☐ EXPEDITE
☒ Hearing set for:
Date: Friday, April 23, 2021
Time: 9:00 a.m.
Judge/Calendar: Judge James Dixon

SUPERIOR COURT OF WASHINGTON
FOR THURSTON COUNTY

CANDIS RUSH, JUSTIN AUTREY, GREGORY STEEN, THEODORE RHONE, and MICHAEL LANIER, on behalf of themselves and all others similarly situated,

Plaintiffs/Petitioners,

vs.

WASHINGTON STATE DEPARTMENT OF CORRECTIONS, a state agency; STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections; WASHINGTON STATE DEPARTMENT OF HEALTH, a state agency; and DR. UMAIR SHAH, Secretary for the Washington State Department of Health;

Defendants/Respondents.

CLASS ACTION

No. 21-2-00491-34

DECLARATION OF FREDERICK L. ALTICE, M.D.

Columbia Legal Services
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Seattle, WA 98104
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I, Frederick L. Altice, declare under penalty of perjury under the laws of the State of Washington that the contents of this declaration are true and correct.

1. I am a professor of Medicine (Infectious Diseases), Epidemiology (Microbial Diseases), and Public Health, and a clinician, clinical epidemiologist, intervention and implementation researcher at Yale University School of Medicine and School of Public Health.

2. I received a B.A. degree from Texas A&M in 1982, and a M.D. degree from Emory University in 1986. I completed my residency in internal medicine (1989) and fellowship in infectious diseases (1992) at Yale University.

3. I am a Board-certified internist, specializing in infectious diseases. My primary research focuses on interventions and implementation science at the interface between infectious diseases and addiction, and I have conducted research in several global health settings.

4. I have extensive experience working with vulnerable populations and their exposure to infectious diseases, including people in jails and prisons, and those otherwise involved with the criminal justice system. I also have developed programs that link prisoners with HIV, viral hepatitis and substance use disorders to community health services when they leave correctional custody.

5. For the past 30 years, I have been the Director of the HIV in Prisons Program at Yale University School of Medicine, which consults with the Connecticut Department of Correction and treats people in prison with HIV, viral hepatitis, tuberculosis, other infectious diseases as well as substance use disorders. This program conducts research and provides expert consultation for criminal justice systems in over 30 countries world-wide.

6. I am a board member of the Health in Prisons Program for the World Health Organization and a member of the Health in Prisons Program for the United Nations. We

develop and write guidance for healthcare delivery systems in prisons globally. Additionally, I have the highest number of publications in the world related to infectious diseases in prisons, including in high impact journals such as Lancet.

7. As a clinical epidemiologist, health services and intervention researcher, I have created novel programs for the treatment of HIV, HCV, and tuberculosis, including for people who inject drugs in HIV clinical, addiction treatment and community and correctional settings.

8. I have several current research projects involving infectious diseases and their impacts on people currently or formerly in prison, including (a) two randomized, placebo-controlled trials for people with HIV in prison and transitioning to the community; (b) a randomized controlled trial of methadone maintenance and Holistic Health Recovery Project among people in prison who are HIV-positive; (c) a randomized controlled trial of directly administered antiretroviral therapy among people who are HIV-positive and transitioning to the community; (d) a project targeting expansion of medications to treat opioid use disorder as HIV prevention for people released from prison who are at risk for HIV/AIDS; (e) implementation science projects to expand HIV prevention and treatment in prison settings in 6 countries; and (f) scaling up addiction treatment programs in jails and prisons in five states to coordinate a more effective strategy to address the intertwined HIV and opioid epidemics.

9. I have provided expert opinion in a number of legal cases, including serving as the plaintiffs' lead expert in *Henderson v. Thomas*, 913 F. Supp.2d 1267 (M.D. Ala. 2012) (addressing discrimination against people in Alabama prisons based on their HIV status), *Tribble v. Greene*, No. 2013 CA 003237 B (D.C. Super. Ct, 2016) (awarding damages for wrongfully convicted man who suffered serious medical conditions while incarcerated) and *Odum vs Greene*, No. 2013 CA 003239 (D.C. Super. Ct, 2016) (awarding damages for wrongfully

convicted man who suffered serious medical conditions while incarcerated). I have also been a court-appointed monitor in several cases including *Doe v Meachum*, Civ. No. H-88-562 (PCD) (class action suit addressing the delivery of HIV prevention and treatment in Connecticut).

10. COVID-19 is a novel coronavirus. It is a highly infectious disease that spreads from person-to-person and since the end of 2019, has proven to be both a national and global public health risk unlike any other in our lifetimes. It is 10-times more deadly than the common flu (Influenza A). Unlike Influenza A and other flu-like viral infections, COVID-19 can be infectious 24-48 hours before symptoms develop, making transmission possible before we are able to self-quarantine. An increasing number of people are fully asymptomatic for COVID-19 infection and unwittingly spread it to others and would be missed by most current screening practices. I am aware that, as of March 24, 2021, there have been over 335,600 confirmed COVID-19 reported cases in Washington State alone, with 5,200 confirmed deaths. Within the United States, there have been over 29.7 million confirmed cases, with 541,289 fatalities attributed to the virus. Globally, there have been nearly 124 million cases reported, and over 2.7 million deaths.

11. Since the initial outset of the pandemic, we have also seen the emergence of several variants of the COVID-19 virus. These variants (discussed in more detail below) impact how contagious/transmissible the disease is from person to person, as well as the severity of symptoms, and likelihood of reinfection. The medical community is working hard to study these variants as they emerge.

12. Older adults – those over 50 years of age – and people with serious underlying medical conditions such as heart disease, HIV, diabetes, lung disease, and other respiratory maladies are at a substantially higher risk of developing severe illness, including hospitalization,

intensive care needs and death, from contraction of the COVID-19 virus. While people ages 50 and older represent just under 35% of the total infections in the United States, the same age group makes up over 95% of the number of COVID-19 fatalities.

13. The illness can quickly progress from basic symptoms like cough, congestion and fever to more life-threatening symptoms as the virus spreads into the lungs and other organs. COVID-19 can cause serious and permanent damage to the lungs and can affect other organs as well. As we learn more, patients who survive COVID-19 infection can have extremely prolonged and potentially permanent disability. In the most severe cases, COVID-19 can be deadly.

14. Transmission of COVID-19 is thought to occur mainly from person-to-person; specifically, between those who are in close contact with each other and become exposed when an infected person coughs or sneezes, passing the virus through respiratory droplets. In asymptomatic infection, it may be spread without coughing or sneezing. These droplets may travel as far as 6 feet and land on surfaces where the virus can live for several days if not sanitized. Moreover, transmission of the virus can occur when a person comes into contact with surfaces or objects that contain the virus. COVID-19 can remain in the air and on surfaces for several hours to several days, respectively. Consequently, the virus is more likely to spread rapidly in congregate settings, like nursing homes, cruise ships, homeless shelters, schools, workplaces and prisons.

15. As we have seen over the past year, when COVID-19 enters a prison, it can lead to massive outbreaks, infecting hundreds or thousands of individuals within a facility. As of March 24, 2021, there have been more than 396,000 people in prison, and another 96,000 correctional staff members in the United States who have tested positive for COVID-19. Of those individuals, 2,432 people in prison and 159 staff members have died. In Washington State

Department of Corrections alone, there have been 6,187 people in prison and 1,146 staff who have contracted COVID-19. Of those groups, 14 people in prison and two (2) staff members have died. We understand that non -symptomatic correctional and/or medical staff, who come and go from prisons each day, are the most likely vectors by which the virus is introduced inside a prison's walls. And given the nature of the virus, once it is in, it can cause catastrophic harm.

16. Prisons and jails are congregate settings that are particularly susceptible to the spread of infectious diseases like COVID-19. For example, other infectious diseases, such as HIV, Hepatitis B and C virus, and tuberculosis are substantially concentrated in prisons and jails relative to the community-at-large and have resulted in impressive outbreaks. Of the 10.5 million people incarcerated annually in the U.S., approximately 4% have HIV, 15% have hepatitis C, and 3% have active tuberculosis. These infection rates within prisons are much higher than in communities outside of correctional settings.

17. Spread of infectious diseases is a serious problem within prisons worldwide. In addition to HIV, viral hepatitis and tuberculosis, we have previously experienced endemic outbreaks of strains of staphylococcus aureus bacteria that are resistant to methicillin (MRSA), which occurs in crowded, congregate settings. Prisons are dense facilities with generally poor, unsanitary conditions, with a large number of people in common areas, either open dormitory-style settings or cramped, tight cells shared by multiple people, and hundreds of people sharing showers, toilets and urinals, sinks, ice machines, and other facilities every day, often with inadequate access to cleaning supplies or sanitation. The ventilation systems in prisons, much like has been observed in restaurants, schools and other buildings, can also facilitate transmission of COVID-19 to individuals along a ventilatory pathway.

18. For these reasons, correctional facilities have proven to be a recipe for disaster when it comes to the spread of COVID-19. Due to the physical layout, security measures, and sheer volume of people in prison, physical distancing is nearly impossible; at almost any given time, people in prison are always within a couple feet of other individuals, increasing the likelihood that infected persons will quickly spread the virus to other people in prison and to correctional staff.

19. For most of the past year, mitigating the risk of COVID-19 was entirely dependent upon practices such as quarantine and isolation, physical distancing, testing, rigorous hygiene and sanitation practices, and consistent, proper use of PPE. Physical distancing, the practice of increasing the physical space between people to avoid spreading illness, is among the most important measures that can be taken to curb the spread of a highly infectious and contagious disease like COVID-19. Staying at least six feet away from other people lessens your chances of catching or transmitting COVID-19 to others. As we have observed, this practice cannot be effectively accomplished in a prison setting. Combined with unreliable adherence to other preventative measures, many prisons have more heavily relied on strict limitations on movement and lockdown measures (in the name of "quarantine and isolation"), which has led to a marked deterioration in conditions (e.g., prolonged periods of solitary confinement; lack of access to toilets, running water, and showers; lack of access to family and loved ones; severely limited programing; increased time locked in cells; etc.) for many people in prisons around the country, including in Washington State.

20. With the introduction and emergency FDA approval of three effective vaccines, there is now a more reliable way to prevent further outbreaks of COVID-19 in our country's correctional facilities. The currently available vaccines are the Pfizer-BioNTech, Moderna, and

Johnson & Johnson vaccines. It is critical that people in prison be given immediate access to the vaccine to reduce the risk of immediate outbreaks. Furthermore, correctional systems must put distribution protocols in place to ensure that any boosters/revaccinations that may be needed in the future (for existing strains or newly discovered variants) will be immediately accessible to all people in prisons without undue delay. Without such measures, it will undermine the health of prisoners and correctional staff who work there, but because the transition in and out of prison is so great, it will undermine public health generally.

21. Furthermore, it is critical that correctional staff and medical workers also be vaccinated against COVID-19. Because these workers are coming in and out of prison facilities each day, we understand that they are the most likely source of bringing COVID into the prison. It is essential that these workers be vaccinated in order to reduce the risk of triggering another massive outbreak. It is critical that the Department of Corrections provide access not only to the vaccine itself, but also to accurate information about the vaccines, as well as necessary incentives to ensure the highest possible vaccine acceptance rate by its staff. In the absence of measures to overcome "vaccine hesitancy", such public health measures are likely to fail as those who are housed in and who work in prisons often come from communities hardest hit by COVID-19 and at increased risk for refusing vaccination.

22. Good prison health is good public health! The arrival of the vaccines signals a possible end to the ongoing COVID-19 crisis in our nation's correctional facilities. When individuals are fully vaccinated, they become able to safely gather indoors with other vaccinated individuals without the need for masks; they can more safely gather with others outside their immediate household/unit; and there is little need to be tested, quarantine, or self-isolate if exposed to COVID-19 unless they develop symptoms. Even if a fully vaccinated

individual is exposed to COVID-19 and becomes infected, there infection is likely to more attenuated with lower viral production, and therefore be less infectious to those around them. Moreover, even for the small percentage of vaccinated persons who contract COVID-19, they are unlikely to progress to more severe disease and require hospitalization.

23. Importantly, because of the cycling between prisons and communities, it is crucial to scale-up vaccination rapidly and to all sectors. Delayed vaccination overall will result in our inability to achieve herd immunity (the ability for enough people to be protected that the replication of the virus in a community is low enough to shut down transmission), and potentially allow for new strains of the virus, potentially those that are more infectious or even resistant to current vaccines, to become the predominant COVID-19 viral strain.

24. In short, once the people in prison and correctional staff are fully vaccinated, life can begin to go back to normal. While other mitigation practices should continue (e.g., rigorous sanitation and hygiene practices, staying home/away from others when one is ill, taking heightened precautions if living with an increased risk factor for severe infection), providing people in prisons with immediate access to the vaccine will allow for an improvement in conditions, reduce the strain on our medical facilities, and promote public health both inside and outside our prison facilities.

25. Because of the conditions in prison facilities (overcrowding, limited access to cleaning supplies and sanitation, limited access to medical care), it is essential that people in prisons and prison staff be offered the vaccine immediately. This is especially important given the discovery of new variants of the virus that, if introduced to an unvaccinated community within a correctional facility, could have an even more devastating impact than what we have seen thus far.

26. At this time, there have been three major variants identified: B.1.1.7, B.1.351, and P.1. Of these three, two of these variants (B.1.1.7 and P.1) have shown either an increased risk of severe infection and/or death, or a higher risk of transmission and/or reinfection. We cannot allow for these variants to emerge as the predominant strain.

27. The first variant is known as the B.1.1.7 and it is associated with increased transmissibility and reports from the United Kingdom suggests it may be associated with an increased risk of death. Evidence regarding the third variant (B.1.351) does not suggest that this variant has any impact on disease severity. As this virus can mutate, it is crucial to shut down new cases soon – any delays will result in new strains evolving.

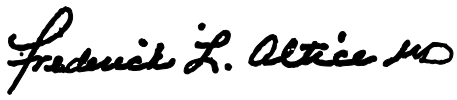
28. In addition to changes in severity and transmissibility, these COVID-19 variants raise concerns with regard to their responsiveness to the existing vaccines. Preliminary research results suggest that the B.1.351 variant may have increased resistance to the Johnson & Johnson vaccine. Learning more about these variants and their response (or lack of response) to vaccines will be a critical, ongoing part of the global fight against COVID-19. It highlights the need for vaccinations to be administered immediately, however, particularly in high-risk congregate settings like prisons and other correctional facilities, so as to reduce the risk of infection by the strains that we know are responsive to the vaccines.

29. Given the nature of disease evolution, there is every reason to assume that other variants will continue to emerge as time passes, which means that COVID-19 is likely to represent an ongoing health risk, even once vaccines are fully distributed. Just as we do not yet fully understand how the vaccines will protect against the existing variants, we do not know how emerging variants will respond to the existing vaccine protocols, nor if and/or how often recurring inoculation will be needed to protect against new infections. In my opinion, it is

critical that correctional facilities and health departments are prepared to address this issue as an ongoing need, and not a one-time vaccination undertaking. Otherwise, we may very well continue to see catastrophic rates of infection, severe illness, and death due to COVID in this nation's prisons, whether from existing strains or new variants that emerge in the future.

30. Over the past year, we have seen the disastrous impact that COVID-19 has had on prisons across the United States, including in Washington State. The inability to effectively implement physical distancing, provide adequate sanitation supplies and PPE, and ongoing exposure to correctional and medical staff who come and go from the facilities each day have led to thousands of COVID-19 infections among people in prison. Now with the availability of three very effective vaccines, however, the State has the ability to significantly reduce the risk of further outbreaks within Department of Corrections (and the State), by immediately making the vaccine available to every individual in DOC custody. Failure to adopt an immediate, informed, and ongoing vaccination plan in Washington's correctional facilities will only continue to put people in prison, correctional staff, and the surrounding communities at further, ongoing, and unnecessary risk of harm.

DATED this 25th day of March 2021 in New Haven, Connecticut.



Dr. Frederick L. Altice

Resources relied upon/for review:

- Washington State Department of Health COVID-19 Data Dashboard
  https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard
- CDC COVID-19 Data Tracker
  https://covid.cdc.gov/covid-data-tracker/#datatracker-home
- WHO COVID-19 Data Dashboard
  https://covid19.who.int/
- COVID Prison Project Data Dashboard
  https://covidprisonproject.com/data/national-overview/
- CDC COVID-19 Data – Demographics
  https://covid.cdc.gov/covid-data-tracker/#demographics
- WA Department of Corrections COVID-19 Data Tracker
  https://www.doc.wa.gov/corrections/covid-19/data.htm#confirmed
- CDC Info re: Vaccinations
  https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html
  https://www.cdc.gov/coronavirus/2019-ncov/more/fully-vaccinated-people.html

CURRICULUM VITAE
Frederick Lewis Altice, M.D., M.A.

Education:

Bachelor of Arts, Biology and Spanish (*Summa Cum Laude)*
Texas A & M University

Master of Arts, Spanish Literature
Universidad de Santiago de Compostela, Spain

M.D. (*Magna Cum Laude)*
Emory University School of Medicine

Master of Arts and Sciences, Honorary
Yale University

Career:

1986 - 1989	Internship and Residency, Department of Internal Medicine Yale University School of Medicine
1989 - 1992	Fellowship, Section of Infectious Diseases Yale University School of Medicine.
1991 - 1992	Quantitative Clinical Epidemiology Robert Wood Johnson Clinical Scholars Program Yale University School of Medicine
1992 - present	Attending Physician, Yale-New Haven Hospital
1992 - 1993	Clinical Instructor Section of Infectious Disease. Yale School of Medicine
1993 - 1999	Assistant Professor of Medicine Section of Infectious Diseases, Department of Internal Medicine, Yale School of Medicine
1999 - 2008	Associate Professor of Medicine, AIDS Program Section of Infectious Diseases, Department of Internal Medicine, Yale School of Medicine
2008 – present	Professor of Medicine, AIDS Program Section of Infectious Diseases, Department of Internal Medicine, Yale School of Medicine
2011 – present	Professor of Epidemiology and Public Health Division of Epidemiology of Microbial Diseases, Yale School of Public Health
1991 - present	Director, HIV in Prisons Program. Yale School of Medicine
1993 - present	Director, Community Health Care Van, Yale School of Medicine

1994 - 1997	Firm Chief, Atkins (HIV/AIDS) Medical Service, Yale-New Haven Hospital
2001	Acting Director, Nathan Smith Clinic, Yale New Haven Hospital
2001, 2004	Acting Director, AIDS Program. Section of Infectious Diseases, Department of Internal Medicine, Yale University School of Medicine
2001	Acting Chief, Atkins Medical Service. Yale New Haven Hospital
2004 - present	Director, Yale Center for Clinical and Community Research, Yale School of Medicine
2009 – present	Board of Permanent Officers, Yale School of Medicine
2009 – present	Academic Icon Professor of Medicine, Centre of Excellence on Research in AIDS, Infectious Diseases Unit, Department of Medicine, Faculty of Medicine, University of Malaya
2020	Visiting Professor, Sichuan University School of Medicine, Chengdu, China
2021	Visiting Professor, National Drug and Alcohol Research Centre, The University of New South Wales, Sydney, Australia.

Board Certification:

American Board of Internal Medicine, Internal Medicine, 1989
American Board of Internal Medicine, Infectious Diseases, 1992
American Board of Prevention Medicine, Addiction Medicine, 2002

Grants: Federal, State, and Foundation Grants exceed $120 million

1992-1998	State of Connecticut, Department of Correction; *HIV in Prisons Program (Infectious Diseases Consultation Services)*; **F. Altice, Director**.
1993-1996	National Institute of Drug Abuse and Health Research and Services Administration; *Access to and Utilization of Health Services by HIV+ Drug Users*; **F. Altice, Principal Investigator**.
1993-1996	U64/CCU109686. Centers for Disease Control and Prevention; *HIV Infection and Risk Behavior Among Incarcerated Women*; **F. Altice** and P. Selwyn, **Co-Principal Investigators**.
1994-1997	Connecticut Department of Public Health; *Project TLC: Evaluation of Transitional Case Management for HIV+ Prisoners*; **F. Altice, Principal Investigator**.
1994-1999	R01 DA08999. National Institute of Drug Abuse; *Studies of TB Among Drug Injectors in Connecticut*; P. Selwyn, PI and **F. Altice, Co-Principal Investigator**.

1994-1996	HJKF 78 93-1646. Kaiser Family Foundation; *Improving Health Care Utilization and Access for Drug-Injecting Women with or at Risk for HIV Infection*; **F. Altice** and P. Selwyn**, Principal Investigators**.
1995-1999	R01 DA10186. National Institute of Drug Abuse; *Provision of Needle Exchange-Based Health Services*; **F. Altice, Principal Investigator**.
1996-1996	Bristol Myers-Squibb, Inc.; *Factors Associated with Antiretroviral Therapy Adherence in Correctional Facilities*; **F. Altice, Principal Investigator**.
1996-1996	APT Foundation; *Prevention Case Managers for Drug Users*; **F. Altice, Principal Investigator**.
1996-1997	Connecticut Department of Public Health; *STD Screening Among Incarcerated Women;* **F. Altice, Principal Investigator**.
1/1/97-6/30/98	HJKF 78-96-1994. Kaiser Family Foundation; *Organizing HIV Care for Prisoners*, **F. Altice, Principal Investigator**.
1997-1998	Connecticut Department of Public Health; *AIDS Health Education Risk Reduction Prevention Case Manager for Drug Users;* **F. Altice, Principal Investigator**.
1997-2001	R01 DA10186. National Institute of Drug Abuse; *Needle Exchange-Based Health Services as a Comprehensive Community Prevention Program*; **F. Altice, Principal Investigator**.
1999-2004	R01 DA121120 National Institute of Drug Abuse; *Increasing Drug User's Adherence to HIV Therapeutics.* R. Broadhead and **F. Altice, Co-Principal Investigators**.
2000-2005	R01 DA13805. National Institute of Drug Abuse; *Directly Observed Antiretroviral Therapy Among Active Drug Users.* **F. Altice, Principal Investigator**.
1999-2001	Abbott Pharmaceutical Inc; *Randomized, Double-Blind, Phase III Study of ABT-378/Ritonavir.* **F. Altice, Principal Investigator**.
1999-2001	Abbott Pharmaceutical Inc; *Randomized, Open Label, Phase III Study of ABT-378/Ritonavir.* **F. Altice, Principal Investigator**.
2000-2006	State of Connecticut, Department of Public Health; *AIDS: Prevention Case Management for Drug Users.* **F. Altice, Principal Investigator**.
2000-present	Liberty Community Services, Inc.; Addressing Housing for People With or at Risk for HIV. **F. Altice, Principal Investigator**.

2002-present Ryan White Title I. *Funding for primary care, early intervention services, case management and addiction treatment*. **F. Altice, Principal Investigator**.

1999-2004 University of Connecticut Correctional Managed Healthcare*. Infectious Diseases Consultation Services in the CTDOC*. **F. Altice, Director**.

2001-2002 Yale University of CT Schools of Nursing. Program for the Study of Health Care Relationships. *The Central Role of Trust Between HIV Infected Drug Users and Their Clinician*. **F. Altice, Principal Investigator**.

2001–2002 State of Connecticut. *Health Care Service Delivery for Undocumented Persons.* **F. Altice, Principal Investigator**.

2003-2013 K24 DA017072. Mid-Career Development Award for Patient-Oriented Research. *Enhancing Health Outcomes Among HIV+ Substance Abusers.* **F. Altice, Principal Investigator**.

2003–2008 Substance Abuse and Mental Health Services Administration (SAMHSA). *Targeted Capacity Expansion for Substance Abuse Treatment and HIV/AIDS Services*. **F. Altice, Principal Investigator**.

2005-2008 Boehringer-Ingelheim Pharmaceuticals. *Directly Observed Therapy for HIV+ Community Released Prisoners.* **F. Altice, Principal Investigator**.

2003-2007 R01 MH066684. National Institutes on Mental Health. *Changing Antiretroviral Therapy Adherence Behavior*. J. Fisher, PI; **F. Altice, Co-Investigator**.

2004–2009 R01 DA13805. National Institutes on Drug Abuse. *Directly Observed Antiretroviral Therapy Among Active Drug Users*. **F. Altice, Principal Investigator**.

2004-2009 R01 DA017059. National Institutes on Drug Abuse. *Directly Observed Therapy for Community Released HIV+ Prisoners*. **F. Altice, Principal Investigator**.

2003-2008 U01 DA017378. National Institute on Drug Abuse. *HIV and the Sexual Networks of IDUs and Drug Using MSM.* L. Ouellet, Principal Investigator. **F. Altice, co-investigator**.

2004–2009 H97 HA03800. Health Resources and Services Administration (HRSA). *Special Project of National Significance: Integrating Buprenorphine into HIV Clinical Care Settings.* F. **Altice, Principal Investigator**.

2003-2006 Health Resources and Services Agency (HRSA). *Translation of Options/Opciones into Standard of Care*. New York State Department of

Health – AIDS Institute. (PI- Cornman, Deborah, Ph.D., University of Connecticut). **F. Altice, Co-investigator.**

2005-2007 R21 DA019843. National Institute on Drug Abuse. Improving Health Outcomes for Released HIV+ Prisoners. **F. Altice, Principal Investigator**.

2006-2008 UR6 PS000391. Centers for Disease Control and Prevention. *HIV Prevention Research with HIV+ Incarcerated Populations.* **F. Altice, Principal Investigator**.

2006-2008 R21 DA021093. National Institute on Drug Abuse**.** *A Healthy Transition for Newly Released HIV Infected Prisoners*. **F. Altice, Principal Investigator**.

2007-2012 H97 HA08541. Health Resources and Services Agency (HRSA). *Special Project of National Significance: Comprehensive Interventions for HIV+ Inmates Transitioning from Jail.* **F. Altice, Principal Investigator**.

2007-2023 P30MH062294. National Institute of Mental Health (NIMH). *Clinical Health Services and Research Core*. **F. Altice, Co-Investigator** (Cleary, PI).

2008-2009 Connecticut Dept of Public Health. *Risk Reduction for Released Prisoners.* **F. Altice, Principal Investigator**.

2008-2013 Substance Abuse and Mental Health Services Administration (SAMHSA). *Expanding HIV/AIDS and Substance Abuse Treatment Services to Released Prisoners. Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services.* **F. Altice, Principal Investigator**.

2008-2013 R01 DA025943 National Institutes on Drug Abuse. *Intervention of HIV, Drug Use and the Criminal Justice System in Malaysia*. **F. Altice**, **Principal Investigator**.

2008-2012 R01 DA25932 National Institutes on Drug Abuse*. Drug Interactions in Substance Abusers with HIV Infection and Other Co-morbid Conditions.* Friedland, PI. **F. Altice**, **Co-Investigator**.

2008-2012 U01 DA016194 CJ-DATS 2, National Institutes on Drug Abuse. *Criminal Justice Drug Abuse Treatment Studies.* L. Frisman, PI. **F. Altice**, **Co-Investigator**.

2009-2014 R01 AA18944 National Institute on Alcohol Abuse and Alcoholism**.** *Alcohol Pharmacotherapies Among Released Prisoners.* **F. Altice** and S. Springer, **Co-Principal Investigators**.

2010-2011 R43 DA027247. *Online Buprenorphine Training for Outreach Workers and Case managers.* J. Simmons (PI) **F. Altice (consultant)**

2010-2020 R01 DA029910. National Institutes on Drug Abuse. *Prison Interventions and HIV Prevention Collaboration: Criminal Justice HIV Research in Former Soviet Union States*. **F. Altice, Principal Investigator**.

2010-2015 R01 DA030762. National Institutes on Drug Abuse. *Naltrexone for Opioid Dependent Released HIV+ Criminal Justice Populations*. **F. Altice** and S. Springer, **Co-Principal Investigators.**

2010-2015 R01 DA030768. National Institutes Drug Abuse. *HIV, Buprenorphine, and the Criminal Justice System.* **F. Altice**, **Principal Investigator**.

2011-2016 R01 DA032106. National Institutes on Drug Abuse. *HIV Testing and Treatment to prevent onward HIV Transmission among high-risk MSM in Peru*. A.C. Duerr, **F. Altice Co-Investigator**.

2012-2014 R01 DA030768 *NIDA-diversity supplement to R01 DA030768 HIV, Buprenorphine, and the Criminal Justice System*. **F. Altice, Principal Investigator**.

2012-2017 U01 AA021995 National Institute on Alcohol Abuse and Alcoholism. *HIV/AIDS & Alcohol-Related Outcomes: Translational Evidence-Based Interventions*. PI: P. Molina, **F. Altice, Coinvestigator.**

2012-2017 R01 DA032290 National Institutes on Drug Abuse. *Secondary HIV Prevention and Adherence Among Drug Users.* Copenhaver, **F. Altice, Co-Investigator.**

2012-2022 R01 DA033679 National Institute of Drug Abuse. *Expanding Medication Assisted Therapies in Ukraine.* **F. Altice, Principal Investigator.**

2012-2016 R01 HD075630 National Institutes on Human Development. *ART Adherence and Secondary Prevention of HIV.* **F. Altice, Co-Investigator** (Petry, PI).

2012- present R25 TW009338 Global Health Scholars and Research Training. National Institutes on Allergy and Infectious Diseases. **F. Altice, Co-Investigator** (Riley, PI).

2012-2017 H97 HA24963 Health Resources and Services Agency. Special Project of National Significance: *mHEALTH: Medical Home Engagement and Aligning Lifestyles and Transition from Homelessness*. **F. Altice, Principal Investigator.**

2013-2014 Elton J Charitable Foundation, *Pilot Study Grant for HIV Prisoners.*

F. Altice, Principal Investigator.

2014-2019 H79 TI025889 Substance Abuse & Mental Health Services Administration (SAMHSA). *mCHARTS: Mobile Co-location of HIV-related Activities with Resources and Transitional Services*. **F. Altice, Principal Investigator.**

2014-2015 MK5172-062 Merck Sharp & Dohme Corp. *MK5172 in combination with MK8742 A Phase III Open-Label Clinical Trial to Study the Efficacy and Safety of the Combination Regimen of MK-5172/MK8742 in subjects on Opiate Substitution Therapy*. **F. Altice, Principal Investigator.**

2016-2018 R21 DA041953 National Institute on Drug Abuse. *Modeling HIV/HCV Transmission and Treatment as Prevention in U.S. Networks of People Who Inject Drugs.* **F. Altice, Principal Investigator**.

2016-2021 R01 DA041271 National Institute on Drug Abuse. *Addiction, HIV, and Tuberculosis in Malaysian Criminal Justice Settings.* **F. Altice, Principal Investigator.**

2016-2021 R01 DA043125 National Institute on Drug Abuse. *Integrating Addiction Treatment and HIV Services into Primary Care Clinics in Ukraine*. **F. Altice, Principal Investigator.**

2017-2019 R21 DA042702 National Institute on Drug Abuse. *Prisons, Drug Injection and the HIV Risk Environment.* **F. Altice, Co-Investigator** (Meyer, PI).

2017-2019 MISP-56104 Merck Sharp & Dohme Corp. *Modeling HIV/HCV Transmission and Treatment as Prevention in U.S. Networks of People Who Inject Drugs.* **F. Altice, Principal Investigator**.

2017-2022 R01 DA044867 National Institute on Drug Abuse. *Testing an Integrated Bio-behavioral Primary HIV Prevention Intervention Among High-Risk People Who Use Drugs.* **F. Altice, Co-Investigator** (Copenhaver, PI).

2016-2020 Centers for Disease Control and Prevention (CDC). *Data to Care and Linkage to Care for People with HIV Who are Recently Out of Care*. **F. Altice** and M. Villanueva, **Principal Investigators**.

2018-2022 Health Resources and Services Agency (HRSA). Special Project of National Significance: *Clinical Transformation to Achieve Micro-elimination of HIV in People with HIV*. **F. Altice** and M. Villanueva, **Principal Investigators**.

2018-2023 U01 DA045384 National Institute on Drug Abuse. *Integrating Treatment for Mental Health Disorders in Methadone Clinics in Ukraine.* **F. Altice, Co-Investigator**. (Dvoriak, PI).

2018-2023 R01 DA047789 National Institute on Drug Abuse. *Implementation of Seek, Test, Treat, and Retain Strategies Among People Who Inject Drugs in Malaysia.* **F. Altice, Co-Investigator** (Chawarski, PI).

2019-2021 Merck Sharp & Dohme Corp. *Developing a Smartphone Application to Engage People Who Inject Drugs to Promote HCV Diagnosis, Linkage to Care and Treatment.* **F. Altice, Principal Investigator**.

2019-2022 H97HA31435 Health Resources and Services Agency (HRSA). Special Projects of National Significance: *Strengthening Systems of Care for People Living with HIV and Opioid Use Disorder*. **F. Altice, Principal Investigator.**

2019-2024 R61AT010613 National Institute of Complementary and Alternative Treatments. *Nonpharmacological Pain Management Interventions to Increase Medication-Assisted Treatment Adherence and Retention*. **F. Altice** and D. Barry, **Principal Investigator**.

2020-2025 D43 TW011324 National Institutes of Health Fogarty HIV Research Training Program. *Malaysian Implementation Science Training (MIST) Program in HIV*. **F. Altice** and A. Kamarulzaman, **Principal Investigators.**

2020-2022 U90HA39341 Health Resources and Services Agency (HRSA). Special Projects of National Significance: *Leveraging a Data to Care Approach to Cure Hepatitis C within the Ryan White HIV/AIDS Program (RWHAP): A Multi-Site Partnership.* **F. Altice** and M. Villanueva, **Principal Investigators.**

2020-2023 R34MH124390 National Institute of Mental Health (NIMH). *Implementing Stigma Reduction Tools via a Popular Teletraining Platform to Reduce Clinician Stigma and Disparities in HIV Testing, Prevention, and Linkage to Care in Malaysia.* **F. Altice, Co-Investigator** (Earnshaw, PI).

2020-2022 R21AI152927 National Institutes of Health. *Developing an Artificial Intelligence Chatbot to Promote HIV Testing*. **F. Altice, Principal Investigator.**

2020-2022 R21DA051934 National Institutes of Health. *Integrated rapid access to HIV prevention program for people who inject drugs (iRaPID).* **F. Altice, Co-Investigator** (Shrestha, PI).

2020-2025 R21/R33 (R21TW011665) National Institutes of Health. Fogarty International Center. *Development and testing of a mobile application to enhance HIV prevention cascade in Malaysian MSM*. **F. Altice, Co-Investigator** (Shrestha, PI).

2020-2025 R21/R33 (R21TW011663) National Institutes of Health. Fogarty International Center. *Developing an artificial intelligence-based mHealth*

intervention to increase HIV testing in Malaysia. **F. Altice** and Z. Ni, **Principal Investigators.**

Pending:

2021-2022 International Association of Providers of AIDS Care (IAPAC). *NIATx Rapid Change Treatment Improvement Model*. **F. Altice**, **Principal Investigator.**

2021-2026 R01DA054542 National Institute on Drug Abuse. *Integrating Addiction and Infectious Diseases Services into Primary Care in Rural Settings*. **F. Altice** and L. Madden, **Principal Investigators.** (scored in 7th percentile).

2021-2026 R01DA054542 National Institute on Drug Abuse. *Innovations in Pre-Exposure Prophylaxis in People Who Inject Drugs: A Type I Hybrid Implementation Science Trial of Long-Acting Injectable Pre-Exposure Prophylaxis in People who Inject Drugs*. **F. Altice** and D. Vlahov, **Principal Investigators.** (scored in 9th percentile).

Professional Service:

1991-1998 Member, Mayor's Task Force on AIDS, New Haven, Connecticut

1991-present Member, American Public Health Association, Epidemiology Section and Prison and Jail Health Subcommittee

1992-1997 Member, Institutional Review Board, Connecticut Dept. of Correction

1992-1997 Member, Formulary Committee, Connecticut Department of Correction

1992-present Member, Advisory Board, New England AIDS Education and Training Center (NEAETC)

1993-1995 Consultant, New York Correctional Association, AIDS in Prisons Program

1993-1996 Member, Ryan White Title I Subcommittee, Evaluation of Funding Programs, Health Research and Services Administration (HRSA)

1993-present Chair and Founder, New England HIV in Prisons Conference

1993-present Chair and Founder, Connecticut HIV in Prisons Conference

1993-present Member, Formulary Committee, Yale-New Haven Hospital

1993-present Member, Hematopoietic Growth Factor Subcommittee, Yale-New Haven Hospital

1994	Member, Clinical Care Grant Review Sub-Committee, Health Research and Services Administration (HRSA)
1994-present	Member, Ryan White CARE Act Title II, Connecticut Statewide HIV Care Consortium, Department of Public Health
1995	Special Review Consultant, NIDA Special Review Committee
1995-1996	Member, Access to Care Strategic Planning Committee, Health Resources and Services Agency (HRSA)
1995-1998	Member, Connecticut AIDS Drug Access Program (CADAP) Committee
1995-present	Member, Department of Health & Human Services, Ryan White CARE Act Title I, Planning Committee
1995-present	Consultant, American Board of Internal Medicine, Reviewer for Infectious Diseases
1995-present	Member, Smith vs. Meachum Monitoring Panel, Court Appointed Medical Monitor of Prison Medical Services
1995-1996	Member, Clinical Pathway Committee, CMV Retinitis, Yale-New Haven Hospital
1996-present	Member, CT Law Revision Committee, Methadone Treatment Working Group
1997-present	Member, CT Alcohol and Drug Policy Council, Criminal Justice Committee
1997-present	Chair, National Institute of Justice, Special Committee of the National Commission on Correctional Health Care, Infectious Diseases Committee
1997-present	Chair, Advisory Committee on Prison Health, HIV Therapeutics, Bristol-Myers Squibb Pharmaceuticals
1997-present	Chair, Advisory Committee on Corrections, HIV Therapeutics, Agouron Pharmaceuticals
1998-present	Co-Editor, HIV Education Prison Project (HEPP) news, Brown University School of Medicine, Office of Continuing Education
1998-present	Advisory Committee on Corrections, HIV Therapeutics, DuPont Pharmaceuticals

1999-2002	Member - M98-863 Study Team Abbott Pharmaceutical Inc; "Randomized, Double-Blind, Study of Lopinavir/Ritonavir, Stavudine, and Lamivudine versus Nelfinavir, Stavudine, and Lamivudine in Antiretroviral-Naïve, HIV-Infected Adults."
2001-present	NIH Reviewer, Site Visit Team for General Clinical Research Center, Albert Einstein University, Bronx, New York
2001-present	Standing Member NIDA K Training & Career Development Subcommittee, National Institute on Drug Abuse Initial Review Group
2002 - present	Advisory Committee, Connecticut AIDS Drug Assistance Program (CADAP)
2004	Temporary Member-NIH Special Emphasis Panel, AIDS Clinical & Epidemiology Review Committee
2007	Clinical Core Committee, Center for Interdisciplinary Research on AIDS (CIRA).
2007-2012	Scientific Advisory Board, Center for Drug Abuse and AIDS Research (CDAAR) P30 grant at Tufts University, School of Medicine.
2007-present	National Advisory Committee, second Academic and Health Policy Conference on Correctional Health Care. UMass Correctional Health.
2007-present	Research Director, AIDS Project Hartford
2007-present	Editorial Board, The Open Public Health Journal
2008-present	Editorial Board, Open Infectious Diseases Journal
2008-presnt	Editorial Board, International Journal of Prisoner Health
2008-2011	Executive Board, Liberty Community Services, Inc. New Haven CT.
2008-2009	Yale School of Medicine M.D. Thesis Mentor Council. Office of Student Research
2009-present	Member, Correctional Academic Liaison Meeting (CALM), CT. Department of Corrections.
2009	Planning Committee, International AIDS Society Conference, 2009, Cape Town, South Africa.
2009-2010	Chair, World Health Organization Guidelines Committee for Treatment of HIV and Tuberculosis Among Drug Users.
2010-present	Governing Board Member, United Nations, Office Drug Policy (UNODP), Health and Human Rights in Prisoners Program

2010-2011	Guest Editor, JAIDS Special Issue focusing on HIV Linkage to Care in Jail Settings.
2012-present	Board of Directors, Academic Consortium for Criminal Justice Health (ACCJH)
2012	Member, International Center for Science in Drug Policy
2012-present	International Advisory Board, International Journal of Prisoner Health
2012	Guest Editor, Journal of the Acquired Immune Deficiency Syndrome, Special Issue: HIV Linkage to Care in Jail Settings.
2012	Associate Editor, AIDS Research and Treatment, Special Issue: Antiretroviral Treatment in Resource-Limited Settings.
2012-present	Associate Editor, Journal of Health and Justice
2012-2013	Organizing Committee, International AIDS Society 2013 Track C Committee
2013-2014	International AIDS Society 2014, Lead Rapporteur
2014-2015	Co-Director, Academic and Health Policy Conference on Correctional Health
2015	Chair, HCV Treatment Access Group, Alliance for Patient Care Access
2012-present	Governing Board Member, World Health Organization, Health in Prisons Project
2016-present	Board of Directors, World-wide Prison Health Research & Engagement Network (WEPHREN)
2020-2021	Scientific Program Committee, International AIDS Society 2021
2020-2021	Co-Chair, Track D Organizing Committee, International AIDS Society 2021

Professional Memberships

1992 – present	American Public Health Association
1993 – present	Fellow, American College of Physicians
1993 – present	Infectious Disease Society of America
1994 – present	International AIDS Society
1995 – present	Fellow, Morse College, Yale University
1997 – present	Society for Correctional Physicians
2001 – present	American Correctional Association
2004-present	HIV Medical Association (HIVMA)

2004	AAHIVM-American Academy of HIV Medicine
2005	American Society of Addiction Medicine
2009	Cambridge Who's Who
2009-present	Best Doctors in America, Infectious Diseases
2009	Board of Permanent Officers, Yale University School of Medicine
2009	American Board of Correctional Medicine

Honors

- Mid-Career Investigator's Award in Patient-Oriented Research (K24), National Institute on Drug Abuse.
- Appointed as Icon Professor of Medicine, Centre for Excellence in Research in AIDS, Infectious Diseases Unit, Department of Medicine, Faculty of Medicine, University of Malaya.
- Community Health Care Van (CHCV), 20th Year Anniversary, 1993-2013. Awarded the Mayor's Proclamation of Service to the City of New Haven.
- Dean's COVID-19 Recognition Award, Yale University School of Medicine.

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Original Articles

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Nagy-Agren SE, Chu P, Walker Smith GJ, Waskin HA, Altice FL. Zygomycosis (Mucormycosis) and HIV Infection: Report of Three Cases and Review. Journal of AIDS and Human Retrovirology. 1995; 10(4):441-449. PMID: 7583440.

Weissman G, Melchior L, Huba G, Smereck G, Needle R., McCarthy S, Jones A, Genser S, Cottler L, Booth R, Altice FL. Women Living with Drug Abuse and HIV Disease: Drug Treatment Access and Secondary Prevention Issues. Journal of Psychoactive Drugs. 1995; 27(4):401-411. PMID: 8788695

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Buitrago MI, Altice FL. AIDS in Heterosexual Males. Resident Reporter, 1996; 1(6): 7-10.

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Pollack H, Khoshnood K, Blankenship K, Altice FL. The Impact of Needle Exchange-Based Health Services on Emergency Department Use. Journal of General Internal Medicine. 2002;17(5):341-348. PMID: 12047730.

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