Court will not grant a stay of the Orders entered on June 23, 2018.
19 Whether to grant a stay pending appeal is guided by an analysis of four factors set forth
20 by the Supreme Court in *Nken v. Holder*, 556 U.S. 418, 434 (2009): "(1) whether the stay
21 applicant has made a strong showing that he is likely to succeed on the merits; (2)
22 whether the applicant will be irreparably injured absent a stay; (3) whether issuance of
23 the stay will substantially injure the other parties interested in the proceeding; and (4)
24 where the public interest lies." *Lair v. Bullock*, 697 F.3d 1200, 1203 (9th Cir. 2012)
25 (quoting *Nken*, 556 U.S. at 434 (citing *Hilton v. Braunskill*, 481 U.S. 770, 776 (1987))).

26 Defendants fail to meet a single factor. The Stipulation empowers the Court to
27 employ "any remedy provided by law" to compel Defendants to comply with the
28 Stipulation and all of the Court's recent decisions—contempt sanctions, solicitation of an

1 expert, and restoring HNR boxes—are squarely within that authority. More than that,
2 Defendants’ interminable noncompliance—which persists to this day—forecloses a
3 finding that a stay of the Court’s June 22, 2018 Orders is appropriate because of the
4 continued harm the class experiences. Defendants’ Motion to Stay will be denied. (Doc.
5 2971).

6 **B. Appointment of Expert**

7 In light of the costs incurred and the current procedural posture, the Court has
8 concluded that, instead of two separate experts, one consolidated expert is a more
9 appropriate path forward. The Court will conduct a status hearing with the parties to
10 discuss whether Marc Stern, M.D., should be appointed as the Court’s Rule 706 expert.
11 A copy of Dr. Stern’s curriculum vitae is attached to this Order.

12 **C. Cost of this Litigation and Path Forward**

13 Unsurprisingly, this case has cost the State a lot of money. Under the Stipulation,
14 Defendants agreed to pay Plaintiffs up to \$250,000 per calendar year for fees and costs
15 for “work reasonably performed” under the Stipulation. (Doc. 1185, ¶ 44). Through
16 June 30, 2017, Defendants had paid Plaintiffs \$645,617.58 pursuant to this provision.
17 (Doc. 2402-1).

18 In November 2017, Plaintiffs informed the Court that Defendants had paid their
19 outside counsel \$1,744,543.45 between February 2015 and June 2017. During the first
20 half of 2017, outside counsel invoiced over \$100,000/month. (Doc. 2434). Based on the
21 docket, the Court assumes this level of monthly invoicing continued throughout the latter
22 half of 2017 and into 2018. In June 2018, after Plaintiffs submitted Court-directed
23 revisions, the Court granted Plaintiffs’ Motion for Attorneys’ Fees and Costs for the
24 amount of \$1,259,991.98 for work through June 30, 2017. (Doc. 2902).

25 This means that, through June 30, 2017, the State had spent over \$3.6 million in
26 litigating this matter. Based on billing rates and Plaintiffs’ recent submission, a safe
27 assumption is that close to \$2 million more has been spent since then. Thus, a
28 conservative estimate is that the State has spent well over \$5.5 million in attorneys’ fees

1 with most of that being spent in the last three years.

2 While Defendants are free to utilize the State's resources as they wish, at some
3 point their continued insistence that taxpayer money is better spent on assiduously
4 defending their noncompliance with the Stipulation than on efforts towards remedying
5 the fundamental underlying cause of that noncompliance is likely ill-conceived and ill-
6 advised. The Court is disinclined to grinding down the well-worn path of noncompliance
7 and failed remedial measures. It has been four years since the parties adopted the
8 Stipulation and over six years since this litigation commenced. Defendants' actions raise
9 the distinct miserable possibility that the Stipulation will have to be set aside and the
10 parties instructed to litigate again. *See Delay v. Gordon*, 475 F.3d 1039, 1044 n.11
11 (2007) (noting "[r]epudiation of a settlement agreement . . . may justify vacating the
12 court's prior dismissal order [and] return[ing] the parties to the status quo ante"). The
13 parties, but especially Defendants, should carefully contemplate whether they are willing
14 to engage in the good-faith efforts needed to bring Defendants into compliance with the
15 Stipulation.

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2 Accordingly,

3 **IT IS ORDERED denying** Defendants' Motion for Relief from Court Order Re:
4 Termination of Monitoring (Doc. 2931).

5 **IT IS FURTHER ORDERED denying** Defendants' Motion for Relief from
6 Court Order Re: HNR Boxes (Doc. 2932).

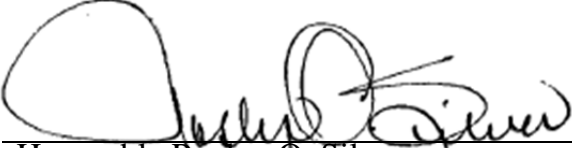
7 **IT IS FURTHER ORDERED denying** Defendants' to Stay (Doc. 2971).

8 **IT IS FURTHER ORDERED granting** Plaintiffs' Motion for Status Hearing.
9 (Doc. 2999). A hearing is set for **December 6, 2018, at 1:30 p.m.**

10 **IT IS FURTHER ORDERED granting** Defendants' Motion to Modify Order
11 Doc. 2958 (Doc. 3046). Defendants' monthly compliance reports will be due on the 21st
12 day of each month or on the business day thereafter.

13 **IT IS FURTHER ORDERED denying** Michael Cohn's pro se Motion for
14 Investigation of Fraudulent Schemes (Doc. 3044).

15 Dated this 15th day of November, 2018.

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19 Honorable Roslyn O. Silver
20 Senior United States District Judge
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SUMMARY OF EXPERIENCE

CORRECTIONAL HEALTH CARE CONSULTANT

2009 – PRESENT

Consultant in the design, management, and operation of health services in a correctional setting to assist in evaluating, monitoring, or providing evidence-based, cost-effective care consistent with constitutional mandates of quality.

Current activities include:

- Advisor to various jails in Washington State on patient safety, health systems, and related health care and custody staff activities and operations, and RFP and contract generation (2014 -)
- Consultant to Human Rights Watch to evaluate medical care of immigrants in Homeland Security detention (2016 -)
- Consultant to the US Department of Justice, Civil Rights Division, Special Litigation Section. Providing investigative support and expert medical services pursuant to complaints regarding care delivered in any US jail, prison, or detention facility. (2010 -) (no current open cases)
- Consultant to Broward County Sheriff to help develop and evaluate responses to a request for proposals (2017 -)
- Physician prescriber/trainer for administration of naloxone by law enforcement officers for the Olympia, Tumwater, Lacey, and Evergreen College Police Departments (2017 -)
- Consultant to the Civil Rights Enforcement Section, Office of the Attorney General of California, under SB 29, to review the healthcare-related conditions of confinement of detainees confined by Immigration and Customs Enforcement in California facilities (2017 -)

Previous activities include:

- Member of monitoring team (medical expert) pursuant to Consent Agreement between US Department of Justice and Miami-Dade County (Unites States of America v Miami-Dade County, *et al.*) regarding, *entre outre*, unconstitutional medical care. (2013 - 2016)
- Jointly appointed Consultant to the parties in Flynn v Walker (formerly Flynn v Doyle), a class action lawsuit before the US Federal District Court (Eastern District of Wisconsin) regarding Eighth Amendment violations of the health care provided to women at the Taycheedah Correctional Institute. Responsible for monitoring compliance with the medical component of the settlement. (2010 - 2015)
- Consultant on “Drug-related Death after Prison Release,” a research grant continuing work with Dr. Ingrid Binswanger, University of Colorado, Denver, examining the causes of, and methods of reducing deaths after release from prison to the community. National Institutes of Health Grant R21 DA031041-01. (2011 - 2016)
- Consultant to the US Department of Homeland Security, Office for Civil Rights and Civil Liberties. Providing investigative support and expert medical services pursuant to complaints regarding care received by immigration detainees in the custody of U.S. Immigration and Customs Enforcement. (2009 - 2014)
- Special Master for the US Federal District Court (District of Idaho) in Balla v Idaho State Board of Correction, *et al.*, a class action lawsuit alleging Eighth Amendment violations in provision of health care at the Idaho State Correctional Institution. (2011 - 2012)
- Facilitator/Consultant to the US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, providing assistance and input for the development of the first National Survey of Prisoner Health. (2010-2011)
- Project lead and primary author of National Institute of Corrections’ project entitled “Correctional Health Care Executive Curriculum Development,” in collaboration with National Commission on Correctional Health Care. NIC commissioned this curriculum for its use to train executive leaders from jails and prisons across the nation to better manage the health care missions of their facilities. Cooperative Agreement 11AD11GK18, US Department of Justice, National Institute of Corrections. (2011 - 2015)
- Co-teacher, with Jaye Anno, Ph.D., for the National Commission on Correctional Health Care, of the Commission’s standing course, *An In-Depth Look at NCCHC’s 2008 Standards for Health Services in Prisons and Jails* taught at its national meetings. (2010 - 2013)

- Contributor to 2014 Editions of Standards for Health Services in Jails and Standards for Health Services in Prisons, National Commission on Correctional Health Care. (2013)
- Consultant to the California Department of Corrections and Rehabilitation court-appointed Receiver for medical operations. Projects included:
 - Assessing the Receiver's progress in completing its goal of bringing medical care delivered in the Department to a constitutionally mandated level. (2009)
 - Providing physician leadership to the Telemedicine Program Manager tasked with improving and expanding the statewide use of telemedicine. (2009)
- Conceived, co-designed, led, and instructed in American College of Correctional Physicians and National Commission on Correctional Health Care's Medical Directors Boot Camp (now called Leadership Institute), a national training program for new (Track "101") and more experienced (Track "201") prison and jail medical directors. (2009 - 2012)
- Participated as a member of a nine-person Delphi expert consensus panel convened by Rand Corporation to create a set of correctional health care quality standards. (2009)
- Convened a coalition of jails, Federally Qualified Health Centers, and community mental health centers in ten counties in Washington State to apply for a federal grant to create an electronic network among the participants that will share prescription information for the correctional population as they move among these three venues. (2009 - 2010)
- Participated as a clinical expert in comprehensive assessment of Michigan Department of Corrections as part of a team from the National Commission on Correctional Health Care. (2007)
- Provided consultation to Correctional Medical Services, Inc., St. Louis (now Corizon), on issues related to development of an electronic health record. (2001)
- Reviewed cases of possible professional misconduct for the Office of Professional Medical Conduct of the New York State Department of Health. (1999 – 2001)
- Advised Deputy Commissioner, Indiana State Board of Health, on developing plan to reduce morbidity from chronic diseases using available databases. (1992)
- Provided consultation to Division of General Medicine, University of Nevada at Reno, to help develop a new clinical practice site combining a faculty practice and a supervised resident clinic. (1991)

OLYMPIA FREE CLINIC, OLYMPIA, WASHINGTON

2017 - PRESENT

Volunteer practitioner providing episodic care at a neighborhood clinic which provides free care to individuals without health insurance until they can find a permanent medical home

OLYMPIA UNION GOSPEL MISSION CLINIC, OLYMPIA, WASHINGTON

2009 – 2014

Volunteer practitioner providing primary care at a neighborhood clinic which provides free care to individuals without health insurance until they can find a permanent medical home; my own patient panel within the practice focuses on individuals recently released jail and prison.

WASHINGTON STATE DEPARTMENT OF CORRECTIONS

2002 – 2008

Assistant Secretary for Health Services/Health Services Director, 2005 – 2008

Associate Deputy Secretary for Health Care, 2002 – 2005

Responsible for the medical, mental health, chemical dependency (transiently), and dental care of 15,000 offenders in total confinement. Oversaw an annual operating budget of \$110 million and 700 health care staff.

- As the first incumbent ever in this position, ushered the health services division from an operation of 12 staff in headquarters, providing only consultative services to the Department, to an operation with direct authority and responsibility for all departmental health care staff and budget. As part of new organizational structure, created and filled statewide positions of Directors of Nursing, Medicine, Dental, Behavioral Health, Mental Health, Psychiatry, Pharmacy, Operations, and Utilization Management.
- Significantly changed the culture of the practice of correctional health care and the morale of staff by a variety of structural and functional changes, including: ensuring that high ethical standards and excellence in clinical practice were of primordial importance during hiring of professional and supervisory staff; supporting disciplining or career counseling of existing staff where appropriate; implementing an organizational structure such that patient care

decisions were under the final direct authority of a clinician and were designed to ensure that patient needs were met, while respecting and operating within the confines of a custodial system.

- Improved quality of care by centralizing and standardizing health care operations, including: authoring a new Offender Health Plan defining patient benefits based on the Eighth Amendment, case law, and evidence-based medicine; implementing a novel system of utilization management in medical, dental, and mental health, using the medical staffs as real-time peer reviewers; developing a pharmacy procedures manual and creating a Pharmacy and Therapeutics Committee; achieving initial American Correctional Association accreditation for 13 facilities (all with almost perfect scores on first audit); migrating the eight individual pharmacy databases to a single central database.
- Blunted the growth in health care spending without compromising quality of care by a number of interventions, including: better coordination and centralization of contracting with external vendors, including new statewide contracts for hospitalization, laboratory, drug purchasing, radiology, physician recruitment, and agency nursing; implementing a statewide formulary; issuing quarterly operational reports at the state and facility levels.
- Piloted the following projects: direct issuance of over-the-counter medications on demand through inmates stores (commissary), obviating the need for a practitioner visit and prescription; computerized practitioner order entry (CPOE); pill splitting; ER telemedicine.
- Oversaw the health services team that participated variously in pre-design, design, or build phases of five capital projects to build complete new health units.

NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES

2001 – 2002

Regional Medical Director, Northeast Region, 2001 – 2002

Responsible for clinical oversight of medical services for 14,000 offenders in 14 prisons, including one (already) under court monitoring.

- Oversaw contract with vendor to manage 60-bed regional infirmary and hospice.
- Coordinated activities among the Regional Medical Unit outpatient clinic, the Albany Medical College, and the 13 feeder prisons to provide most of the specialty care for the region.
- Worked with contracting specialists and Emergency Departments to improve access and decrease medical out-trips by increasing the proportion of scheduled and emergency services provided by telemedicine.
- Provided training, advice, and counseling to practitioners and facility health administrators in the region to improve the quality of care delivered.

CORRECTIONAL MEDICAL SERVICES, INC. (now CORIZON)

2000 – 2001

Regional Medical Director, New York Region, 2000 – 2001

Responsible for clinical management of managed care contract with New York State Department of Correctional Services to provide utilization management services for the northeast and northern regions of New York State and supervision of the 60-bed regional infirmary and hospice.

- Migrated the utilization approval function from one of an anonymous rule-based “black box” to a collaborative evidence-based decision making process between the vendor and front-line clinicians.

MERCY INTERNAL MEDICINE, ALBANY, NEW YORK

1999 – 2000

Neighborhood three-physician internal medicine group practice.

Primary Care Physician, 1999 – 2000 (6 months)

Provided direct primary care to a panel of community patients during a period of staff shortage.

ALBANY COUNTY CORRECTIONAL FACILITY, ALBANY, NEW YORK

1998 – 1999

Acting Facility Medical Director, 1998 – 1999

Directed the medical staff of an 800 bed jail and provided direct patient care following the sudden loss of the Medical Director, pending hiring of a permanent replacement. Coordinated care of jail patients in local hospitals. Provided consultation to the Superintendent on improvements to operation and staffing of medical unit and need for privatization.

VETERANS ADMINISTRATION MEDICAL CENTER, ALBANY, NY

1992 – 1998

Assistant Chief, Medical Service, 1995 – 1998Chief, Section of General Internal Medicine and Emergency Services, 1992 – 1998

Responsible for operation of the general internal medicine clinics and the Emergency Department.

- Designed and implemented an organizational and physical plant makeover of the general medicine ambulatory care clinic from an episodic-care driven model with practitioners functioning independently supported by minimal nursing involvement, to a continuity-of-care model with integrated physician/mid-level practitioner/registered nurse/licensed practice nurse/practice manager teams.
- Led the design and opening of a new Emergency Department.
- As the VA Section Chief of Albany Medical College's Division of General Internal Medicine, coordinated academic activities of the Division at the VA, including oversight of, and direct teaching in, ambulatory care and inpatient internal medicine rotations for medical students, residents, and fellows. Incorporated medical residents as part of the general internal medicine clinics. Awarded \$786,000 Veterans Administration grant ("PRIME I") over four years for development and operation of educational programs for medicine residents and students in allied health professions (management, pharmacy, social work, physician extenders) wishing to study primary care delivery.

ERIE COUNTY HEALTH DEPARTMENT, BUFFALO, NY**1988 – 1990**Director of Sexually Transmitted Diseases (STD) Services, 1989 – 1990Staff Physician, STD Clinic, 1988 – 1989Staff Physician, Lackawanna Community Health Center, 1988 – 1990

Provided leadership and patient care services in the evaluation and treatment of STDs. Successfully reorganized the county's STD services which were suffering from mismanagement and were under public scrutiny. Provided direct patient care services in primary care clinic for underserved neighborhood.

UNION OCCUPATIONAL HEALTH CENTER, BUFFALO, NY**1988 – 1990**Staff Physician, 1988 – 1990

Provided direct patient care for the evaluation of occupationally-related health disorders.

VETERANS ADMINISTRATION MEDICAL CENTER, BUFFALO, NY**1985 – 1990**Chief Outpatient Medical Section and Primary Care Clinic, 1986 – 1988VA Section Head, Division of General Internal Medicine, University of Buffalo, 1986 – 1988

- Developed and implemented a major restructuring of the general medicine ambulatory care clinic to reduce fragmentation of care by introduction of a continuity-of-care model with a physician/nurse team approach.

Medical Director, Anticoagulation Clinic 1986 – 1990Staff Physician, Emergency Department, 1985 – 1986**FACULTY APPOINTMENTS**

2007 – present	Affiliate Assistant Professor, Department of Health Services, School of Public Health, University of Washington
1999 – present	Clinical Professor, Fellowship in Applied Public Health (previously Volunteer Faculty, Preventive Medicine Residency), University at Albany School of Public Health
1996 – 2002	Volunteer Faculty, Office of the Dean of Students, University at Albany
1992 – 2002	Associate Clinical/Associate/Assistant Professor of Medicine, Albany Medical College
1993 – 1997	Clinical Associate Faculty, Graduate Program in Nursing, Sage Graduate School
1990 – 1992	Instructor of Medicine, Indiana University
1985 – 1990	Clinical Assistant Professor of Medicine, University of Buffalo
1982 – 1985	Clinical Assistant Instructor of Medicine, University of Buffalo

OTHER PROFESSIONAL ACTIVITIES

2016 – present Chair, Education Committee, Academic Consortium on Criminal Justice Health

2016 – present Member (Prisoner Advocate), Washington State Institutional Review Board

2015 – present Founding Editorial Board Member, Journal for Evidence-based Practice in Correctional Health, Center for Correctional Health Networks, University of Connecticut

2013 – present Member, Conference Planning Committee – Medical/Mental Health Track, American Jail Association

2013 – present Course Faculty, “Health in Prisons” course, Bloomberg School of Public Health, Johns Hopkins University/International Committee of the Red Cross

2013 – present Member (Prisoner Advocate), Institutional Review Board, University of Washington

2011 – 2012 Member, Education Committee, National Commission on Correctional Health Care

2010 Recipient, Armond Start Award of Excellence, American College of Correctional Physicians

2010 Recipient, (First) Annual Preventive Medicine Faculty Excellence Award, New York State Preventive Medicine Residency Program, University at Albany School of Public Health/New York State Department of Health

2010 – present Member, International Advisory Board, International Journal of Prison Health

2009 – present Member, Editorial Board, Journal of Correctional Health Care

2007 – present Member, National Advisory Committee, COCHS (Community–Oriented Correctional Health Services)

2007 – present Member, Planning Committee, Annual Academic and Health Policy Conference on Correctional Health, University of Massachusetts Medical School and Commonwealth Medicine Correctional Health Program

2005 – present Member, American Correctional Association/Washington Correctional Association

2004 – 2006 Member, Board of Directors, American College of Correctional Physicians

2004 – 2006 Member, Fellow’s Advisory Committee, University of Washington Robert Wood Johnson Clinical Scholar Program

2004 Member, External Expert Panel to the Surgeon General on the “Call to Action on Correctional Health Care”

2004 Recipient, Excellence in Education Award for excellence in clinical teaching, Family Practice Residency Program, Providence St. Peter Hospital, Olympia, Washington

2003 – present Faculty Instructor, Critical Appraisal of the Literature Course, Family Practice Residency Program, Providence St. Peter Hospital, Olympia, Washington

2001 – present Chair/Co-Chair/Member, Education Committee, American College of Correctional Physicians

2000 – present Member, American College of Correctional Physicians

1999 – present Faculty Instructor, Critical Appraisal of the Literature Course, Preventive Medicine Residency Program, New York State Department of Health/University at Albany School of Public Health

1999 Co–Chairperson, Education Subcommittee, Workshop Submission Review Committee, Annual Meeting, Society of General Internal Medicine

1997 – 1998 Northeast US Representative, National Association of VA Ambulatory Managers

1996 – 2002 Faculty Mentor, Journal Club, Internal Medicine Residency Program, Albany Medical College

1996 – 2002 Faculty Advisor and Medical Control, 5 Quad Volunteer Ambulance Service, University at Albany

1996 Recipient, Special Recognition for High Quality Workshop Presentation at Annual Meeting, Society of General Internal Medicine

1995 – 1998 Preceptor, MBA Internship, Union College

1995 Member, Quality Assurance/Patient Satisfaction Subcommittee, VA National Curriculum Development Committee for Implementation of Primary Care Practices, Veterans Administration

1994 – 1998 Member, Residency Advisory Committee, Preventive Medicine Residency, New York State Department of Health/School of Public Health, University at Albany

1993 Chairperson, Dean’s Task Force on Primary Care, Albany Medical College

1993 Member, Task Group to develop curriculum for Comprehensive Care Case Study Course for Years 1 through 4, Albany Medical College

1988 – 1989 Instructor, Teaching Effectiveness Program for New Housestaff, Graduate Medical Dental Education Consortium of Buffalo

1987 – 1990	Member, Human Studies Review Committee, School of Allied Health Professions, University of Buffalo
1987 – 1989	Chairman, Subcommittee on Hospital Management Issues and Member, Subcommittee on Teaching of Ad Hoc Committee to Plan Incoming Residents Training Week, Graduate Medical Dental Education Consortium of Buffalo
1987 – 1988	Member, Dean's Ad Hoc Committee to Reorganize "Introduction to Clinical Medicine" Course
1987	Preceptor, Nurse Practitioner Training Program, School of Nursing, University of Buffalo
1986 – 1988	Course Coordinator, Simulation Models Section of Physical Diagnosis Course, University of Buffalo
1986 – 1988	Chairman, Service Chiefs' Continuity of Care Task Force, Veterans Administration Medical Center, Buffalo, New York
1986	Recipient, Letter of Commendation, House Staff Teaching, University of Buffalo
1979 – 1980	Laboratory Teaching Assistant in Gross Anatomy, Université Libre de Bruxelles, Brussels, Belgium
1973 – 1975	Instructor and Instructor Trainer of First Aid, American National Red Cross
1972 – 1975	Chief of Service or Assistant Chief of Operations, 5 Quad Volunteer Ambulance Service, University at Albany.
1972 – 1975	Emergency Medical Technician Instructor and Course Coordinator, New York State Department of Health, Bureau of Emergency Medical Services

EDUCATION

University at Albany, College of Arts and Sciences, Albany; B.S., 1975 (Biology)

University at Albany, School of Education, Albany; AMST (Albany Math and Science Teachers) Teacher Education Program, 1975

Université Libre de Bruxelles, Faculté de Medecine, Brussels, Belgium; Candidature en Sciences Medicales, 1980

University at Buffalo, School of Medicine, Buffalo; M.D., 1982

University at Buffalo Affiliated Hospitals, Buffalo; Residency in Internal Medicine, 1985

Regenstrief Institute of Indiana University, and Richard L. Roudebush Veterans Administration Medical Center; VA/NIH Fellowship in Primary Care Medicine and Health Services Research, 1992

Indiana University, School of Health, Physical Education, and Recreation, Bloomington; M.P.H., 1992

New York Academy of Medicine, New York; Mini-fellowship Teaching Evidence-Based Medicine, 1999

CERTIFICATION

Provisional Teaching Certification for Biology, Chemistry, Physics, Grades 7–12, New York State Department of Education (expired), 1975

Diplomate, National Board of Medical Examiners, 1983

Diplomate, American Board of Internal Medicine, 1985

Fellow, American College of Physicians, 1991

License: Washington (#MD00041843, active); New York (#158327, inactive); Indiana (#01038490, inactive)

REVIEWER

2015 – present Journal for Evidence-based Practice in Correctional Health

2015 – present PLOS ONE

2001 – present Journal of Correctional Health Care

2011 – present American Journal of Public Health

2010 – present Langeloth Foundation (grants)

2001 – 2004 Journal of General Internal Medicine

1996 Abstract Committee, Health Services Research Subcommittee, Annual Meeting, Society of General Internal Medicine

1990 – 1992 Medical Care

WORKSHOPS, SEMINARS, PRESENTATIONS, INVITED LECTURES

Executive Manager Program in Correctional Health. 4-day training for custody/health care teams from jails and prisons on designing safe and efficient health care systems. National Institute for Corrections Training Facility, Aurora, Colorado, and other venues in Washington State. Periodically, 2014 – present.

Medical Ethics in Corrections. Criminal Justice 441 – Professionalism and Ethical Issues in Criminal Justice. University of Washington, Tacoma. Recurring seminar, 2012 – present

Medical Aspects of Deaths in ICE Custody. Briefing for U.S. Senate staffers, Human Rights Watch. Washington, D.C. 2018

Jails' Role in Managing the Opioid Epidemic. Panelist. Washington Association of Sheriffs and Police Chiefs Annual Conference. Spokane, Washington. 2018

Contract Prisons and Contract Health Care: What Do We Know? Behind Bars: Ethics and Human Rights in U.S. Prisons Conference. Center for Bioethics – Harvard Medical School/Human Rights Program – Harvard Law School. Boston, Massachusetts. 2017

Health Care Workers in Prisons. (With Dr. J. Wesley Boyd) Behind Bars: Ethics and Human Rights in U.S. Prisons Conference. Center for Bioethics – Harvard Medical School/Human Rights Program – Harvard Law School. Boston, Massachusetts. 2017

Prisons, Jails and Medical Ethics: Rubber, Meet Road. Grand Rounds. Touro Medical College. New York, New York. 2017

Jail Medical Doesn't Have to Keep You Up at Night – National Standards, Risks, and Remedies. Washington Association of Counties. SeaTac, Washington. 2017

Prison and Jail Health Care: What do you need to know? Grand Rounds. Providence/St. Peters Medical Center. Olympia, Washington. 2017

Prison Health Leadership Conference. 2-Day workshop. International Corrections and Prisons Association/African Correctional Services Association/Namibian Corrections Service. Omaruru, Namibia. 2016; 2018

What Would YOU Do? Navigating Medical Ethical Dilemmas. Spring Conference. National Commission on Correctional Health Care. Nashville, Tennessee. 2016

Improving Patient Safety. Spring Provider Meeting. Oregon Department of Corrections. Salem, Oregon 2016

A View from the Inside: The Challenges and Opportunities Conducting Cardiovascular Research in Jails and Prisons. Workshop on Cardiovascular Diseases in the Inmate and Released Prison Population. The National Heart, Lung, and Blood Institute. Bethesda, Maryland. 2016

Why it Matters: Advocacy and Policies to Support Health Communities after Incarceration. At the Nexus of Correctional Health and Public Health: Policies and Practice session. Panelist. American Public Health Association Annual Meeting. Chicago, Illinois. 2015

Hot Topics in Correctional Health Care. Presented with Dr. Donald Kern. American Jail Association Annual Meeting. Charlotte, North Carolina. 2015

Turning Sick Call Upside Down. Annual Conference. National Commission on Correctional Health Care. Dallas, Texas, 2015.

Diagnostic Maneuvers You May Have Missed in Nursing School. Annual Conference. National Commission on Correctional Health Care. Dallas, Texas. 2015

The Challenges of Hunger Strikes: What Should We Do? What Shouldn't We Do? Annual Conference. National Commission on Correctional Health Care. Dallas, Texas. 2015

Practical and Ethical Approaches to Managing Hunger Strikes. Annual Practitioners' Conference. Washington Department of Corrections. Tacoma, Washington. 2015

Contracting for Health Services: Should I, and if so, how? American Jail Association Annual Meeting. Dallas, Texas. 2014

Hunger Strikes: What should the Society of Correctional Physician's position be? With Allen S, May J, Ritter S. American College of Correctional Physicians (Formerly Society of Correctional Physicians) Annual Meeting. Nashville, Tennessee. 2013

Addressing Conflict between Medical and Security: an Ethics Perspective. International Corrections and Prison Association Annual Meeting, Colorado Springs, Colorado. 2013

Patient Safety and 'Right Using' Nurses. Keynote address. Annual Conference. American Correctional Health Services Association. Philadelphia, Pennsylvania. 2013

Patient Safety: Overuse, underuse, and misuse...of nurses. Keynote address. Essentials of Correctional Health Care conference. Salt Lake City, Utah. 2012

The ethics of providing healthcare to prisoners-An International Perspective. Global Health Seminar Series. Department of Global Health, University of Washington, Seattle, Washington. 2012

Recovery, Not Recidivism: Strategies for Helping People Who are Incarcerated. Panelist. NAMI Annual Meeting, Seattle, Washington, 2012

Ethics and HIV Workshop. HIV/AIDS Care in the Correctional Setting Conference, Northwest AIDS Education and Training Center. Salem, Oregon. 2011

Ethics and HIV Workshop. HIV/AIDS Care in the Correctional Setting Conference, Northwest AIDS Education and Training Center. Spokane, Washington. 2011

Patient Safety: Raising the Bar in Correctional Health Care. With Dr. Sharen Barboza. National Commission on Correctional Health Care Mid-Year Meeting, Nashville, Tennessee. 2010

Patient Safety: Raising the Bar in Correctional Health Care. American Correctional Health Services Association, Annual Meeting, Portland, Oregon. 2010

Achieving Quality Care in a Tough Economy. National Commission on Correctional Health Care Mid-Year Meeting, Nashville, Tennessee, 2010 (Co-presented with Rick Morse and Helena Kim, PharmD.)

Involuntary Psychotropic Administration: The Harper Solution. With Dr. Bruce Gage. American Correctional Health Services Association, Annual Meeting, Portland, Oregon. 2010

Evidence Based Decision Making for Non-Clinical Correctional Administrators. American Correctional Association 139th Congress, Nashville, Tennessee. 2009

Death Penalty Debate. Panelist. Seattle University School of Law, Seattle, Washington. 2009

The Patient Handoff – From Custody to the Community. Washington Free Clinic Association, Annual Meeting, Olympia, Washington. Lacey, Washington. 2009

Balancing Patient Advocacy with Fiscal Restraint and Patient Litigation. National Commission on Correctional Health Care and American College of Correctional Physicians “Medical Directors Boot Camp,” Seattle, Washington. 2009

Staff Management. National Commission on Correctional Health Care and American College of Correctional Physicians “Medical Directors Boot Camp,” Seattle, Washington. 2009

Management Dilemmas in Corrections: Boots and Bottom Bunks. Annual Meeting, American College of Correctional Physicians, Chicago, Illinois. 2008

Public Health and Correctional Health Care. Masters Program in community-based population focused management – Populations at risk, Washington State University, Spokane, Washington. 2008

Managing the Geriatric Population. Panelist. State Medical Directors' Meeting, American Corrections Association, Alexandria, Virginia. 2007

I Want to do my own Skin Biopsies. Annual Meeting, American College of Correctional Physicians, New Orleans, Louisiana. 2005

Corrections Quick Topics. Annual Meeting, American College of Correctional Physicians. Austin, Texas. 2003

Evidence Based Medicine in Correctional Health Care. Annual Meeting, National Commission on Correctional Health Care. Austin, Texas. 2003

Evidence Based Medicine. Excellence at Work Conference, Empire State Advantage. Albany, New York. 2002

Evidence Based Medicine, Outcomes Research, and Health Care Organizations. National Clinical Advisory Group, Integrail, Inc., Albany, New York. 2002

Evidence Based Medicine. With Dr. LK Hohmann. The Empire State Advantage, Annual Excellence at Work Conference: Leading and Managing for Organizational Excellence, Albany, New York. 2002

Taking the Mystery out of Evidence Based Medicine: Providing Useful Answers for Clinicians and Patients. Breakfast Series, Institute for the Advancement of Health Care Management, School of Business, University at Albany, Albany, New York. 2001

Diagnosis and Management of Male Erectile Dysfunction – A Goal–Oriented Approach. Society of General Internal Medicine National Meeting, San Francisco, California. 1999

Study Design and Critical Appraisal of the Literature. Graduate Medical Education Lecture Series for all housestaff, Albany Medical College, Albany, New York. 1999

Male Impotence: Its Diagnosis and Treatment in the Era of Sildenafil. 4th Annual CME Day, Alumni Association of the Albany–Hudson Valley Physician Assistant Program, Albany, New York. 1998

Models For Measuring Physician Productivity. Panelist. National Association of VA Ambulatory Managers National Meeting, Memphis, Tennessee. 1997

Introduction to Male Erectile Dysfunction and the Role of Sildenafil in Treatment. Northeast Regional Page Pfizer Sales Representatives, Manchester Center, Vermont. 1997

Male Erectile Dysfunction. Topics in Urology, A Seminar for Primary Healthcare Providers, Bassett Healthcare, Cooperstown, New York. 1997

Evaluation and Treatment of the Patient with Impotence: A Practical Primer for General Internists. Society of General Internal Medicine National Meeting, Washington D.C. 1996

Impotence: An Update. Department of Medicine Grand Rounds, Albany Medical College, Albany, New York. 1996

Diabetes for the EMT First–Responder. Five Quad Volunteer Ambulance, University at Albany. Albany, New York. 1996

Impotence: An Approach for Internists. Medicine Grand Rounds, St. Mary's Hospital, Rochester, New York. 1994

Male Impotence. Common Problems in Primary Care Precourse. American College of Physicians National Meeting, Miami, Florida. 1994

Patient Motivation: A Key to Success. Tuberculosis and HIV: A Time for Teamwork. AIDS Program, Bureau of Tuberculosis Control – New York State Department of Health and Albany Medical College, Albany, New York. 1994

Recognizing and Treating Impotence. Department of Medicine Grand Rounds, Albany Medical College, Albany, New York. 1992

Medical Decision Making: A Primer on Decision Analysis. Faculty Research Seminar, Department of Family Practice, Indiana University, Indianapolis, Indiana. 1992

Effective Presentation of Public Health Data. Bureau of Communicable Diseases, Indiana State Board of Health, Indianapolis, Indiana. 1991

Impotence: An Approach for Internists. Housestaff Conference, Department of Medicine, Indiana University, Indianapolis, Indiana. 1991

Using Electronic Databases to Search the Medical Literature. NIH/VA Fellows Program, Indiana University, Indianapolis, Indiana. 1991

Study Designs Used in Epidemiology. Ambulatory Care Block Rotation. Department of Medicine, Indiana University, Indianapolis, Indiana. 1991

Effective Use of Slides in a Short Scientific Presentation. Housestaff Conference, Department of Medicine, Indiana University, Indianapolis, Indiana. 1991

Impotence: A Rational and Practical Approach to Diagnosis and Treatment for the General Internist. Society of General Internal Medicine National Meeting, Washington D.C. 1991

Nirvana and Audio–Visual Aids. With Dr. RM Lubitz. Society of General Internal Medicine, Midwest Regional Meeting, Chicago. 1991

New Perspectives in the Management of Hypercholesterolemia. Medical Staff, West Seneca Developmental Center, West Seneca, New York. 1989

Effective Use of Audio–Visual Aids. Nurse Educators, American Diabetes Association, Western New York Chapter, Buffalo, New York. 1989

Management of Diabetics in the Custodial Care Setting. Medical Staff, West Seneca Developmental Center, West Seneca, New York, 1989

Effective Use of Audio–Visuals in Diabetes Peer and Patient Education. American Association of Diabetic Educators, Western New York Chapter, Buffalo, New York. 1989

Pathophysiology, Diagnosis and Care of Diabetes. Nurse Practitioner Training Program, School of Nursing, University of Buffalo, Buffalo, New York. 1989

Techniques of Large Group Presentations to Medical Audiences – Use of Audio–Visuals. New Housestaff Training Program, Graduate Medical Dental Education Consortium of Buffalo, Buffalo, New York. 1988

PUBLICATIONS/ABSTRACTS

Grande L, **Stern M.** *Providing Medication to Treat Opioid Use Disorder in Washington State Jails.* Study conducted for Washington State Department of Social and Health Services under Contract 1731-18409. 2018.

Stern MF, Newlin N. *Epicenter of the Epidemic: Opioids and Jails.* American Jails 2018 32(2):16-18

Stern MF. *A nurse is a nurse is a nurse...NOT!* Guest Editorial, American Jails 2018 32(2):4,68

Wang EA, Redmond N, Dennison Himmelfarb CR, Pettit B, **Stern M**, Chen J, Shero S, Iturriaga E, Sorlie P, Diez Roux AV. *Cardiovascular Disease in Incarcerated Populations.* Journal of the American College of Cardiology 2017 69(24):2967-76

Mitchell A, Reichberg T, Randall J, Aziz-Bose R, Ferguson W, **Stern M.** *Criminal Justice Health Digital Curriculum.* Poster, Annual Academic and Health Policy Conference on Correctional Health, Atlanta, Georgia, March, 2017

Stern MF. *Patient Safety (White Paper).* Guidelines, Management Tools, White Papers, National Commission on Correctional Health Care. <http://www.ncchc.org/filebin/Resources/Patient-Safety-2016.pdf>. June, 2016

Binswanger IA, **Stern MF**, Yamashita TE, Mueller SR, Baggett TP, Blatchford PJ. *Clinical risk factors for death after release from prison in Washington State: a nested case control study.* Addiction 2015 Oct 17

Stern MF. Op-Ed on Lethal Injections. The Guardian 2014 Aug 6

Stern MF. *American College of Correctional Physicians Calls for Caution Placing Mentally Ill in Segregation: An Important Band-Aid.* Guest Editorial. Journal of Correctional Health Care 2014 Apr; 20(2):92-94

Binswanger I, Blatchford PJ, Mueller SR, **Stern MF.** *Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009.* Annals of Internal Medicine 2013 Nov; 159(9):592-600

Williams B, **Stern MF**, Mellow J, Safer M, Greifinger RB. *Aging in Correctional Custody: Setting a policy agenda for older prisoner health care.* American Journal of Public Health 2012 Aug; 102(8):1475-1481

Binswanger I, Blatchford PJ, Yamashita TE, **Stern MF.** *Drug-Related Risk Factors for Death after Release from Prison: A Nested Case Control Study.* Oral Presentation, University of Massachusetts 4th Annual Academic and Health Policy Conference on Correctional Healthcare, Boston, Massachusetts, March, 2011

Binswanger I, Blatchford PJ, Forsyth S, **Stern MF**, Kinner SA. *Death Related to Infectious Disease in Ex-Prisoners: An International Comparative Study.* Oral Presentation, University of Massachusetts 4th Annual Academic and Health Policy Conference on Correctional Healthcare, Boston, Massachusetts, March, 2011

Binswanger I, Lindsay R, **Stern MF**, Blatchford P. *Risk Factors for All-Cause, Overdose and Early Deaths after Release from Prison in Washington State Drug and Alcohol Dependence.* Drug and Alcohol Dependence Aug 1 2011;117(1):1-6

Stern MF, Greifinger RB, Mellow J. *Patient Safety: Moving the Bar in Prison Health Care Standards.* American Journal of Public Health November 2010;100(11):2103-2110

Strick LB, Saucerman G, Schlatter C, Newsom L, **Stern MF.** *Implementation of Opt-Out HIV testing in the Washington State Department of Corrections.* Poster Presentation, National Commission on Correctional Health Care Annual Meeting, Orlando, Florida, October, 2009

Binswanger IA, Blatchford P, **Stern MF.** *Risk Factors for Death After Release from Prison.* Society for General Internal Medicine 32nd Annual Meeting; Miami: Journal of General Internal Medicine; April 2009. p. S164-S95

Stern MF. Force Feeding for Hunger Strikes – One More Step. CorrDocs Winter 2009;12(1):2

Binswanger I, **Stern MF**, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, Koepsell TD. *Release from Prison – A High Risk of Death for Former Inmates.* New England Journal of Medicine 2007 Jan 11;356(2):157–165

Stern MF, Hilliard T, Kelm C, Anderson E. *Epidemiology of Hepatitis C Infection in the Washington State Department of Corrections*. Poster Presentation, CDC/NIH *ad hoc* Conference on Management of Hepatitis C in Prisons, San Antonio, Texas, January, 2003

Phelps KR, **Stern M**, Slingerland A, Heravi M, Strogatz DS, Haqqie SS. *Metabolic and skeletal effects of low and high doses of calcium acetate in patients with preterminal chronic renal failure*. Am J Nephrol 2002 Sep-Dec;22(5-6):445-54

Goldberg L, **Stern MF**, Posner DS. *Comparative Epidemiology of Erectile Dysfunction in Gay Men*. Oral Presentation, International Society for Impotence Research Meeting, Amsterdam, The Netherlands, August 1998. Int J Impot Res. 1998;10(S3):S41 [also presented as oral abstract Annual Meeting, Society for the Study of Impotence, Boston, Massachusetts, October, 1999. Int J Impot Res. 1999;10(S1):S65]

Stern MF. *Erectile Dysfunction in Older Men*. Topics in Geriatric Rehab 12(4):40-52, 1997. [republished in Geriatric Patient Education Resource Manual, Supplement. Aspen Reference Group, Eds. Aspen Publishers, Inc., 1998]

Stern MF, Wulfert E, Barada J, Mulchahy JJ, Korenman SG. *An Outcomes-Oriented Approach to the Primary Care Evaluation and Management of Erectile Dysfunction*. J Clin Outcomes Management 5(2):36-56, 1998

Fihn SD, Callahan CM, Martin D, et al.; for the **National Consortium of Anticoagulation Clinics**.* *The Risk for and Severity of Bleeding Complications in Elderly Patients Treated with Warfarin*. Ann Int Med. 1996;124:970-979

Fihn SD, McDonell M, Martin D, et al.; for the **Warfarin Optimized Outpatient Follow-up Study Group**.* *Risk Factors for Complications of Chronic Anticoagulation*. Ann Int Med. 1993;118:511-520. (*While involved in the original proposal development and project execution, I was no longer part of the group at the time of this publication)

Stern MF, Dittus RS, Birkhead G, Huber R, Schwartz J, Morse D. *Cost-Effectiveness of Hepatitis B Immunization Strategies for High Risk People*. Oral Presentation, Society of General Internal Medicine National Meeting, Washington, D.C., May 1992. Clin Res 1992

Fihn SD, McDonell MB, Vermes D, Martin D, Kent DL, Henikoff JG, and the **Warfarin Outpatient Follow-up Study Group**. *Optimal Scheduling of Patients Taking Warfarin. A Multicenter Randomized Trial*. Oral Presentation, Society of General Internal Medicine National Meeting, Washington, D.C., May 1992. Clin Res 1992

Fihn SD, McDonnell MB, Vermes D, Kent DL, Henikoff JG, and the **Warfarin Anticoagulation Study Group**. *Risk Factors for Complications During Chronic Anticoagulation*. Poster Presentation, Society of General Internal Medicine National Meeting, Seattle, May 1991

Pristach CA, Donoghue GD, Sarkin R, Wargula C, Doerr R, Opila D, **Stern M**, Single G. *A Multidisciplinary Program to Improve the Teaching Skills of Incoming Housestaff*. Acad Med. 1991;66(3):172-174

Stern MF. *Diagnosing Chlamydia trachomatis and Neisseria gonorrhea Infections*. (letter) J Gen Intern Med. 1991;6:183

Stern MF, Fitzgerald JF, Dittus RS, Tierney WM, Overhage JM. *Office Visits and Outcomes of Care: Does Frequency Matter?* Poster Presentation, Society of General Internal Medicine Annual Meeting, Seattle, May 1991. Clin Res 1991;39:610A

Stern MF. *Cobalamin Deficiency and Red Blood Cell Volume Distribution Width*. (letter) Arch Intern Med. 1990;150:910

Stern M, Steinbach B. *Hypodermic Needle Embolization to the Heart*. NY State J Med. 1990;90(7):368-371

Stern MF, Birkhead G, Huber R, Schwartz J, Morse D. *Feasibility of Hepatitis B Immunization in an STD Clinic*. Oral Presentation, American Public Health Association Annual Meeting, Atlanta, November 1990

EXPERT TESTIMONY

Dockery, *et al.* v. Hall *et al.* US District Court for the Southern District of Mississippi Northern Division, 2018 (trial)

Benton v. Correct Care Solutions, *et al.* US District Court for the District of Maryland, 2018 (deposition)

Pajas v. County of Monterey, *et al.* US District Court Northern District of California, 2018 (deposition)

Walter v. Correctional Healthcare Companies, *et al.* US District Court, District of Colorado, 2017 (deposition)

Winkler v. Madison County, Kentucky, *et al.* US District Court, Eastern District of Kentucky, Central Division at Lexington, 2016 (deposition)

US v. Miami-Dade County, *et al.* US District Court, Southern District of Florida, periodically 2014 - 2016

Rosemary Saffioti v. Snohomish County *et al.* US District Court Western District of Washington at Seattle, 2015 (deposition)

Christopher Alsobrook v. Sergeant Alvarado, *et al.*, US District Court, Southern District of Florida, Miami Division, 2014 (deposition)

Stefan Woodson v. City of Richmond, Virginia, *et al.*, US District Court, Eastern District of Virginia, Richmond Division, 2013 and 2014 (deposition)