EXHIBIT B

Declaration of
Fred Rottnek, M.D., M.A.H.C.M.

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

RHONDA JONES *et al.*, Plaintiffs, v. VICTOR HILL *et al.*, Defendants.	CIVIL ACTION NO. 1:20-CV-2791-ELR-CCB

EXPERT DECLARATION OF FRED ROTTNEK, M.D., M.A.H.C.M.

I, Fred Rottnek, being competent to make this declaration and having personal knowledge of the matters stated herein, declare under penalty of perjury that the following is true and correct:

1. I am over 21 years of age. The statements contained in this declaration are based on my personal knowledge, or on information that physicians would reasonably rely on in forming an opinion and are true and correct to the best of my knowledge.

I. Expert Qualifications

2. I am a Professor of Medicine at the Saint Louis University School of Medicine; Professor in the Physician Assistant Program at the Doisy College of Health Sciences; and Professor in the Center for Health Law Studies in the School of Law. I am the Director of Community Medicine in the Department of Family and Community Medicine and the Program Director of the Addiction Medicine Fellowship. I am board-certified in Family Medicine and Addiction Medicine, and I am a Certified Correctional Health Care Physician through the National Commission on Correctional Health Care ("NCCHC").[1]

3. My curriculum vitae is attached to this declaration as Attachment A.

4. I was the lead physician and medical director of the Saint Louis County Jail, a large urban jail, from June 2001 through September 2016. In this role, contracted through the Saint Louis County Department of Health, I saw incarcerated patients three days per week; "took call," or advised on-site nurses on medical issues in the facility about 16 days per month; and participated in the

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[1] A NCCHC credentialed physician is one who has "demonstrated understanding of the medical needs of the inmate population and possesses knowledge of the unique challenges, legal context and policies and procedures specific to physicians practicing in a correctional environment." *See* National Commission on Correctional Health Care, CCHP-P Certification, https://www.ncchc.org/cchp-p (last visited July 14, 2020).

leadership teams that were responsible for the health and well-being of detainees, correctional medicine staff, correctional staff, and visitors to the jail, as well as Juvenile Detention in the Family Courts of Saint Louis County.

5. During my years in this role, I was responsible for directing the medical care and supporting the correctional medicine staff in the care of a daily census of incarcerated people that varied from 900 to 1,400, as well as annual intake screenings of 30,000 to 34,000 arrestees. The Saint Louis County Jail was (and is) the only jail in the State of Missouri that meets the American Correctional Association's accreditation standards. Juvenile Detention is accredited by the National Commission on Correctional Health Care.

6. In addition to making policies regarding patient care and custody of medically vulnerable detainees, I developed policies regarding institutional safety. Examples of the latter include standard operating procedures on how to manage care for complex patients in the medical and psychiatry infirmary, hygiene and cleaning protocols during the initial outbreak of methicillin-resistant staphylococcus aureus ("MRSA") in the early 2000's. MRSA was an antibiotic-resistant strain of bacteria that was spread by contact and through unhygienic intravenous drug injection. It was particularly difficult to treat due to its resistance to antibiotics, and, much like COVID-19, it can live on surfaces for days and

remain undetected in hosts, which greatly increases the likelihood that it will spread. The congregate setting of the Jail substantially increased the likelihood that MRSA would spread within the facility, and thus, in order to contain and prevent infection, proper personal hygiene and disinfectant of high-touch surfaces and common areas was critically important to preventing an outbreak within the facility. To successfully prevent the spread of MRSA within the facility, my team (including Jail staff) developed an educational video shown daily to all the housing pods explaining transmission, prevention, and proper handwashing to mitigate spread of the bacteria. This video was shared with and disseminated throughout the country by the National Institute of Corrections. In addition to this tool, we created protocols for institutional cleaning, including cleaning schedules, instructed detainees to effectively sanitize their own cells with disinfecting wipes, and employed workers to mop floors and properly sanitize high-touch surfaces and shared spaces. We also developed medical protocols to standardize the prescription of antibiotics based on Bureau of Prisons recommendations. Within two months, we had MRSA infections down to one eighth of the rate of infection at its peak.

7. I also helped develop safety and emergency protocols related to the institutional lockdown following Michael Brown's shooting death in Ferguson, MO, in August 2015.

8. While I have continued to practice family medicine and addiction medicine since 2016, I recently returned to practice correctional health care on July 1, 2020. I am now the Medical Director of Family Courts and Juvenile Detention for the 22nd Judicial Court of St. Louis. In this role, I am building an interprofessional clinical team to modernize and enhance existing services in Juvenile Detention—similar to my work with the Saint Louis County Jail and Juvenile Detention from 2001-2016. I am maintaining my existing position at St. Louis University.

9. I have provided this declaration on a pro bono basis. If I am asked to provide testimony to the court, I will be providing testimony on a pro bono basis.

II. Assignment, Documents Reviewed, and Summary of Opinion.

10. I was asked by Plaintiffs' counsel to offer my opinion, based on my knowledge, professional medical experience, and expertise in correctional medicine, regarding whether the measures taken by the Clayton County Jail in response to the novel coronavirus ("COVID-19") outbreak have been minimally adequate to mitigate the spread of COVID-19 within the Clayton County Jail. I

have also been asked to recommend any additional steps that the Clayton County Jail should take to ensure that it is following basic, well-accepted public health standards for the mitigation of COVID-19 in jails.

11. I have reviewed and rely on the following documents for this declaration:

a. Declarations of the following individuals: Rhonda Jones, Randolph Mitchell, Michael Singleton, Barry Watkins, M.B., C.C., J.H., F.S., W.L.M., D.H., and A.W. All are either currently incarcerated in Clayton County Jail or have been recently incarcerated in the jail.

b. Documents regarding the nature and scope of the Clayton County Jail outbreak from the Georgia Department of Public Health.

c. The Monthly Jail Report for the month of June, published by the Georgia Department of Community Affairs, showing the Clayton County Jail's stated capacity and population.

12. I have also relied on guidance from the Centers for Disease Control and Prevention ("CDC"), the National Commission on Correctional Health Care ("NCCHC"), and the National Institute of Corrections ("NIC") on COVID-19, my

experience working in primary care and public health in both jail and juvenile detention settings, and my review of the relevant medical literature.

13. In my opinion, the Clayton County Jail has taken little meaningful action to prevent the spread of COVID-19 and to protect the health and safety of medically vulnerable individuals. Among other shortcomings, jailers have not made medical attention adequately available to medically vulnerable detainees; have not implemented adequate social distancing guidelines; have not implemented adequate plans to ensure that commonly touched surfaces are sanitized; have failed for months to provide detainees with protective facemasks; have housed infected persons in the same cells with uninfected persons; and do not have a sufficient testing and tracing protocol.

14. As a consequence of the Defendants' failures to act, there is a significant outbreak of COVID-19 at the jail, with 72 confirmed positive cases as of July 9, 2020. Everyone working at or living in the Clayton County Jail is now at risk of serious illness, or even death for those who are most medically vulnerable. The Clayton County Sheriff's Office should take corrective action immediately in order to decrease the substantial risk of serious harm to detainees, staff, and the community at large. As laid out in more detail in Section VII, I recommend that Clayton County Jail release as many medically vulnerable detainees as possible;

reduce the remaining population to best allow for adequate social distancing; and enforce CDC guidelines to reduce the risk of infection and sequelae through strict adherence to use of personal protective equipment (PPE), cleaning, and hygiene practices.

III. Public Health Recommendations for Containing the Spread of COVID-19 in Correctional Facilities.

15. Jails, much like cruise ships, were early incubators for the coronavirus because they are sites where large groups of people live, work, sleep and otherwise congregate in close quarters.

16. The spread of COVID-19 within jails in turn creates greater risk for spread throughout the community outside the jail walls. Staff members enter and exit jails for their shifts on a daily basis and could become vectors for introducing the virus to the broader community. The inverse is true too: spread outside the jail will lead to greater spread inside the jail.

17. Despite these inherent risks, if Jail staff strictly follow the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19, they

can mitigate the risk of infection and serious illness to detainees, staff, and the public.[2]

18. The CDC recommends, among many other measures:

a. Posting signage throughout the facility to communicate to detainees and staff: symptoms of COVID-19; hand hygiene instructions; the importance of reporting one's symptoms to medical providers; and, for staff, instructions on stay-at-home protocol;

b. Providing a sufficient stock of hygiene, cleaning, PPE and medical supplies, and developing a contingency plan for the replacement of such supplies in the event of an outbreak;

c. Cleaning and disinfecting frequently touched surfaces, especially in common areas several times per day, even if COVID-19 cases have not yet been identified in the facility or community, and even if those surfaces are not ordinarily cleaned daily;

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[2] *See* Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, CDC, https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html (last updated July 14, 2020) (hereinafter CDC Interim Guidance).

d. Providing detainees and staff no-cost access to sufficient amounts of hygiene supplies such as soap, running water, and tissues;

e. Implementing screening protocols for new individuals entering the jail and medically isolating individuals with known or suspected cases;[3]

f. Disinfecting thoroughly all areas where people with known or confirmed COVID-19 infections spent time;

g. Quarantining close contacts of confirmed or suspected COVID-19 cases; and

h. Ensuring that detainees receive medical evaluation and treatment at the first signs of COVID-19 symptoms.

19. The measures listed above are designed to manage and mitigate—not completely eliminate—the increased risk to jail populations. The most effective management strategy for slowing the spread of infection, for people inside the jail

[3] The CDC recently promulgated additional guidance for jails to consider testing even asymptomatic individuals without known exposure to COVID-19 in areas with known community spread. *See* Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities, CDC, https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html (last updated July 7, 2020).

and outside in the community, is limiting the number of people confined in a congregate environment like the jail.

20. As the pandemic continues, Jail staff should implement the following strategies to reduce the risk of serious illness or death among jail populations, including detainees, staff, and visitors:

a. Release or relocate medically vulnerable detainees as quickly as possible so that they can maintain social distance;

b. Reduce the remaining population to best approximate social distancing for those within the jail; and

c. Enforce CDC guidelines to reduce the risk of infection and sequelae to all in the jail environment, including detainees, correctional staff, medical staff, vendors, and other visitors.

IV. The Spread of COVID-19 at the Clayton County Jail

21. As noted above, I have reviewed the sworn declarations of numerous current or recently released detainees, including: Rhonda Jones, Randolph Mitchell, Michael Singleton, Barry Watkins, M.B., C.C., J.H., F.S., W.L.M., D.H., and A.W. Multiple detainees reported that they tested positive for COVID-19 while in jail. Others reported experiencing symptoms consistent with COVID-19 but stated that they had not been tested.

22. I have also reviewed data regarding the nature and scope of the Clayton County Jail outbreak from the Georgia Department of Public Health. Based on the documents listed above, it is my opinion that the Clayton County Jail is experiencing a significant COVID-19 outbreak. Numbers have consistently increased in these first months, and the facility has continued to operate at 96% capacity as of June 2020.[4] These two factors ensure an exponential spread of the virus to detainees and staff. The documents provided by the Department of Public Health show that COVID-19 cases in the jail have continued to increase since the first confirmed positive test was returned in April 2020: They show that as of June 11, 2020, there were 45 confirmed positive tests; 13 of these were jail staff, and 32 were detainees.[5] As of July 9, 2020, there were 72 confirmed positive cases among detainees.[6]

23. Without increased protective measures, these numbers will continue to increase, and it is likely that people will suffer lasting harm or die.

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[4] *See* Georgia Department of Community Affairs Office of Research, County Jail Inmate Population Report, 8 (June 4, 2020), https://www.dca.ga.gov/sites/default/files/jail_report_jun20.pdf.
[5] *See* Email from O. Adewale, Dr.P.H., M.P.H., June 11, 2020; Excel Spreadsheet from O. Adewale, Dr.P.H., M.P.H., June 11, 2020.
[6] Email from O. Adewale, Dr.P.H., M.P.H., July 9, 2020.

V. The Clayton County Jail's Failure to Implement Basic Measures to Control the Spread of COVID-19

24. Based on the declarations and other documents I have reviewed, I find that the jail has not taken adequate steps to protect medically vulnerable individuals and has not even minimally complied with CDC guidelines for managing COVID-19 within correctional facilities.

A. The Jail Has Not Taken Adequate Steps to Protect Medically Vulnerable Individuals.

25. Jails and prisons typically house detainees with chronic conditions, particularly in men, that were not well-controlled prior to incarceration. According to the CDC, many of these chronic conditions make people susceptible to the risk of serious illness or death from COVID-19. Specifically, the CDC has put forth the following list of diagnoses, just updated on July 17, 2020, that would describe a detainee as being medically vulnerable to the effects of COVID-19:[7]

a. People of any age with the following conditions are at increased risk of severe illness from COVID-19:

   i. Cancer;
   ii. Chronic kidney disease;
   iii. Chronic obstructive pulmonary disease ("COPD");

[7] *See* People with Certain Medical Conditions, CDC, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html (last updated July 17, 2020).

iv. Immunocompromised state (weakened immune system) from solid organ transplant;
v. Obesity (body mass index [“BMI”] of 30 or higher);
vi. Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies;
vii. Sickle cell disease; or
viii. Type 2 diabetes mellitus.

b. Based on what we know at this time, people with the following conditions might be at an increased risk for severe illness from COVID-19:

i. Asthma (moderate-to-severe);
ii. Cerebrovascular disease (affects blood vessels and blood supply to the brain);
iii. Cystic fibrosis;
iv. Hypertension or high blood pressure;
v. Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;
vi. Neurologic conditions, such as dementia;
vii. Liver disease;
viii. Pregnancy;
ix. Pulmonary fibrosis (having damaged or scarred lung tissues);
x. Smoking;
xi. Thalassemia (a type of blood disorder); or
xii. Type 1 diabetes mellitus.

26. Additionally, individuals aged 55 or older, even if they are not diagnosed or receiving treatment for one of the aforementioned conditions, are at

an increased risk of serious illness or death from COVID-19 and are properly classified as medically vulnerable.

27. To properly respond to a COVID-19 outbreak in a jail setting, administrators must identify all the people held in their custody who are medically vulnerable to infection. The development of such a list or registry is encouraged by the CDC as well as correctional healthcare accrediting bodies. This task is critical for several reasons, and the daily updating of the list and locations of high-risk detainees is critical to basic outbreak management. Creating a real-time list of high-risk detainees allows for:

a. Identification of high-risk detainees who are eligible for release from detention;
b. Development and implementation of re-entry plans of care and support with community partners for high-risk detainees;
c. Provision of adequate and well-informed medical care by clinicians who understand who their high-risk patients are;
d. Implementation of enhanced protective measures for high-risk detainees who are not ill, through active surveillance, special housing arrangements, and other protective measures;

e. Implementation of enhanced surveillance and protective measures for high-risk detainees who are in a quarantine setting, or who develop symptoms of COVID-19; and

f. Awareness and comprehension by individual detainees as to their level of risk, allowing them to make informed decisions about illness prevention.[8]

28. The Clayton County Jail has created and perpetuated conditions that do not allow for the protection of medically vulnerable detainees from COVID-19. Showers, telephones, and kiosks are communal and infrequently cleaned. Sinks and toilets are communal in the open dorms. In the individually celled housing units, toilets and sinks are shared by the three people that live in any given cell. Toilets leak, and over-capacity conditions require people to sleep on the floor, a few feet away from the shared toilet.

29. The declarations of detainees with known preexisting health conditions show that the jail has not taken adequate steps to protect them from contracting COVID-19. Examples of preexisting conditions suffered by the declarants include breast cancer, thyroid disease, type 1 diabetes mellitus, chronic obstructive pulmonary disease (COPD), hepatitis C, hypertension, hand fracture

[8] *See* People with Certain Medical Conditions, *supra* note 7.

due to a car accident prior to incarceration, and chronic pain due to a car accident requiring surgery and metal placement. Medically vulnerable people detained at or recently released from the Clayton County Jail include the following individuals:

a. Declarant M.B. is a 52-year-old woman with a history of breast cancer.[9] She reports receiving chemotherapy at Southern Regional Medical Center from 2013-2016.[10] Cancer, even when in remission, can weaken one's immune system. She also has thyroid disease, which could negatively impact her immune system.[11] At the time of her declaration, she reported symptoms of COVID-19, but she had not received any medical evaluation or treatment for those symptoms. She was restricted from use of the kiosk—the means to access medical care. When refused a mask by an officer, she had to makeshift one out of her underwear.[12] She reported no social distancing in the facility or instructions to do so.[13]

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[9] Declaration of M.B., ECF No. 6-2 Ex. B-1, at ¶¶ 2, 12 ("M.B. Declaration").
[10] *Id.* at ¶ 12.
[11] *Id.*
[12] *Id.* at ¶ 13.
[13] *Id.* at ¶ 6.

b. Plaintiff Watkins is a 60-year-old man with type 1 diabetes mellitus.[14] He reports—as do others—that he receives meals twice daily. Breakfast is served around 04:00 and lunch is served sometime between 9:30 and 11:00. (At the latter meal, detainees are provided a bagged sandwich to eat later for dinner.) He reports having his blood sugar checked and administered twice daily—at 03:00 and again at 14:00.[15] When a patient requires insulin, blood sugar checks are most useful prior to meals or snacks. In the practice described, the 14:00 blood sugar check is not very useful. And poorly controlled diabetes can compromise the immune system, particularly if blood glucose is not well-controlled. Moreover, when the patients with diabetes are lined up in the medical wing for these checks and administration, there may be up to 75 people in line depending on how many dorms are let out, just a foot or two apart, without social distancing.[16] Watkins states that he was denied testing for COVID-19 when his cellmate developed

[14] Declaration of Barry Watkins, ECF No. 6-1 Ex. A-4, at ¶¶ 2-3 ("Watkins Declaration").
[15] *Id.* at ¶ 26.
[16] *Id.* at ¶ 27.

signs of the disease.[17] He did not receive a blue surgical mask until the end of May.[18]

c. Plaintiff Jones is a 58-year-old woman with COPD, hepatitis C, and two hospitalizations within the last year for pneumonia.[19] She reported not receiving a surgical mask until June; she advocated for other women in her unit to receive masks.[20] A person like this who has recently been hospitalized for pneumonia—in addition to her underlying COPD and hepatitis C—is likely to have a weakened immune system and would face an increased risk of serious illness if she were to contract COVID-19.

d. Declarant C.C. is a 57-year-old man and has insulin-requiring diabetes mellitus, which places him at an elevated risk for COVID-19 complications.[21] He reports that his medical care for his diabetes has been erratic and inconsistent, as well as variable based

[17] *Id.* at ¶ 41.
[18] *Id.* at ¶ 36.
[19] Declaration of Rhonda Jones, ECF No. 6-1 Ex. A-1 at ¶¶ 2–3 ("Jones Declaration").
[20] *Id.* at ¶ 14.
[21] Declaration of C.C., ECF No. 6-2 Ex. B-2, at ¶¶ 2–3 ("C.C. Declaration").

on his housing in the facility.[22] He was also denied a mask in mid-May.[23]

e. Plaintiff Singleton is a 59-year-old man with hypertension. Uncontrolled hypertension places Mr. Singleton at heightened risk for COVID-19 complications. He reports that, as of June 24, he still did not have a mask. Mr. Singleton also reports requesting a COVID-19 test after experiencing symptoms related to COVID-19 during the third week of May; however, he was not tested.

f. Declarant J.H. is a 51-year-old man with hypertension.[24] J.H. also reports that he did not receive a COVID-19 test despite experiencing symptoms consistent with the virus and requesting a test. J.H. reports "filthy" common areas and infrequent cleaning of common surfaces, like phones, kiosks, and showers.[25] He reports receiving no information about COVID-19 during his time at the jail. J.H. reports that the jail staff fails to facilitate any kind of social distancing during pill call and mealtimes.[26] J.H. also reports

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[22] *Id.* at ¶ 7.
[23] *Id.* at ¶ 23.
[24] Declaration of J.H., ECF No. 6-2 Ex. B-3, at ¶ 6 ("J.H. Declaration").
[25] *Id.* at ¶ 18.
[26] *Id.* at ¶ 15.

a total absence of social distancing during his video court session prior to his release; he was actively symptomatic during that time, potentially endangering more than twenty other detainees and staff.[27]

g. Declarant W.L.M. is 57 years old.[28] W.L.M. reports placement in a cell with an actively symptomatic individual on the very same day that his new cellmate was tested for COVID-19, but before the cellmate had his test results.[29] W.L.M. reports that he was later tested for COVID-19 and tested positive, as did his cellmate. W.L.M. reports experiencing symptoms including difficulty breathing and significant weight loss.[30] He reports that the jail staff failed to provide evaluation and treatment during his two weeks of severe symptoms.[31] W.L.M. also reports a total absence of social distancing.[32] His report is consistent with that of Plaintiff Watkins, who resides in a different housing unit, and women in

[27] *Id.* at ¶ 31.
[28] Declaration of W.L.M., at ¶ 2. I understand that Plaintiffs will file the W.L.M. declaration contemporaneously with this declaration.
[29] *Id.* at ¶ 18.
[30] *Id.* at ¶¶ 28–29.
[31] *Id.* at ¶¶ 30–33.
[32] *See, e.g.*, *id.* at ¶ 10.

Housing Unit 3, indicating widespread failures to maintain social distancing across the jail.

B. The Clayton County Jail Has Not Complied with CDC Guidance for Managing Coronavirus Within Correctional Facilities.

30. The Clayton County Jail has not even minimally complied with CDC guidance for managing the spread of coronavirus within correctional facilities. These inadequacies—even more critical when there is a known COVID-19 outbreak—place detainees, staff, and any visitors at risk for COVID-19 infection.

i. Absence of Social Distancing

31. The Clayton County Jail is currently organized with congregate environments for sleeping, showering, toileting, and using the telephone. These environments are overcrowded such that detainees are often unable to maintain the required 6 feet of separation between each other and jail staff.

a. Declarants report that detainees are typically housed three to a two-person cell. Given the sizes of the cells described by the declarations, double bunking would not allow for appropriate social distancing. Moreover, three detainees to a cell, under any bed arrangement, elevates the chance of transmission due to fomite, large-droplet, and small-droplet transmission.

b. In situations where detainees could approximate 6 feet among them, the jail officers are not enforcing appropriate behavior. The jail's practice of compelling detainees to line up a foot or two apart for meals and pill call exposes them to a high risk of contagion that can easily be avoided by acceptable distancing. Examples of congregate activity in which social distancing is not permitted include: the "pill line," in which detainees are made to line up to receive medicine, the line for food trays, and the line to walk to the medical wing or video court. Moreover, detainees cannot use phones or other common area activities during free time while maintaining appropriate social distance.

32. Clayton County Jail also has inadequate secondary mitigation strategies, or strategies beyond that of social distancing, for COVID-19. As described herein, these include poor mask distribution, a failure to ensure frequently touched surfaces are sanitized, and the lack of distribution of educational materials about the coronavirus to detainees.

ii. Lack of Personal Protective Equipment

33. The jail failed to give most of the declarants any protective equipment until the end of May. Multiple detainees stated that they were told to create their

own mask out of their own clothing or limited linens. Such face coverings are considered "homemade masks" by the CDC and are not considered PPE. They should only be used as a crisis capacity strategy.[33]

iii. Grossly Inadequate Sanitation and Cleaning

34. Declarants uniformly report rare and inadequate cleaning. They report they do not receive adequate cleaning supplies. They report they receive one broom and one mop bucket for every nearly 300-person housing unit. Detainees scramble for use of the mop bucket, which contains water that quickly becomes brown and dirty. Declarants reported the following in terms of supplies and cleaning behaviors:

a. They are given a mop bucket infrequently with no apparent bleach or other chemicals. Declarant F.S. reports that mop buckets are supplied once a week, on Mondays.[34]

b. Shared spaces and high-touch areas are not wiped down regularly.[35]

[33] *See* Strategies for Optimizing the Supply of Facemasks, CDC, https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html?referringSource=articleShare (last updated June 28, 2020).
[34] Declaration of F.S., ECF 6-2 Ex. B-4, at ¶ 13 ("F.S. Declaration"); J.H. Declaration at ¶ 9.
[35] Jones Declaration at ¶ 10.

c. Declarants state that they are not consistently given any materials to wipe down their cells. Some report that they are occasionally given paper towels, but other times they have to use their own toilet paper.[36] They are not given disinfectant spray or wipes to wipe down their cells, and, as a result, they often have to use their towel and/or their clothes to clean their surroundings.

35. There are numerous sanitation issues regarding the toilets.

a. Declarants share toilets in the housing units and have complained of a lack of toilet paper as well as cleaning supplies.[37]

b. Multiple declarants report that toilets are broken and/or leaking. They report puddles on the floors. They routinely ask officers for blankets in the morning to soak up water.[38]

c. These sanitation problems present an additional COVID-19 risk because current research on coronavirus indicates that it can be aerosolized. Viruses that are aerosolized can travel and remain

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[36] M.B. Declaration at ¶ 10; Watkins Declaration at ¶ 24.
[37] J.H. Declaration at ¶ 19.
[38] Declaration of A.W., ECF No. 6-2 at Ex. B-5, at ¶ 11; Declaration of Michael Singleton, ECF No. 6-1 Ex. A-3, at ¶ 3 ("Singleton Declaration").

suspended in the air and remain infective over several hours and over long distances. The aerosolized coronavirus can then be spread by inhalation of the virus or fecal-oral contact.[39] Open toilets, compounded by the practice of housing three people in two-person cells by having a third person on the floor, increase risk of aerosolized transmission. It is my medical opinion that the Clayton County Jail's configuration creates a serious risk of contracting COVID-19, both in the context of the congregate restrooms and the shared toilets in each cell.

iv. Inability to Maintain Personal Hygiene

36. Detainees are supplied inadequate personal hygiene supplies.

a. Detainees consistently report that during the weekly hygiene distribution, they receive one or two rolls of toilet paper, a four-ounce bottle of liquid soap, and a small tube of toothpaste. Some weeks there has been no hygiene distribution.[40]

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[39] *See, e.g.*, Chen Y, Chen L, Deng Q, et al. The presence of SARS-CoV-2 RNA in the feces of COVID-19 patients, 92 J. Med. Virol. 833, 837 (2020), doi:10.1002/jmv.25825.

[40] F.S. Declaration at ¶ 14.

b. Declarant F.S. reports that despite persistent requests, it took her three days to receive a menstrual pad. And that pad was a spare pad provided by another roommate.[41]

37. There are consistent reports of inadequate laundry services.

a. Declarants report going weeks with no sheets and sleeping directly on mattresses for weeks at a time and not having their underwear or towels laundered for weeks or months at a time.[42]

b. Declarant Jones reports that she had no undergarments—only her jumpsuit—for the first 6 weeks of her incarceration. Women had to buy underwear and bras by commissary.[43]

v. Failure to Educate or Inform Detainees

38. Detainees at the Clayton County Jail are not receiving education about coronavirus, COVID-19, or information about cleaning frequency and reentry planning. The CDC states that it is imperative that people understand if they are at increased risk for the virus.[44]

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[41] *Id.* at ¶¶ 15–17.
[42] Singleton Declaration at ¶ 6; J.H. Declaration at ¶ 20; Watkins Declaration at ¶¶ 17–18.
[43] Jones Declaration at ¶ 13.
[44] *See* People with Certain Medical Conditions, *supra* note 7 ("The list of underlying conditions is meant to inform clinicians to help them provide the best

a. Declarants consistently report lack of information from jail officers.

b. Declarants consistently report lack of information in written form.

c. Declarants consistently report that the only information they receive about the virus is from their families and from whatever limited access they have to television.

vi. Failure to Adequately Test, Isolate, or Provide Medical Care to Detainees

39. Many detainees at the Clayton County Jail are not receiving testing or treatment despite experiencing illnesses consistent with COVID-19. The declarations I reviewed are remarkably consistent on several points of inadequate care and housing.

a. Detainees consistently report poor medical care, waiting days to be evaluated by medical staff, and an inability to get tested despite typical symptoms of coronavirus. One detainee,

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care possible for patients, *and to inform individuals as to what their level of risk may be so they can make individual decisions about illness prevention*.") (emphasis added).

W.L.M., was known to have COVID-19 symptoms.[45] One night he experienced excruciating pain in his bowels and lungs.[46] He banged on his cell door because the emergency call button didn't work. After getting the attention of a trustee, he was told that the officers would require him to wait over six hours to seek any medical care.[47] Even after doing so, he was again denied medical attention for his symptoms by a jail officer and nurse at pill call.[48] W.L.M. was never seen by medical staff.

b. Healthy non-symptomatic detainees report living in the same cells as symptomatic detainees, and a lack of coordinated housing for detainees with known or suspected COVID-19 status.

c. One declaration reinforces many of my concerns about the jail staff's failure to provide timely and adequate medical care to sick detainees, or to implement appropriate isolation of known

[45] W.L.M. Declaration at ¶ 23.
[46] *Id.* at ¶ 29.
[47] *Id.* at ¶ 30.
[48] *Id.* at ¶ 33.

or suspected cases. In April, D.H., a trustee responsible for cleaning and distributing food trays in another housing unit, was ordered to continue working despite advising both officers and medical staff that he was experiencing multiple symptoms consistent with COVID-19.[49] He describes not being tested or quarantined for weeks as he continued to shed virus around the jail, receiving no medical care despite his repeated requests, and watching as the jail failed to implement a quarantine that could help contain the virus.

40. Declarants report that the Clayton County Jail's kiosk-based, medical request system is an ineffective way to seek medical attention or care. When a detainee is experiencing a medical problem, jail officers tell the detainee to submit a medical request through the electronic kiosk. But multiple detainees report filing medical requests when they begin feeling unwell with potential symptoms of COVID-19, only to receive extremely delayed responses. For example, Randolph Mitchell submitted one medical request when he felt the onset of potential COVID-19 symptoms and a second request about four days later when he still had

[49] Declaration of D.H., at ¶¶ 4, 23–24. I understand that Plaintiffs' counsel will file D.H.'s declaration contemporaneously with this Declaration.

not been seen. He was not called to the medical unit until eight days after his first request, and even then, he was not tested for COVID-19 before being sent back to his cell.[50] Michael Singleton and other declarants report similar problems.[51]

41. In other circumstances, the medical request system is simply unavailable. One medically vulnerable declarant reported that the jail staff took away her ability to use the kiosk for an alleged disciplinary infraction and, weeks later, still had not yet given it back.[52] Since the kiosk is the only way for a detainee to submit a medical request, the woman was in the unfortunate position of being unable to bring any COVID-19 symptoms or other medical issues to the attention of the jail's medical staff.[53]

42. These reported deficiencies in the medical request system are concerning because they inhibit timely and accurate communication between detainees and jail staff about issues that impact detainee and jail health.

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[50] Declaration of Randolph Mitchell, ECF 6-1 Ex. A-2, at ¶¶ 13–16 ("Mitchell Declaration").
[51] Singleton Declaration at ¶¶ 7, 10.
[52] M.B. Declaration at ¶ 19.
[53] Jones Declaration at ¶¶ 16–21.

VI. Medically Vulnerable Detainees in Particular Face Severe Health Risks if Protective Measures Are Not Taken.

43. If medically vulnerable detainees are not released as soon as possible, in a matter of days, rather than weeks, they are at risk of infection, sequelae such as long-lasting and permanent organ damage, and even death. Survival from COVID-19 does not guarantee a life free from damage from the virus. Long-term effects of COVID-19 infection include the following:

a. Lung scarring and decreased lung capacity;
b. Stroke, embolism, and blood clotting disorders, which may result in permanent disabilities and amputations;
c. Heart damage, including cardiomyopathy and enlarged, ineffectively pumping hearts;
d. Neurological deficits, psychological deficits, and mental illness;[54]

44. Many of the detainees in the Clayton County Jail already have these deficits; infection with coronavirus could cause additional permanent damage and impairment.

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[54] *See, e.g.*, Lois Parshley, The Emerging Long-Term Complications of Covid-19, Explained, Vox (June 12, 2020), https://www.vox.com/2020/5/8/21251899/coronavirus-long-term-effects-symptoms.

VII. Summary and Recommendations

A. Summary of Findings

45. In my review of the declarations, there are few indicators that the Clayton County Jail is taking action to protect detainees, staff, or visitors from infection from coronavirus. Without such actions, this infection can progress to permanent physical damage and illness and even death.

46. There is one area of recent partial compliance with CDC guidelines:

a. The declarations indicate an apparent start of distribution of face masks to detainees. However, they do not indicate whether this distribution has been universal or how often masks are cleaned or changed. Face masks should be clean and worn by all detainees.[55] Face masks should also be replaced on an as-needed basis whenever they show signs of soiling or wear. The World Health Organization provides additional guidance on when and how to change a mask.[56]

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[55] *See* Interim Guidance, *supra* note 2 ("Because many individuals with COVID-19 do not have symptoms, it is important for everyone to wear cloth face coverings in order to protect each other.").

[56] How to Wear a Non-Medical Fabric Mask Safely, World Health Organization, https://www.who.int/images/default-source/health-topics/coronavirus/clothing-masks-infographic---(web)-logo-who.png?sfvrsn=b15e3742_16 (instructing

47. There are several areas of noncompliance with CDC Guidelines:

a. **Lack of social distancing, which is the essential primary mitigation strategy.** Declarant housing units are too populated to support social distancing. Detainees are not routinely instructed to maintain a safe distance, and in many cases are ordered to line up closely to one another to receive basic necessities like food or medication.

b. **Lack of provision of any protective equipment until late May/early June.** For months, Jail administration and staff acted particularly callously by telling detainees to wear a facial covering but requiring them to create their own. According to the declarations I have reviewed, it was not until late May or early June before masks of any sort were provided, and then some detainees report they were only reluctantly replaced when damaged or ineffective.

c. **Shortfalls in secondary mitigation, particularly the facility's sanitary conditions**. Detainees report that cells and housing

individuals not to wear face masks that are wet, dirty or damaged) (last visited July 14, 2020).

units are filthy and have plumbing leaks that promote a baseline of unsanitary conditions. These conditions are unsafe under any circumstances but are particularly dangerous in light of the COVID-19 pandemic. There are inadequate cleaning supplies.

d. **Poor compliance with personal hygiene standards.** As referenced throughout this document, the CDC has clear guidelines for routine hygiene and laundry practices—including how to launder institutional items and what protective equipment to wear while doing so.[57] This implies that laundering is done on a regular basis. However, the declarations indicate that this is not being done in Clayton County. Detainees state that towels, linens, and jumpsuits are dirty, and detainees go weeks to months at a time without them being laundered. Moreover, many report having to use their towels for personal hygiene, as face coverings, and for cell cleaning. The CDC recommends a "sufficient supply of soap for each individual," but the detainees consistently report a lack

[57] *See* CDC Interim Guidance, *supra* note 2.

of soap.[58] Detainees also report that they often have to use their body soap to clean their cells and wash their clothes. However, the CDC recommends that soap used for personal hygiene be separate from soap used for other purposes.

e. **Inadequate and inconsistent education and information regarding the virus provided to detainees**. Trustees do not report readily available instructions for cleaning, and only report a few very recent signs asking trustees to wear masks and socially distance (which is not possible in their dorms). Other detainees report a lack of posted signs or other information materials about how to reduce exposure to the coronavirus, and instead report relying on friends and family for information.

f. **Inadequate testing for diagnostic purposes.** Medical staff and correctional staff cannot rely only on temperatures to identify people who are infectious and may be shedding the virus to others. Symptomatic detainees are not promptly tested. When detainees test positive for coronavirus, the institution should partner with public health authorities to perform contact

[58] *Id.*

tracing. Contract tracing identifies those detainees and staff who have been in close contact in recent days with the infected person. This provides information for prompt quarantining and monitoring of asymptomatic individuals who may already be infected and are unknowingly spreading the virus. Broader testing and robust contact tracing will allow the jail to identify breakouts in housing units and allow minimization of the spread of the virus.

g. **No consistent approach to housing detainees based on their known COVID-19 status.** Detainees are not consistently housed or moved based on signs, symptoms, or testing. Detainees report infections, and what are likely reinfections, based on lack of cohorting, lack of effective isolation/quarantine, and lack of prompt medical intervention.[59]

[59] However, detention facilities should also avoid complete isolation of detainees whenever possible without concomitant safety procedures. If part of a COVID-19 containment or response strategy involves isolation of detainees, as in Clayton County, the detention facility must acknowledge this requires increased monitoring of detainees' safety, detainees' mental health, and suicidality wellness checks, and should thus increase staffing accordingly. When a jail fails to take such measures, as Clayton County jail has, administrators place detainees' physical and mental health at serious risk.

48. The Clayton County Jail remains an incubator for the coronavirus and current practices ensure that people within the facility are not only a risk to themselves, but that they are also a profound risk to the surrounding county and its scarce healthcare resources.

B. Recommendations

49. In my opinion, Clayton County Jail needs to move as quickly as possible, in a timeline of days, rather than weeks to:

a. **Release as many medically vulnerable detainees from Clayton County Jail as soon as possible.** There is no effective way to eliminate risk for medically vulnerable detainees in the jail. The best chance for medically vulnerable detainees to survive the pandemic is to release them from the jail so they can practice social distancing. Delays will result in more infections among detainees and staff, more advanced disease, more disease brought back to the community, and preventable disease and death.

b. **Reduce the remaining population to best approximate social distancing.** Enough detainees should be released so that the

remaining detainees in the Jail can more closely approximate social distancing as defined by the CDC.

c. **Enforce other CDC guidelines** to reduce the risk of infection and sequelae through strict adherence to use of PPE, cleaning, and hygiene practices by all in the jail environment, including detainees, correctional staff, medical staff, vendors, and other visitors. This includes, but is not limited to:

i. Posting clear signage in multiple languages around the jail to educate individuals on symptoms of COVID-19, procedure for reporting any such symptoms, and preventative measures to slow or stop the spread of COVID-19;

ii. Providing adequate face masks to all staff and detainees, mandating their use, and cleaning or replacing them regularly;

iii. Supplying detainees with adequate materials for intensified cleaning and disinfection practices;

iv. Ensuring that all frequently touched surfaces are sanitized between uses or, at minimum, multiple times per day;

v. Performing COVID-19 diagnostic tests for all newly admitted individuals at the Clayton County Jail so long as there is at least moderately sustained community transmission;

vi. Ensuring all detainees receive medical evaluation, testing, and treatment at the first signs of COVID-19 symptoms; and

vii. Implementing proper medical isolation and prompt testing of confirmed and suspected cases and adequate quarantine of any close contacts thereof.

I swear under penalty of perjury that the information given herein is true and correct, and I understand that a false answer to any item may result in a charge of false swearing.

July 23, 2020

Fred Rottnek, MD, MAHCM
Professor and Director of Community Medicine, Department of Family and Community Medicine
Saint Louis University
Board-certified in Family Medicine and Addiction Medicine
Professor and Medical Director, Doisy College of Health Sciences, Physician Assistant Education Program
Professor, School of Law, Center for Health Law Studies

ATTACHMENT A

Curriculum Vitae

Fred W. Rottnek, MD, MAHCM, FAAFP, FASAM

Contact Information

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Creve Coeur, MO 63141
Cell: [redacted]

Current Position

- **Professor, Family & Community Medicine, Saint Louis University School of Medicine** — 2016 - Present
- Joint Appointment, Professor, Physician Assistant Program, Doisy College of Health Sciences — 2018 - Present
- Secondary Appointment, Professor, Center for Health Law Studies, School of Law — 2019 -Present
- Program Director, Saint Louis University Addiction Medicine Fellowship — 2018 - Present
- Medical Director, Juvenile Detention, 22nd Judicial Court of Missouri — 2020 - Present
- Medical Director, Assisted Recovery Centers of America, — 2018 – Present
- Medical Director, Saint Louis University Physician Assistant Program — 2017 – Present
- Consultant, Missouri Department of Mental Health, Opioid State-Targeted Response/State-Opioid Response, Opioid Crisis Management Team (21st Century CURES Act) — 2017- Present
- Director of Community Medicine — 2014 - Present
- Consultant, Health Services, Concordance Academy of Leadership — 2016 - 2018

- **Associate Professor, Family & Community Medicine, Saint Louis University School of Medicine** — 2008 - 2016
- Medical Director, Saint Louis University Program Office of the Area Health Education Center — 2008 – 2013
- Medical Director (contracted), Saint Louis County Department of Health: Corrections Medicine — 2001 – 2016
- Lead Physician (contracted), Saint Louis County Department of Health: Corrections Medicine (Buzz Westfall Justice Center and Juvenile Detention at Family Court) — 2001 - 2016

Education

Postgraduate training:

- Certified Correctional Health Professional-Physician Recognition, National Commission on Correctional Health Care — 2015 -Present
- Certified Correctional Health Professional, National Commission on Correctional Health Care — 2013 -Present
- Behavioral Health and Justice Leadership Academy — 2016 - 2018
- Master of Arts in Health Care Mission, Aquinas Institute of Theology — 2001 - 2004
- Fellowship, University of North Carolina at Chapel Hill — 1998 - 1999
- Residency, Family Medicine of Saint Louis (Deaconess Hospital) — 1995 - 1998
- Graduate Studies in Secondary Education/Teaching Certification, University of Missouri, Saint Louis — 1987 - 1988

Medical education

MD, Saint Louis University — 1991-1995

Undergraduate education

BS, Furman University — 1982-1986

Previous Professional Experience

Adjunct Assistant Professor, Saint Louis University, School of Medicine — 2008 - 2010

Volunteer Clinical Assistant Professor, Saint Louis University, School of Medicine — 2000 - 2008

Hospital and Clinical Staff Appointments

Saint Louis University Hospital—Associate/Courtesy Staff Saint Louis, Missouri — 2010 – Present

Director of Community Medicine, Institute for Family Medicine, Saint Louis, Missouri — 2000 - 2009

Vice President and Chief of Medical Operations, Institute for Family Medicine, Saint Louis, Missouri — 2006 - 2007

Faculty Physician, Family Medicine of Saint Louis, Forest Park Hospital, Saint Louis, Missouri — 1998 - 2005

Intern and Resident, Family Medicine of Saint Louis, Deaconess (Forest Park) Hospital, Saint Louis Missouri — 1995 - 1998

Board Certification and Licensure

Fellow, American Academy of Addiction Medicine — 2019 – Present

Addiction Medicine — 2018 – Present

Family Medicine — 1998 - Present

Fellow, American Academy of Family Physicians — 2005 - Present

Professional Society Memberships

International

Association of Medical Education and Research in Substance Abuse — 2017- Present

Physicians for Human Rights — 2006 - Present

Amnesty International — 2002 - Present

Society of Teachers of Family Medicine — 1998 - 20018

National

American Society of Addiction Medicine	2016 - Present
Academy of Correctional Health Professionals	2013 - 2018
Society of Correctional Physicians	2012 - Present
Health Care for the Homeless Clinicians Network	1997 - Present
American Academy of Family Physicians	1991 - Present

Honorary Societies, Honors and Awards

NCADA (National Council on Alcohol and Drug Abuse) St. Louis, Pioneer Award	2020
Academy of Medical Educators, Saint Louis University School of Medicine	2019
Leonard Tow Humanism in Medicine Award presented by the Arnold P. Gold Foundation	2018
Michael J. Garanzini Award in Recognition of Outstanding Community Service	2017
Distinguished Teacher Award 2017 Saint Louis University School of Medicine MD Degree Program: Humanism, Saint Louis University	2017
Health Protection and Education Physician Educator Award	2016
Saint Louis University Student Development Collaborative Partner Award	2015
Saint Louis Metropolitan Medical Society Arthur Gale, MD Writer's Award	2015
Honorary Induction into the Pre-Medical Honor Society, AED Missouri Beta Chapter: Saint Louis University	2014
SLU Star, Saint Louis University	2013
2012 Clelia Merloni Award, Apostles of the Sacred Heart of Jesus	2012
Physician of the Month: Family Medicine Interest Group, American Academy of Family Physicians	2012
Distinguished Teacher Award 2011 Saint Louis University School of Medicine MD Degree Program: Humanism, Saint Louis University	2011
2011 Greater Saint Louis Community Health Award, Saint Louis Academy of Family Physicians	2011
Covenant House Missouri Volunteer of the Year Award 2008, Covenant House Missouri	2008
James F. Hornback Ethical Humanist of the Year Award, 2006, The Ethical Society of Saint Louis	2006
Pacesetter Award, University City School District	2000
Salvation Army Volunteer of the Year 2000, Central Territory, Salvation Army	2000
Salvation Army Volunteer of the Year 2000, Midland Territories, Salvation Army	2000
Salvation Army Volunteer of the Year 2000, Missouri-Illinois Region, Salvation Army	2000
Pacesetter Award, University City School District	1998
Resident Teacher Award, The Society of Teachers of Family Medicine	1998
Salvation Army Beacon Award, Salvation Army	1997
Mead-Johnson Award for Excellence in Graduate Education, Mead-Johnson and the American Academy of Family Physicians	1997
Family Health Foundation of Missouri Scholarship Award, Family Health Foundation of Missouri	1995
Summa cum laude, Furman University	1986

George Sampey Award in Chemistry, Furman University	1986
Phi beta kappa, Furman University	1985
Phi eta sigma, Furman University	1983

Professional Service

University

Mission Liaison, Office of Mission and Identity	2016 - 2018
Committee Member, Sexually Transmitted Infections Regional Response Coalition	2015 - 2017
Chair, Higher Education Learning Collaborative, Working Group on Alive and Well STL	2015 - 2016
Higher Learning Commission Mid-Cycle Accreditation Review Committee on Mission	2014 - 2016
Faculty Representative, Saint Louis University Trustee Committee on Mission and Ministry	2013 -2016
On-Call Physician Services, Xavier Winter Inn, Social Ministry, St. Francis Xavier (College) Church	2010 - 2016
Task Force Member, Saint Louis County Department of Health Sub-Specialty Care Contract Bid	2013
Strategic Planning Working Group for SLU as Social Justice Entrepreneur	2014-2015
Higher Education Collaborative (Representing SLU on Health Care)	2014-2015
Conference-Related, Exploring Pedagogy of Interprofessional Education to Improve Teamwork and Patient Outcomes: Planning Committee	2012

Medical School

Co-Director, Urban Community Health Track	2018 - Present
SLUCare Provider Opioid Advisory Working Group	2018 – Present
Strategic Planning Committee	2017 – Present
• Education Subcommittee (Co-chair)	2017 – Present
• Overarching Goals Subcommittee	2017 – Present
Committee Member, Curriculum Committee	2013 – Present
Committee Member, Pre-Clinical Curriculum Sub-Committee	2017 – Present
Admissions Committee	2009 - 2015

Department

Chair, Faculty Promotion and Tenure Committee	2014 - Present
Member, Faculty Promotion and Tenure	2013 - Present
Committee Member, Saint Louis University, Family and Community Medicine Leadership Committee	2012 - Present
Faculty Mentor, Physicians for Human Rights: SLU Chapter	2010 - Present
Program Director, Coe Distinction in Community Service	2010 - Present
Faculty Mentor, HIV Prevention Task Force	2008 – Present
Faculty Mentor, SLU Chapter of Physicians for Human Rights	2008 - Present
Medical Director, Area Health Education Program Office	2008 - 2013
Faculty Advisor, Child Abuse Prevention Task Force	2008 - 2013

Editorial and Journal Review Boards

Committee Member, Catholic Health Association, Editorial Committee of Health Progress	2015- Present

Ad Hoc Reviewer, Family Medicine	2014 – Present
Ad Hoc Reviewer, Journal of Interprofessional Practice	2014 - Present
Ad Hoc Reviewer, on-line cases for Family Medicine student education, fmCASES, Society of Teachers of Family Medicine	2010

Community

National

Opioid Response Network—Technical Assistance Center, Clinical Consultant and Training	2020 - Present
The ARCHway Institute	2019 - Present
Provider Clinical Support Services Trainer for Buprenorphine Waiver	2019 - Present
Advisory Board, Campaign for Trauma Informed Policy and Practice (CTIPP)	2018 - Present

Regional

Subcommittee Chair, Opioids and Chronic Pain, SSM Opioid Stewardship Project	2018 - Present

State

Committee Member (Invited) Missouri Department of Health and Senior Services' Opioid Policy Advisory Council	2017 – Present
Board of Directors and Treasurer, Alive and Well Communities	2017 – Present

Local

Search Committee for CEO, St. Louis Regional Health Commission	2019
Committee Member, Saint Louis Integrated Health Network, IHN Service Line Advisory Committee	2015 - 2016
Board of Directors, Criminal Justice Ministry of Saint Louis	2013 - 2019
Commissioner, Saint Louis Regional Health Commission	2013 - Present
Committee Member, Saint Louis Integrated Health Network, IHN Clinical Team for Network-Academic Partnerships	2013 - Present
Speaker and Facilitator, Community Night, Vincentian Mission Corps	2012 - Present
Committee Member, Sexually Transmitted Infections Regional Response Coalition	2015 - 2017
Committee Member, Saint Louis Regional Health Commission Specialty Care and Transportation Short-Term Crisis Planning Team	2013 - 2014
Task Force Member, Saint Louis Regional Health Commission, Health Status Reporting Task Force	2011 -2013
Board of Advisors, Criminal Justice Ministry, Society of Saint Vincent de Paul	2011 - 2013
Speaker and Facilitator, Community Night, Gateway Vincentian Volunteer	2005 - 2011
Sunday Presenter, Patriotism and Public Health Policy, The Ethical Society of Saint Louis	2007
Board of Directors of a Company, Gateway Vincentian Volunteers	2003 - 2006
Sunday Presenter, The Vocabulary of Morality and the Common Good, The Ethical Society of Saint Louis	2006
Site Supervisor for Volunteer, Gateway Vincentian Volunteers	2001 - 2003

Washington University

Lecturer for Medical Student Orientation, Washington University School of Medicine	2004 – 2017
Lecturer for Criminalization of Poverty Course in the Brown School (Linda Raclin) focus on Correctional Health Care	2015 - 2017
Lecturer and Site Coordinator for Criminal Justice Course in the Brown School (Carrie Pettus-Davis) focus on Juvenile Certification and Sentencing (Product of Fall 2014 semester: Amicus brief addressing need to re-adjudicate cases of certified juveniles given a life-without-parole sentence filed in the Missouri Supreme Court on December 1, 2014)	2013 – 2015
Thesis Committee Member, Masters of Science in Clinical Investigation, Washington University, Thesis Committee, Philip Wenger, PharmD	2013
Lecturer and Tour Guide for Mental Health and Public Policy Course in the Brown School (Bethany Johnson-Javois)	2013-2016
Expert Panel Member for Grant, Innovative Reentry Model for Adult Males with Substance Abuse and Trauma History (Carrie Pettus-Davis)	2013
Mental Health Awareness Week Speaker, Washington University School of Medicine Mental Health Outreach Program	2013
Speaker and Tour Guide at Buzz Westfall Justice Center, Washington University School of Medicine	2013-2015

Other

Reviewed medical records and testified for Prosecuting Attorney, Medical Consultation to Saint Louis County Prosecuting Attorney	2010 - 2016
Reviewed medical records and testified for County Counsel, Medical Consultation to Saint Louis County Counsel	2001 - 2016

Current and Past Teaching Responsibilities

Courses and Lectures or Topics:

Law and the Opioid Epidemic (School of Law)	Spring 2020
SOM Curricular Thread in Pain Substance Use, and Addictions	2017 - Present
Clinical Interviewing (Course Director, Lecturer, and Small Group Leader)	2017- Present
Integrative Interprofessional Practicum Experience	2009 -2018
EPI-100 Epidemiology and Biostatistics	2008 - 2017
FCM-430 Interprofessional Team Seminars (Course Director and Small Group Leader)	2008 - Present
FCM-431 Integrative Interprofessional Practicum	2008 - 2018
SALC-104 Vulnerable Populations	2008 - 2018
SALC-117 Corrections Med / Juvenile Detention	2008 - 2018
Introduction to Interprofessional Health Care (Grand Rounds Panelist)	2008 – Present
ACS1-100 Applied Clinical Skills 1	2008 - 2016
FCM-301 Family Medicine Clerkship	2008 - 2012

Clinical Teaching Responsibilities:

Community Medicine Rotation, Saint Louis University Family Medicine Residency	2010 - 2016

Protégé:

Medical Students Advised/Mentored (include students in the Rodney M. Coe Distinction in Community Service Program, academic advisees, and students in the Service and Advocacy Learning Community Electives)

2009-2020 - 25
2018-2019 - 25
2017-2018 - 25
2016-2017 - 25
2015-2016 - 25
2014-2015 - 25
2013-2014 - 25
2012-2013 - 25
2011-2012 - 50
2010-2011 - 50
2009-2010 - 50
2008-2009 - 50

Faculty Advisor for Family Medicine Residents

Daniel Stevens, DO — July 2017 – June 2020
Ritesh Ghandi, MD — July 2016 – June 2019
Joseph Moleski, DO — July 2015 – June 2018
Matthew Witthaus, MD — July 2013 – June 2018
Imani Anwisye, MD — July 2012 – June 2015

Faculty Mentor

Jennifer Bello-Kottenstette, MD — July 2016 - Present
Emily Doucette, MD — July 2015 – June 2016

Contracts, Grants and Sponsored Research:

Medical Services at the 22nd Court Juvenile Division--Detention Program, Funded by City of St. Louis (July 1, 2020 - June 30, 2021), awarded July 1, 2020 ($40,040.00), Funded - In Progress, Summer 2020, PI Fred Rottnek MD, MAHCM with Kelsey Fouch, PA-C

Rottnek, Fred W. (Principal), " Peer to Peer (P2P) Recovery Community Services Program, Sponsored by NCADA - Saint Louis, $133,861.00. 0.3 FTE, April 30,2020—April 29, 2024 (Under review)

Rottnek, Fred W. (Principal Investigator), Saint Louis University Addiction Medicine Fellowship, sponsored by Missouri Foundation for Health, $880,000. 0.02 FTE, January 1, 2020 to December 31, 2022

Rottnek, Fred W. (Principal Investigator), Opioid Workforce Expansion Grant, Health Resources and Services Administration, $1,050,000. 0.02 FTE, October 1, 2019 to September 30, 2022

Rottnek, Fred W. (Principal), Consultant, Medical Director, Assisted Recovery Centers of America, 0.3 FTE, March 1, 2018 to present.

Rottnek, Fred W. (Principal), "State Targeted Response to the Opioid Crisis Grants (Opioid STR)," Sponsored by University Of Missouri - Saint Louis, $133,861.00. 0.3 FTE, May 1, 2017 - April 30, 2019, extended through September 30, 2020 to include funding of the Addiction Medicine fellow for AY 2019-2020

Rottnek, Fred W. (Principal), Consultant, Health Services, Concordance Academy of Leadership, April 1, 2016 to present.

Sweetman, Leah M., Rottnek, Fred W., McCarthy, Patrick G., Chawszczewski, Susanne A., Everard, Kelly M. (Principal), Bishop, Jeffrey P., "Medical School Faculty Reconnecting to Mission of SLU," Sponsored by Lilly Fellows Program, $3000.00, 2017-2018.

Pole, D. C. (Key Personnel), Schneider, F. D. (Principal), Pole, D. C. (Key Personnel), Rottnek, F. W. (Key Personnel), Everard, K. M. (Key Personnel), Wiethop, N. A. (Other), 15985, Proposal, "Area Health Education Centers Point of Service Maintenance and Enhancement Awards", Health Resources & Services Administration, Federal Government, $193,097.00, Funded.

Rottnek, F. W. (Key Personnel) provided initial and on-going administrative support to support the successful bid for the SLUCare-Saint Louis County Department of Health Specialty and Subspecialty Contract. (August 2013 to September 2016)

Rottnek, F. W. (Key Personnel) and Schneider, F. D. (Principal) Family and Community Medicine contract with the Saint Louis County Department of Health to provide 0.6 FTE of family physician services (as well as administrative and medical director services) to Corrections Medicine and the South County Health Center (January 2010 – September 2016 for former site; March 2013 – March 2014 for latter)

Bibliography

Journal Articles.

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Everard, K. M., Crandall, S. J., Blue, A. V., Rottnek, F. W., Pole, D. C., Mainous, A. G. (2014). Exploring interprofessional education in the family medicine clerkship: a CERA study. *Family Medicine. 46*(6), 419-422.

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Rottnek, F. W., Yanofchick, B. (2012). *Physicians and Catholic Health Care: Educating Doctors for Mission Fit*. Health Progress

Rottnek, F. W. (2011). *Medical Release Summary, State of Missouri Department of Corrections*.

Rottnek, F. W. (2010). *I Don't Love Medicine; I Love What I Can Do With It*. Missouri Family Physician.

Searight, H. R., Abby, S. L., Rottnek, F. W. (2001). Conduct Disorder: Diagnosis and Treatment in Primary Care. *American Family Physician* (2001), 1579-1590.

Searight, H. R., Burke, J. M., Rottnek, F. W. (2000). Adult Attention Deficit Disorder (AD/HD): Evaluation and Treatment in Family Medicine. *American Family Physician* (2000), 2077-2085.

Rottnek, F. W. (1999). Medication for Adult Attention Deficit/Hyperactivity Disorder. In Jones, C. B. (Ed.), *Parent Articles About ADHD*. Psychological Corporation.

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Rottnek, F. W. (2011). *Every Medical Student Should Go To Jail*. Society of Teachers of Family Medicine.

Rottnek, F. W., Pole, D. C., Meyer, A. (2011). *Is a Catholic Mission Statement Good for Medical Education? Reclaiming Institution Tradition for Professional Formation*.

Pole, D. C., Rottnek, F. W., Meyer, A. (2011). In Pole, D. C. (Ed.), *You Scratch My Back...Cementing a Community-University Partnership*.

Rottnek, F. W., Pole, D. C. (2010). *Folding Medical Students into the Mix*.

Magazine Articles

Rottnek, F.W (2018) Dead People Don't Recover. A Matter of Spirit Summer 2018, 4-5 http://www.ipjc.org/wp-content/uploads/2018/05/AMOSSummer-2018-Web.pdf

Rottnek, F.W. (2017) Michael Brown and HIV Criminalization. St. Louis American, August 14, 2017. http://www.stlamerican.com/news/columnists/guest_columnists/michael-johnson-and-the-criminalization-of-hiv/article_6af73598-80f7-11e7-99af-c7d64bc371ca.html

Rottnek, F. W. (Ed.), Addiction Medicine in the 21st Century (Spring 2017 ed.). Saint Louis: Missourians for Single Payer Health Care

Rottnek, F. W. (2017). How 15 Years in Jail Transformed My Theology (51st ed., pp. 48-49). Conversations in Jesuit Higher Education.

Rottnek, F. W. (2016). In Sokol, B. W. (Ed.), *Is Zika a clinical--and pastoral--game changer?* (April 22, 2016 ed., pp. 6-7). Saint Louis: Saint Louis University.

Rottnek, F. W. (2015). *A Step Backward in Racial and Health Disparities: Saint Louis County Puts Correctional Health Care Out for Bid* (Fall 2015 ed., pp. 4-5). Saint Louis, Missouri: Missourians for Single Payer Health Care

Rottnek, F. W. (2015). How Trauma and Toxic Stress Impact Health. *St. Louis Metropolitan Magazine.* April/May Issue. 16-19.

Abstracts and Posters

"The Value of an Orientation Community Service Day for Incoming Medical Students", Central Group on Educational Affairs, Association of American Medical Colleges	March 2013
"Case-control evaluation of risk factors associated with hepatitis C infection in a correctional facility.", Midyear Meeting 2012, ASHP, American Society of Health-System Pharmacists	December 2012
"PA Students: Finding the Right Niche for Interprofessional Education", 20th Annual Clinical and Professional Poster Session, American Association of Physician Assistants	June 2011

Supplemental Material

National-level Presentations

"The Opioid Epidemic and Trauma: This is Your Brain on Drugs; This is Your Brain on Trauma ", 20th Annual Southern States Victim Assistance Conference, Fort Lauderdale, Florida (Invited)	August 2019
Opioids", Pediatric Update, Volume 39, Issue 6	December 2018
"This is Your Brain on Drugs. This is Your Brain on Trauma." National Center for Domestic Violence, Trauma, and Mental Health (a division of the Substance Abuse and Mental Health	October 2018

Administration) and the Campaign for Trauma-Informed Policy and Practice, jointly-sponsored national webinar (Invited) http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2018-trauma-opioids-and-domestic-violence/	
"What Can We Learn from Our Founders about the Opioid Epidemic" Catholic Health Association Webinar Ethics Webinar (Invited)	July 2018 March 2018
"The Missouri Opioid State Targeted Response: What Missouri is Doing and Why" Dean's Conference of Midwest Osteopathic Medical Schools (Invited)	August 2017
"Operationalizing Mission is a Jesuit School of Medicine" Association of Jesuit Colleges and Universities' Commitment to Justice in Higher Education Conference	
2019"Updates in Medication Assisted Therapies for Substance Use Disorders", 2017 Saint Louis University Physician Assistant Continuing Education Conference, Saint Louis University Physician Assistant Program	April 2017
"Why Should You Care About Correctional Health Care", Saint Louis University Public Health Fair, Saint Louis University	April 2017
"Trauma-Informed Practice in Primary Care Panel", Academy of Violence and Abuse Regional Summit, Saint Louis University	March 2017
"FORECAST", National Child Traumatic Stress Network FORECAST, University of Missouri--St. Louis	March 2017
"Repeal and Replace: Potential Consequences of Repeal of the Affordable Care Act for the LGBTQ+ Community", 12th Annual Midwest LGBTQ Law Conference, Washington University	March 2017
"Do patient-centered medical homes improve health behaviors, outcomes and experiences for low income patients? A systematic review.", 49th Annual Spring Conference, Society of Teachers of Family Medicine	April 2016
"Developing a research question: Steps for research success from the idea to publication", 2015 Medical Student Education Conference, Society of Teachers of Family Medicine	February 2015
"Evaluation of an Interprofessional Team Seminar Course in Preparing Medical Students for Interprofessional Collaborative Practice", 2015 Medical Student Education Conference, Society of Teachers of Family Medicine	February 2015
"Maintaining Professional Focus and Mission in Correctional Health Care", National Conference, National Commission on Correctional Health Care	October 2014
"Evaluation of an Interprofessional Team Seminar Course in Preparing Medical Students for Interprofessional Collaborative Practice", Evaluation of an Interprofessional Team Seminar Course in Preparing Medical Students for Interprofessional Collaborative Practice, NAP Annual Meeting & Forum	April 2014
"Interprofessional Collaborative Practice: The Nuts and Bolts of Interprofessional Collaborative Practice in Correctional Health Care", Saint Louis University Model of Interprofessional Education, University of New England	June 2013

"Interprofessional Grand Rounds", Saint Louis University Model of Interprofessional Education, University of New England	June 2013
"The Interprofessional Team Practicum", Saint Louis University Model of Interprofessional Education, University of New England	June 2013
"Transitioning to Community Interprofessional Practice: Making it Work", Saint Louis University Model of Interprofessional Education, University of New England	June 2013
"The Saint Louis University Model of Interprofessional Education", Saint Louis University Model of Interprofessional Education, University of New England	June 2013
"Exploring Poverty Simulation in Medical Education", Primary Care Research Symposium, Saint Louis University	April 2013
"Write effective standing orders interprofessionally to increase productivity, efficiency and job satisfaction", National Commission on Correctional Health Care Spring Conference 2013, National Commission on Correctional Health Care	April 2013
"Creating Value for IPE with Medical Students: Lessons Learned from the Interprofessional Team Seminar", Exploring Pedagogy of Interprofessional Education to Improve Teamwork and Patient Outcomes, Saint Louis University Center for Interprofessional Education and Research	November 2012
"The Interprofessional Management Team Meeting: An IPCP Approach to Health System Improvement", Exploring Pedagogy of Interprofessional Education to Improve Teamwork and Patient Outcomes, Saint Louis University Center for Interprofessional Education and Research	November 2012
"Writing an Interprofessional Patient Case Study Interprofessionally", Exploring Pedagogy of Interprofessional Education to Improve Teamwork and Patient Outcomes, Saint Louis University Center for Interprofessional Education and Research	November 2012
"Academic Medicine in Family Medicine", National Conference, American Academy of Family Physicians	July 2012
"Harnessing the Energy of Medical Student Interest Groups", National Conference, American Academy of Family Physicians	July 2012
"Is a Catholic Mission Statement Good for Medical Education? Reclaiming Institutional Tradition for Professional Formation", 37th Annual Spring Conference on Medical Student Education, Society of Teachers of Family Medicine	January 2011
"You Scratch My Back...Cementing a Community/University Partnership", 37th Annual Spring Conference on Medical Student Education, Society of Teachers of Family Medicine	January 2011
"Effects of a Summer Preceptorship Program on Student Interviewing Skills", 36th Annual Spring Conference on Medical Student Education, Society of Teachers of Family Medicine	January 2010
"Folding Medical Students into the Mix: The Interprofessional Team Seminar", 36th Annual Spring Conference on Medical Student Education, Society of Teachers of Family Medicine	January 2010
"Cultivating Wholeness and Connectedness for Spiritual Health", 23rd Annual Westberg Parish Nurse Symposium, International Parish Nurse Resource Center	September 2009

Regional-level Presentations

United Way sponsored opioid presentations at Isothermal Community College in Forest City, NC—community stakeholders, class of Critical Response Course, and Child Protective Services	February 2020
Mercy John V. King Symposium Family Medicine CME, "Striking When the Iron is Hot: How, Where, and When to Initiate Medication Treatment for SUDs" (Invited)	October 2019
"The Role of Medications in the Treatment of Substance Use Disorders", Ohio State University (Marion) (Invited)	September 2019
Provider Clinical Support Services Buprenorphine Waiver Trainings, multiple, across the state	2018 – Present
"Treatment Goals with Patients with OUD": Gateway College of Clinical Pharmacy Annual Clinical Jamboree, St. Louis College of Pharmacy	July 2019
"Introduction to OUD for Pain Management Nursing", St. Louis Chapter of the American Society of Pain Management Nursing	June 2019
Alcohol Use Disorder Treatment in Primary Care, ECHO Presentation, University of Missouri-Columbia	May 2019
"Why I Had to Invest in a Trauma Informed Lens for My Work and My Life", Healing and Resilience: The Journey Forward, Behavioral Health System Baltimore (Invited)	March 2019
"The Opioid Epidemic is a Patient Safety Issue", SSM Regional 2018 Patient Safety, Quality, and Regulatory Conference, *Building the Plane While Flying It: The Evolving Role of PSQ at SSM Health* (Invited)	October 2018
"How Do We Achieve Health and Wellness in Recovery?", Dimensions of Recovery, Washington University (Invited)	October 2018
"Medications for Opioid Use Disorder: Improving Individual and Community Health with Client-Centered Treatment", Bi-State Infectious Disease Conference (Invited)	October 2018
"Myths and Facts about Drug Infectivity", Bureau of HIV, STD, and Hepatitis, Missouri Department of Health, Disease Intervention Specialists (Invited)	October 2018
"Shutting Down the Prison to Emergency Department Pipeline: How Can We More Effectively Work with Community Resources for Successful Reentry", SMART (Southeast Missouri Area Reentry Conference) Plenary Address (Invited)	October 2016
"How 15 Years in Jail Transformed My Theology", SLU First Friday Mass and Lecture, Saint Louis University Mission and Identity (Invited)	May 2016
"HIV Criminalization", Saint Louis University School of Medicine Noon Conference, Saint Louis University Chapter of Physicians for Human Rights	January 2016
"Lessons Learned during the Year Saint Louis County Put Correctional Health Care Services Out for Bid", Missourians for	January 2016

Single Payer Monthly Meeting, Missourians for Single Payer and the Ethical Society of Saint Louis	
"Correctional Health Care in Saint Louis County Missouri", Council of Nephrology Social Workers Monthly In-Service, Council of Nephrology Social Workers	January 2016
"HIV Should not be a crime: Separating Fact from Fiction", Annual Conference, Empower Missouri	October 2015
"Violence and Reentry", Violence and Reentry, Saint Louis Alliance for Reentry (Invited)	October 2015
"The Interprofessional Team Seminar", School of Medicine Alumni CME Conference, Saint Louis University	October 2014
"Maintaining Professional Focus and Mission in Correctional Health Care", National Conference, National Commission on Correctional Health Care	October 2014
"Evaluation of an Interprofessional Team Seminar Course in Preparing Medical Students for Interprofessional Collaborative Practice", Evaluation of an Interprofessional Team Seminar Course in Preparing Medical Students for Interprofessional Collaborative Practice, NAP Annual Meeting & Forum	April 2014
"Show Me No Criminalization", Show Me No Criminalization, The SERO Project	April 2014
"HIV/AIDS and the Prisoner Population Panel," Missouri Department of Corrections, ARCHS, Missouri Department Of Social Services, Osage Beach, MO. *Invited presentation*	November 2013
"Professional Burn-Out, What's Next?" Missouri Department of Corrections, ARCHS, Missouri Department Of Social Services, Osage Beach, MO. *Invited presentation*	November 2013
"Reentry In Action or Reentry Inaction," Missouri Department of Corrections, ARCHS, Missouri Department of Social Services, Osage Beach, MO. *Invited keynote presentation*	November 2013
"Mental Health Provider Round Table Discussion," Saint Louis Alliance for Re-Entry, Saint Louis, Missouri. *Invited presentation*	November 2013
"HIV/AIDS and the Prisoner Population Panel", Missouri Reentry Conference 2013, Missouri Department of Corrections, ARCHS, Missouri Department of Social Services	November 2013
"HIV/AIDS and the Prisoner Population Panel", Missouri Reentry Conference 2013, Missouri Department of Corrections, ARCHS, Missouri Department of Social Services	November 2013
"Professional Burn-Out, What's Next?", Missouri Reentry Conference 2013, Missouri Department of Corrections, ARCHS, Missouri Department of Social Services	November 2013
"Reentry In Action or Reentry Inaction", Missouri Reentry Conference 2013, Missouri Department of Corrections, ARCHS, Missouri Department of Social Services	November 2013
"Mental Health Provider Round Table Discussion", STAR Points: The Mental Health Connection, Saint Louis Alliance for Re-Entry	September 2013
"Setting the Stage for Mental Health Intervention", STAR Points: The Mental Health Connection, Saint Louis Alliance for Re-Entry	June 2013

Local Presentations

St. Louis City Prosecutor's Class on OUD, Partnering with Missouri SOR Team — 10/2018 – Present

Gateway to Better Health Substance Use Disorder Benefit, FQHC's and County Department of Public Health, Provider Trainings — January and February 2019

Missouri Opioid State Target Response, Mercy Family Medicine Grand Rounds — April 2018

Missouri Opioid State Target Response Chemistry and Communication, Invited Speaker — April 2018

ONE Series, Saint Louis Integrated Health Network, Saint Louis University — September 2015

"Show Me No Criminalization," The SERO Project, Saint Louis Public Library: Schlafly Branch. — April 2014

"Health Care in the Changing Environment," Chaminade College Preparatory, Creve Coeur, Missouri. *Invited presentation* — March 2014

"How to Create a Scholarship Timeline", Faculty Development Presentation, Saint Louis University School of Medicine — September 2013

"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University — April 2013

"The role of correctional health care in the US health care safety net", Health for All, Saint Louis University's Chapter of AED — April 2013

"The urban flight of health care systems in Saint Louis", Health for All, Saint Louis University's Chapter of AED — April 2013

"The mental health continuum from jail to community", Saint Louis Alliance for Re-Entry Summit 2013, Saint Louis Alliance for Re-Entry — March 2013

"I am Adam Lanza's doctor", Saint Louis University Political Roundtable, Saint Louis University — February 2013

"Promotions", Brown Bag Series, SLU SOM Office of Faculty Affairs and Professional Development — August 2012

"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University — April 2012

"Communicating Unexpected Outcomes and Errors with Patients and Their Families", Open Disclosure Training, Saint Louis University — October 2011

"Making the Most Out of a Bad Situation: Comprehensive STI Testing in the Buzz Westfall Justice Center", Professional Presentation in Corrections Medicine, Saint Louis HIV/AIDS Planning Council — April 2011

"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University — April 2011

"Family Medicine and Corrections Medicine: Every Jail Needs a Family Physician", Family Medicine Interest Group, Saint Louis University Chapter, Saint Louis University — January 2011

"Health Care Disparities in Saint Louis", Saint Louis Chapter of Alpha Epsilon Delta (AED), Saint Louis University — January 2011

"Family Physicians and Community Practice", Family Medicine Interest Group, Washington University Chapter, Washington University School of Medicine	January 2011
"Racial Tension and the Impact on Health Care in Saint Louis: Follow the Money", Physicians for Human Rights, Saint Louis University Chapter, Saint Louis University	August 2010
"The Criminalization of Mental Illness", Physicians for Human Rights, Saint Louis University Chapter, Saint Louis University	August 2010
"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University	March 2010
"The Interprofessional Team Seminar: A Learning Activity for Advancing Professional Communication Skills", 23rd Annual Midwest Dean's Occupational Therapy Research Conference	January 2010
"Primary Care: A Practice Path Where You Can Practice Your Values", Family Medicine Interest Group, Saint Louis University Chapter, Saint Louis University	October 2009
"Missouri AHEC: A Comprehensive Workforce Pipeline", Health Care Workforce Development: Cultivating Missouri's Resources, Missouri Foundation for Health	June 2009
"Corrections Medicine and HIV/AIDS Care", Saint Louis Association of Nurses in AIDS Care, Midwest AIDS Training and Education Center	June 2008
"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University	March 2008
"The Nuts and Bolts of Mental Health Care for the Primary Care Provider", Annual Physician Assistant CME Conference, Saint Louis University	October 2007
"Justice and Health Care", Primary Care Week, Saint Louis University	October 2007
"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University	February 2007
"The Nuts and Bolts of Mental Health Care for the Primary Care Provider", Annual Physician Assistant CME Conference, Saint Louis University	October 2005
"Corrections Medicine: An Overview and Metaphor for Caring for the Underserved", Corrections and Social Service (Course), Saint Louis University	March 2005
"Corrections Medicine: Creative Methods for caring for the Underserved", Second Annual CME Conference: Innovative Approaches in Caring for the Underserved, East Central Missouri AHEC	September 2004
"Corrections Medicine as a Metaphor for Health Care Access", Institute for Family Medicine Community Forum, Institute for Family Medicine	February 2004

Community Activities

Member, Amnesty International	1998 -Present
Member, Humane Society of Missouri	1998 - Present
Member, National Public Radio	1998 - Present
Member, Focus St. Louis	2013 -Present

Consulting

Saint Louis Effort for AIDS (Pro bono; Standing orders for outreach van testing, treatment and education)	2010 - 2017
Academic, University of New England Center for Excellence in Interprofessional Education	2013
Consultant, Missouri Department of Mental Health, Opioid State-Targeted Response/State Opioid Response, Opioid Crisis Management Team (21st Century CURES Act)	2017- Present
Consultant, Health Services, Concordance Academy of Leadership	2016-2018