

*Thakker, et al. v. Doll, et al.*  
Plaintiffs exhibits

# Exhibit 1

## Declaration of Joseph J. Amon, Ph.D. MSPH

I, Joseph J. Amon, declare as follows:

### Background and Expertise

1. I am an infectious disease epidemiologist, Director of Global Health and Clinical Professor in the department of Community Health and Prevention at the Drexel Dornsife School of Public Health. I also hold an appointment as an Associate in the department of epidemiology of the Johns Hopkins University Bloomberg School of Public Health. My Ph.D. is from the Uniformed Services University of the Health Sciences in Bethesda, Maryland and my Master's of Science in Public Health (MSPH) degree in Tropical Medicine is from the Tulane University School of Public Health and Tropical Medicine.
2. Prior to my current position, I have worked for a range of non-governmental organizations and as an epidemiologist in the Epidemic Intelligence Service of the US Centers for Disease Control and Prevention. Between 2010 and 2018, I was a Visiting Lecturer at Princeton University, teaching courses on epidemiology and global health. I currently serve on advisory boards for UNAIDS and the Global Fund against HIV, TB and Malaria and have previously served on advisory committees for the World Health Organization.
3. I have published 60 peer-reviewed journal articles and more than 100 book chapters, letters, commentaries and opinion articles on issues related to public health and health policy.
4. One of my main areas of research focus relates to infectious disease control, clinical care, and obligations of government related to individuals in detention settings, in which I have published a number of reports assessing health issues in prison and detention settings and more than a dozen peer-reviewed articles. In 2015-2016, I was a co-editor of a special issue of the British journal, "The Lancet," on HIV, TB and hepatitis in prisons. I also serve on the editorial boards of two public health journals. My resume is attached as Exhibit A.

### Information on COVID-19 and Vulnerable Populations

5. COVID-19 is a coronavirus disease that has reached pandemic status. As of today (3/23), according to the World Health Organization, more than 332,900 people have been diagnosed with COVID-19 in 190 countries or territories around the world and 14,510 have died.<sup>1</sup> In the United States, about 41,000 people have been diagnosed with the disease and 479 people have died thus far.<sup>2</sup> In Pennsylvania, there are 644

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<sup>1</sup> See <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> accessed March 23, 2020.

<sup>2</sup> See <https://coronavirus.jhu.edu/map.html> Accessed March 23, 2020

confirmed cases and five deaths thus far.<sup>3</sup> These numbers are likely an underestimate, due to the lack of availability of testing. In many settings, the numbers of infected people are growing at an exponential rate.

6. COVID-19 is a serious disease, ranging from no symptoms or mild ones for people at low risk, to respiratory failure and death. There is no vaccine to prevent COVID-19. There is no known cure or anti-viral treatment for COVID-19 at this time. The specific mechanism of mortality of critically ill COVID-19 patients is uncertain but may be related to virus-induced acute lung injury, inflammatory response, multiple organ damage and secondary nosocomial infections.
7. The World Health Organization (WHO) identifies individuals at highest risk to include those over 60 years of age and those with cardiovascular disease, diabetes, chronic respiratory disease, and cancer.<sup>4</sup> The WHO further states that the risk of severe disease increases with age starting from around 40 years.
8. The US CDC identifies “older adults [65 and older] and people of any age who have serious underlying medical conditions” as at higher risk of severe disease and death.<sup>5</sup> The CDC identifies underlying medical conditions to include: blood disorders, chronic kidney or liver disease, compromised immune system, endocrine disorders, including diabetes, metabolic disorders, heart and lung disease, neurological and neurologic and neurodevelopmental conditions, and current or recent pregnancy.<sup>6</sup>
9. Data from US COVID-19 cases published by the CDC on March 19, 2020, found that hospitalization rates and intensive care unit (ICU) admission rates were nearly identical for individuals aged 45-54 and individuals aged 55-64 (between approximately 20-30% for both groups for hospitalization and between 5-11% for both groups for ICU admission).<sup>7</sup> This suggests that individuals >45 years could be considered high risk for severe disease while those  $\geq$ 54 years could be considered high risk for severe disease and death.
10. Public Health England, the public health authority of the United Kingdom, identifies a broader list of individuals at increased risk of severe illness and who should be “particularly stringent in following social distancing measures”.<sup>8</sup> These include: individuals with: chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis; chronic heart

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<sup>3</sup> See <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx> accessed March 23, 2020

<sup>4</sup> See [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57\\_4](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_4) accessed March 21, 2020

<sup>5</sup> See <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html> accessed March 21, 2020

<sup>6</sup> See <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf> accessed March 21, 2020

<sup>7</sup> See <https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm>, accessed March 21, 2020

<sup>8</sup> See <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults> accessed March 21, 2020

disease, such as heart failure; chronic kidney disease; chronic liver disease, such as hepatitis; chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy; diabetes; spleen-related disorders or having had your spleen removed; having a weakened immune system; having a body mass index (BMI) of 40 or above; and those who are pregnant.

### **Health profile of plaintiffs**

11. I have reviewed the declarations of the following individuals: Bharatkumar G. Thakker; Adebodun Adebomi Idowu; Courtney Stubbs; Meiling Lin; Rodolfo Agustín Juárez Juárez; Dexter Anthony Hillocks; Rigoberto Gomez Hernandez; Henry Pratt; Mayowa Abayomi Oyediran; Mr. Mansyur; and Agus Prajoga.
12. Bharatkumar G. Thakker is a 65-year-old citizen of India. He has been detained by ICE at Pike County Correctional Facility for the last 27 months. Including his age, Mr. Thakker has several health conditions, according to his declaration, that put him at high risk for severe illness and death from COVID-19, including chronic kidney disease and high blood pressure and high cholesterol which are associated with cardiovascular disease. He currently reports that he has chills, myalgia, asthenia and dizziness and has been coughing for a few days, and that his cell mate recently started coughing.
13. Courtney Stubbs is a 52-year-old citizen of Jamaica. He has been detained by ICE at Clinton County Correctional Facility since June 2019. Mr. Stubbs has several health conditions, according to his declaration, that put him at high risk for severe illness and death from COVID-19, including diabetes, cardiovascular disease, chronic kidney disease, and immunosuppression stemming from a kidney transplant.
14. Meiling Lin is a 45-year-old citizen of China. She has been detained by ICE at York County Prison since March 2019. Ms. Lin, according to her declaration, she suffers from chronic hepatitis B and liver disease, that puts her at high risk for severe illness and death from COVID-19.
- 14.a. Jean Herdy Christy Augustin is a 34-year-old citizen of Haiti. He is detained by ICE at York County Prison. According to his declaration, Mr. Augustin suffers from diabetes which puts him at high risk for severe illness and death from COVID-19. Mr. Augustin also has multiple other health issues, including high blood pressure and anemia that might complicate his treatment if infected with the virus causing COVID-19.
15. Rodolfo Agustín Juárez Juárez is a 21-year-old citizen of El Salvador. He has been detained by ICE at York County Prison since February 26, 2020. Mr. Juárez, according to his declaration, suffers from diabetes which puts him at high risk for severe illness and death from COVID-19. In addition, in his declaration he states that he has had a fever, persistent cough, and trouble breathing for the past week, all of which are common symptoms of COVID-19 and, according to current guidance, require testing and isolation. In his declaration, he states that he has not been tested for COVID-19 and

has been told by correctional officers that COVID-19 tests are not available at York.

16. Adebodun Adebomi Idowu is a 57-year-old from Nigeria. He has been detained by ICE at Clinton County Correctional Facility for the past 17 months. Mr. Idowu has several health conditions, according to his declaration, that put him at high risk for severe illness and death from COVID-19, including diabetes and high blood pressure and high cholesterol which are associated with cardiovascular disease.
- 16.b. Catalino Domingo Gomez Lopez is a 51-year-old citizen of Guatemala. He is detained by ICE at York County Prison. According to his declaration, since being detained in November 2018, Mr. Gomez Lopez has had the flu four times. He states that the most recent instance he was ill for four weeks, during which time he had a fever and a cough with hemoptysis (coughing blood). Hemoptysis requires medical assessment as it may be related to a range of serious health conditions, including tuberculosis, lung cancer, and pneumonia (among others). Due to his age and his stated history of hemoptysis, Mr Gomez Lopez may be at high risk for severe illness and death from COVID-19.
17. Dexter Anthony Hillocks is a 54-year-old from Trinidad and Tobago. He has been detained at the Pike County Correctional Facility since 2015. Mr. Hillocks, according to his declaration, has several health conditions that put him at high risk for severe illness and death from COVID-19, including diabetes, high blood pressure and high cholesterol which are associate with cardiovascular disease, and leukemia.
18. Rigoberto Gomez Hernandez is a 52-year-old Mexican national. He is detained by ICE at Pike County Prison. Mr. Gomez Hernandez, according to his declaration, has diabetes, which puts him at high risk for severe illness and death from COVID-19. He also reports that his detention has also caused him mental anguish.
19. Henry Pratt is a 50-year-old citizen of Liberia. He is detained by ICE at Clinton County Correctional Facility. According to his declaration, Mr. Pratt suffers from Type II diabetes and high blood pressure, which puts him at high risk for severe illness and death from COVID-19.
20. Mayowa Abayomi Oyedirán is a forty-year-old citizen of Nigeria. He has been detained by ICE since November 7, 2019 at York County Prison. Mr. Oyedirán, according to his declaration, has severe asthma and an infection in his lungs, which put him at high risk of severe illness and death from COVID-19. His declaration states that he has not been given an inhaler or any other kind of treatment for his asthma or treatment for his lung infection.
21. Mr. Mansyur is a 41-year-old citizen of Indonesian. He is detained by ICE at Pike County Prison since December 19, 2019. Mr. Mansyur, according to his declaration, has diabetes and high blood pressure, which puts him at high risk for severe illness and death from COVID-19.

22. Agus Prajoga is a 48-year-old citizen of Indonesia. He is detained by ICE at Pike County Prison since January 13, 2020. Mr. Parjoga has diabetes and high blood pressure and cholesterol which are associated with cardiovascular disease, which puts him at high risk for severe illness and death from COVID-19.

### Understanding of COVID-19 Transmission

23. According to the US CDC, the disease is transmitted mainly between people who are in close contact with one another (within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes.<sup>9</sup> It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.<sup>10</sup> People are thought to be most contagious when they are most symptomatic (the sickest), however there is increasing evidence of asymptomatic transmission.<sup>11</sup> **This suggests that, while hand washing and disinfecting surfaces is advisable, the main strategy for limiting disease transmission is social distancing and that for such distancing to be effective it must occur before individuals display symptoms.**
24. Recognizing the importance of social distancing, public health officials have recommended extraordinary measures to combat the spread of COVID-19. Schools, courts, collegiate and professional sports, theater and other congregate settings have been closed as part of risk mitigation strategy. 50 states, 7 territories, and the District of Columbia have taken some type of formal executive action in response to the COVID-19 outbreak.<sup>12</sup> Through one form or another, these jurisdictions have declared, proclaimed, or ordered a state of emergency, public health emergency, or other preparedness and response activity for the outbreak. Earlier this month Pennsylvania Governor, Tom Wolf, declared a state of emergency, which he buttressed on March 19 with an order closing non-essential businesses.<sup>13</sup> On Monday, March 23, 2020, Governor Wolf issued a stay at home order for residents of Bucks, Chester, Delaware, Monroe and Montgomery counties. Philadelphia has been under a stay at home order since Saturday, March 21, 2020.<sup>14</sup>

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<sup>9</sup> See <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html> accessed March 21, 2020

<sup>10</sup> See <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html> accessed March 21, 2020

<sup>11</sup> See <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html> accessed March 21, 2020; See also: Bai Y, Yao L, Wei T, et al. Presumed asymptomatic carrier transmission of COVID-19. JAMA. Published online February 21, 2020. doi:10.1001/jama.2020.2565 and Zhang W, Du RH, Li B, et al. Molecular and serological investigation of 2019-nCoV infected patients: implication of multiple shedding routes. Emerg Microbes Infect. 2020;9(1):386-389.

<sup>12</sup> See <https://www.astho.org/COVID-19/> accessed March 21, 2020

<sup>13</sup> See <https://www.governor.pa.gov/wp-content/uploads/2020/03/20200319-TWW-COVID-19-business-closure-order.pdf>

<sup>14</sup> See <https://www.wtae.com/article/stay-at-home-order-to-begin-tonight-for-several-pa-counties-including-allegheny/31900786> accessed March 23, 2020

25. As of March 23, in response to the threat of COVID-19 transmission, five states (California; Illinois; New Jersey; New York; and Ohio) prohibit gatherings of any size; nine states prohibit gatherings of >10 individuals (Colorado; Hawaii; Louisiana; Maine; Maryland; Texas; Utah; Vermont and Wisconsin); four states prohibit gatherings of >25 individuals (Alabama; Massachusetts; Oregon and Rhode Island) and eight states prohibit gatherings of >50 individuals. The five states that prohibited gathering have also issued quarantine orders directing residents to stay at home except under certain narrow exceptions.<sup>15</sup> These orders are expanding, increasing for example from at least 158 million people in 16 states, nine counties and three cities are being urged to stay home on March 23 to at least 163 million people in 17 states, 14 counties and eight cities being urged to stay home on March 24, 2020.<sup>16</sup>
26. These public health measures aim to “flatten the curve” of the rates of infection so that those most vulnerable to serious complications from infection will be least likely to be exposed and, if they are the numbers of infected individuals will be low enough that medical facilities will have enough beds, masks, and ventilators for those who need them.
27. In countries where the virus’s course of infection began earlier, and where death rates grew steadily governments have imposed national emergency measures to prevent contagion from human contact, In Italy and Spain, for example, the governments have imposed national lockdowns to keep people from coming into contact with each other.<sup>17</sup>
28. In Spain, immigration authorities began gradually releasing people held in closed immigration detention centers (CIEs) on March 18.<sup>18</sup> In Belgium, federal authorities released an estimated 300 migrants from detention on March 19 because detention conditions did not allow for safe social distancing.<sup>19</sup> The UK government released 300 people from detention centers following legal action which argued that the government had failed to protect immigration detainees from the COVID-19 outbreak and failed to identify which detainees were at particular risk of serious harm or death if they do contract the virus due to their age or underlying health conditions. As part of the legal action, Professor Richard Coker of the London School of Hygiene and Tropical Medicine stated that prisons and detention centers provide “ideal incubation conditions for the rapid spread of the coronavirus, and that about 60% of those in detention could be rapidly infected if the virus gets into detention centers.”<sup>20</sup>

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<sup>15</sup> See <https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/#socialdistancing> accessed March 23, 2020

<sup>16</sup> See <https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html> accessed March 24, 2020

<sup>17</sup> See <https://www.cnn.com/2020/03/14/spain-declares-state-of-emergency-due-to-coronavirus.html> accessed March 23, 2020

<sup>18</sup> See: <https://www.lavanguardia.com/politica/20200319/474263064358/interior-abre-puerta-liberar-internos-cie.html> accessed March 23, 2020

<sup>19</sup> See: <https://www.demorgen.be/nieuws/300-mensen-zonder-papieren-vrijgelaten-coronavirus-zet-dvz-onder-druk~bf3d626d/> accessed March 23, 2020

<sup>20</sup> See: <https://www.theguardian.com/uk-news/2020/mar/21/home-office-releases-300-from-detention-centres-amid-covid-19-pandemic> accessed March 23, 2020

### **Risk of COVID-19 in Immigration Detention Facilities**

29. The conditions of immigration detention facilities pose a heightened public health risk to the spread of COVID-19, even greater than other non-carceral institutions.
30. Immigration detention facilities are enclosed environments, much like the cruise ships that were the site of the largest concentrated outbreaks of COVID-19. Immigration detention facilities have even greater risk of infectious spread because of conditions of crowding, the proportion of vulnerable people detained, and often scant medical care. People live in close quarters and are also subject to security measures which prohibit successful “social distancing” that is needed to effectively prevent the spread of COVID-19. Toilets, sinks, and showers are shared, without disinfection between use. Food preparation and food service is communal, with little opportunity for surface disinfection. Staff arrive and leave on a shift basis; there is little to no ability to adequately screen staff for new, asymptomatic infection.
31. Based upon the declarations of Bharatkumar G. Thakker; Adebodun Adebomi Idowu; Courtney Stubbs; Meiling Lin and Rodolfo Agustín Juárez Juárez, conditions at Pike County Correctional Facility, York County Prison and Clinton County Correctional Facility do not appear to be adopting the procedures necessary to prevent COVID-19 transmission.
32. In the York facility, plaintiff declarations stated a range of concerns that suggest an inability to control transmission of COVID-19, including: crowding and inability to practice social distancing (e.g., 56 people held in one large area; close seating during meals); potential exposure via a large number of people sharing facilities and objects not frequently disinfected (water fountains, phones and tablets); the lack of availability of tests for infection, which would hamper isolation of infected detainees; and lack of screening or use of masks among facility staff (Declaration of Juárez). The Declaration by Lin on conditions in the York facility similarly highlights crowding and inability to practice social distancing (50 people in one large area with beds 3-4 feet apart; close seating during meals); shared objects and facilities (shared bathrooms, three phones and eleven tablets among 50 people).
33. In the Clinton County facility, the plaintiff declaration by Idowu stated similar concerns including crowding and inability to practice social distancing (72 people in one open unit with bunk beds); lack of staff screening and precautions; lack of screening of new detainees; and potential exposure via shared facilities (bathrooms, sinks, showers) (Declaration of Idowu).
34. In the Pike County facility, plaintiff declarations by Thakker and Stubbs stated similar concerns including crowding and inability to practice social distances (including in social areas and during meals); lack of staff precautions (masks) (Thakker); and the transfer of detainees from one block to another, despite symptoms of illness (Stubbs).
35. Many immigration detention facilities also lack adequate medical care infrastructure to



address the spread of infectious disease and treatment of high-risk people in detention. As examples, immigration detention facilities often use practical nurses who practice beyond the scope of their licenses; have part-time physicians who have limited availability to be on-site; and facilities with no formal linkages with local health departments or hospitals. Based on my review of declarations, it appears that, even without a public health crisis, inadequate provision of medical care led to health complications (Declaration of Idowu). A COVID-19 outbreak would put severe strain on this already strained system.

### **Risks of COVID-19 to and from Police, First Responders, and Corrections Officers**

36. Police, first responders and correctional officers all face an increased risk of COVID-19 exposure as they are less able to practice the recommended strategy of social distancing in carrying out their official duties. These officials also potentially present a link from transmission occurring in the community to those who are detained.
37. An increasing number of public safety personnel – police officers, firefighters, EMTs and paramedics have been found to be infected with COVID-19 and a larger number have been ordered into 14-day quarantine at home or in quarters after exposure to an individual with COVID-19. For example, in Kirkland Washington 27 firefighters and two police officers were in quarantine along with four King County (Wash.) EMS paramedics. In San Jose California 77 firefighters were in quarantine.<sup>21</sup> More than 140 firefighters were quarantined in Washington DC.<sup>22</sup> Six New Jersey police officers tested positive for COVID-19 and another 20 officers were under self-quarantine, as of March 19.<sup>23</sup>
38. So far, two state prison employees tested positive for COVID-19 in California,<sup>24</sup> two in Michigan,<sup>25</sup> a county jail officer in Washington state,<sup>26</sup> and one Georgia Department of Corrections employee tested positive.<sup>27</sup> 21 inmates and 17 employees in Rikers Island (NY) have tested positive; an investigator with NYC’s department of corrections died

<sup>21</sup> See <https://www.policeone.com/coronavirus-covid-19/articles/how-long-to-quarantine-covid-19-exposed-police-officers-firefighters-emts-and-paramedics-XJnE4WGakSF1wtS0/> accessed March 21, 2020

<sup>22</sup> See <https://www.firerescue1.com/coronavirus-covid-19/articles/more-than-140-dc-firefighters-quarantined-after-third-positive-covid-19-test-rHWizxNkyiEbte6C/> accessed March 21, 2020

<sup>23</sup> <https://www.nj.com/coronavirus/2020/03/6-officers-test-positive-for-coronavirus-20-others-self-quarantined-nj-police-union-says.html> accessed March 21, 2020 See also: “COVID-19 Diagnosed at Essex County Correctional Facility,” Tapinto.net (Mar. 23, 2020) <https://www.tapinto.net/towns/soma/sections/health-and-wellness/articles/covid-19-diagnosed-at-essex-county-correctional-facility;>

<sup>24</sup> See <https://www.sacbee.com/news/coronavirus/article241371616.html> accessed March 21, 2020

<sup>25</sup> See <https://www.correctionsone.com/coronavirus-covid-19/articles/2-mich-doc-employees-test-positive-for-covid-19-Hmbc7yRomp3WbtBb/> accessed March 21, 2020

<sup>26</sup> See <https://www.kitsapsun.com/story/news/2020/03/19/kitsap-county-jail-officer-diagnosed-covid-19-second-case-connected-county-campus/2881899001/> accessed March 21, 2020

<sup>27</sup> See <https://www.ajc.com/news/crime--law/employee-inside-prison-tests-positive-for-covid/a40bWvX7LFFERMjoeLggyH/> accessed March 21, 2020

of COVID-19.<sup>28</sup> In Wisconsin, a prison doctor tested positive.<sup>29</sup>

39. In New Jersey, a member of the medical staff at Elizabeth Detention Center in New Jersey a private immigration detention center tested positive for coronavirus.<sup>30</sup> A correctional officer at Bergen County Jail (NJ), which contracts with ICE, also tested positive for COVID-19.<sup>31</sup> As a result of these cases, hunger strikes have broken out in three ICE detention centers in New Jersey “as detainees protest what they describe as deteriorating conditions and a failure to adequately address the potential spread of COVID-19”.<sup>32</sup>
40. If police, first responders, and corrections officers are significantly affected by COVID-19, whether through being infected, exposed by detainees, their fellow officers or in the community, large numbers will be unavailable to work due to self-quarantine or isolation, at the same time that large numbers of detainees who are potentially exposed will need to be put into individual isolation or transferred to advanced medical care, putting tremendous stress on detention facilities.
41. Large numbers of ill detainees and corrections staff will also strain the limited medical infrastructure in the rural counties in which these detention facilities are located. If infection spreads throughout the detention center, overwhelming the center’s own limited resources, the burden of caring for these individuals will shift to local medical facilities. The few facilities will likely not be able to provide care to all infected individuals with serious cases, increasing the likelihood that these individuals will die.<sup>33</sup>

## Conclusions

42. Current conditions and procedures in place at the three ICE facilities, as described by plaintiff declarations, cannot be seen as sufficient to prevent the introduction of COVID-19 or prevent its rapid transmission among both detainees and staff. The lack

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<sup>28</sup> See <https://www.nbcnewyork.com/news/coronavirus/21-inmates-17-employees-test-positive-for-covid-19-on-rikers-island-officials/2338242/> accessed March 23, 2020; See also: Monsy Alvarado, “Coronavirus outbreak locks down Hudson county jail after two inmates test positive,” NorthJersey.com March 22, 2020 <https://www.northjersey.com/story/news/coronavirus/2020/03/22/coronavirus-outbreak-locks-down-hudson-county-jail/2895687001/>. Accessed March 23, 2020

<sup>29</sup> See <https://fox6now.com/2020/03/19/employee-or-client-at-waupun-prison-tested-positive-for-covid-19/> March 21, 2020

<sup>30</sup> See <https://www.themarshallproject.org/2020/03/19/first-ice-employee-tests-positive-for-coronavirus> accessed March 21, 2020

<sup>31</sup> See <https://www.insidernj.com/bergen-county-jail-corrections-officer-tests-positive-covid-19/> accessed March 21, 2020

<sup>32</sup> See [https://www.vice.com/en\\_us/article/pkew79/immigrants-are-now-on-hunger-strike-in-3-ice-detention-centers-over-coronavirus-fears](https://www.vice.com/en_us/article/pkew79/immigrants-are-now-on-hunger-strike-in-3-ice-detention-centers-over-coronavirus-fears) accessed March 21, 2020

<sup>33</sup> See <https://www.post-gazette.com/news/health/2020/03/20/Rural-counties-in-Pennsylvania-struggle-on-their-own-as-COVID-19-spreads/stories/202003180034> accessed March 23, 2002. Even in regions with highly developed health systems, COVID-19 is straining ability to care, creating cause for alarm for less-equipped health care systems in regions that do not act to mitigate risk of infection. See <https://www.nytimes.com/2020/03/12/world/europe/12italy-coronavirus-health-care.html> accessed March 23, 2020

of daily tests of staff who have ongoing community contacts presents a risk of introduction of the virus into the detention facility. The possibility of asymptomatic transmission means that monitoring fever of staff or detainees is also inadequate for identifying all who may be infected and preventing transmission. This is also true because not all individuals infected with COVID-19 report fever in early stages of infection. The lack of widespread testing in communities and the current presence of COVID-19 in all 50 states means that it is impractical to ask detainees about their travel history— all communities should be assumed to have community transmission which is why statewide and national restrictions on movement and gatherings have been put in place. The crowded conditions, in both sleeping areas and social areas, and the shared objects (bathrooms, sinks, etc.) will facilitate transmission.

43. I have also reviewed the guidance ICE first issued on March 15, and most recently updated March 21.<sup>34</sup> Most notably, the guidance mentions “social distancing” only once, in the first section entitled “What is ICE doing to safeguard its employees/personnel during this crisis?” The strategies that the guidance outline for the protection of individuals in their custody include: 1) temporarily suspending social visitation in all detention facilities; 2) regularly updating infection prevention and control protocols, and issuing guidance to ICE Health Service Corps (IHSC) staff for the screening and management of potential exposure among detainees; 3) working with state and local health partners to determine if any detainee requires additional testing or monitoring to combat the spread of the virus. These are insufficient to prevent introduction or transmission of COVID-19 in facilities.
44. The guidance further states that “In detention settings, cohorting serves as an alternative to self-monitoring at home.” “Cohorting” is not defined in the guidance, but can be understood in combination with the guidance under the section entitled “How does ICE mitigate the spread of COVID-19 within its detention facilities?” which states that “ICE places detainees with fever and/or respiratory symptoms in a single medical housing room, or in a medical airborne infection isolation room specifically designed to contain biological agents, such as COVID-19. Detainees who do not have fever or symptoms, but meet CDC criteria for epidemiologic risk, are housed separately in a single cell, or as a group, depending on available space.”
45. Even if ICE is to implement this guidance at the facilities, it will not prevent the spread of COVID-19 because of the potential for asymptomatic transmission from other detainees or ICE facility staff of COVID-19, as referred to in paragraph 17. Although the ICE guidance states that individuals at epidemiologic risk will be housed separately, based upon the plaintiffs’ declaration, this practice is not being implemented. This puts plaintiffs’ at increased risk for exposure to COVID-19 as discussed above. The close quarters, the lack of testing and the inability to enforce appropriate social distancing are an urgent problem. Procedures that may have worked for other outbreaks, like flu, will not be sufficient to control COVID-19 and physical

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<sup>34</sup> See: <https://www.ice.gov/covid19> accessed March 23, 2020

distancing is essential.

46. The ICE guidance repeatedly refers to CDC guidance, for example stating that “ICE reviews CDC guidance daily and continues to update protocols to remain consistent with CDC guidance.” CDC guidance on correctional and detention facilities,<sup>35</sup> posted March 23, 2020 reiterates many of the points previously made in this declaration, including: 1) Incarcerated/detained persons are at “heightened” risk for COVID-19 infection once the virus is introduced; 2) There are many opportunities for COVID-19 to be introduced into a correctional or detention facility, including from staff and transfer of incarcerated/detained persons; 3) Options for medical isolation of COVID-19 cases are limited; 4) Incarcerated/detained persons and staff may have medical conditions that increase their risk of severe disease from COVID-19; 5) The ability of incarcerated/detained persons to exercise disease prevention measures (e.g., frequent handwashing) may be limited and many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants; and 6) Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to co-pay requirements and fear of isolation.
47. CDC guidance specifically recommends implementing social distancing strategies to increase the physical space between incarcerated/detained persons “ideally 6 feet between all individuals, regardless of the presence of symptoms” including: 1) increased space between individuals in holding cells, as well as in lines and waiting areas such as intake; stagger time in recreation spaces; restrict recreation space usage to a single housing unit per space; stagger meals; rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table); provide meals inside housing units or cells; limit the size of group activities; reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions.
48. Based upon the plaintiffs’ declarations, none of the ICE facilities are following CDC guidance in relation to social distancing putting all detainees, and especially those at high risk of severe disease and death, in jeopardy. The only viable public health strategy available is risk mitigation. Even with the best-laid plans to address the spread of COVID-19 in detention facilities, the release of individuals who can be considered at high-risk of severe disease if infected with COVID-19 is a key part of a risk mitigation strategy. In my opinion, the public health recommendation is to release high-risk people from detention, given the heightened risks to their health and safety, especially given the lack of a viable vaccine for prevention or effective treatment at this stage.
49. Other individuals who may not be identified as high risk should also be considered for release. Reducing the overall number of individuals in detention facilities will facilitate social distancing for remaining detainees and lessen the burden of ensuring the safety

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<sup>35</sup> See: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> accessed March 23, 2020

of detainees and corrections officers.

50. To the extent that vulnerable detainees have had exposure to known cases with laboratory-confirmed infection with the virus that causes COVID-19, they should be tested immediately in concert with the local health department. Those who test negative should be released to home quarantine for 14 days. Where there is not a suitable location for home quarantine available, these individuals could be released to housing identified by the county or state Department of Health.

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

Executed this 24th day in March 2020 in Princeton, New Jersey.

A handwritten signature in black ink, appearing to read "Joseph Amon". The signature is written in a cursive style with a long horizontal stroke at the end.

Joseph J. Amon, PhD MSPH

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**EDUCATION**

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08/1998-10/2002	Dept. of Preventive Medicine/Biometrics, Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine <i>PhD, Dissertation: Molecular Epidemiology of Malaria in Kenya</i>	Bethesda, MD
08/1991-12/1994	Dept. of Parasitology and Tropical Medicine, Tulane University School of Public Health & Tropical Medicine <i>MSPH, Tropical Medicine</i>	New Orleans, LA
08/1987-05/1991	Hampshire College <i>BA, Interdisciplinary Studies</i>	Amherst, MA

**ACADEMIC APPOINTMENTS**

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9/2018 – Present	Dornsife School of Public Health, Drexel University <i>Director, Global Health</i> <i>Clinical Professor, Dept of Community Health and Prevention</i>	Philadelphia, PA
01/2010 – Present	Dept. of Epidemiology and Center for Public Health and Human Rights, Bloomberg School of Public Health, Johns Hopkins <i>Associate</i>	Baltimore, MD
09/2010 – 06/2018	Woodrow Wilson School of Public and International Affairs, Princeton University <i>Visiting Lecturer</i>	Princeton, NJ
01/2015 – 05/2018	Dept. of Epidemiology, Mailman School of Public Health, Columbia University <i>Adjunct Associate Professor</i>	New York, NY
06/2014 – 07/2014	School of Social Science, Institute for Advanced Study <i>Short-term Visitor</i>	Princeton, NJ
09/2012 – 12/2012	Institut d'Études Politiques de Paris (SciencesPo) <i>Distinguished Visiting Lecturer</i>	Paris, France
01/2003–06/2007	Dept. of Preventive Medicine, Hebert School of Medicine, Uniformed Services University of the Health Sciences <i>Adjunct Assistant Professor</i>	Bethesda, MD

**TEACHING EXPERIENCE**

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Professor

2019 - Present	Drexel University	Theory and Practice of Community Health (graduate) Health and Human Rights (undergrad/graduate) Community Health: Cuba (graduate)
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2011 – 2018	Princeton University	Health and Human Rights (undergraduate) Epidemiology (undergraduate)
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09-12/2012	SciencesPo	Health and Human Rights (graduate)
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Co-Instructor

2012-2013	Global School of Socioeconomic Rights, Harvard University	Health Rights Litigation (graduate)
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**COMMITTEES AND ADVISORY BOARD MEMBERSHIP**

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Editorial

09/2019 – Present	Senior Editor, Health and Human Rights Journal
01/2010 – Present	Journal of the International AIDS Society, Editorial Board
07/2012 – Present	Journal of the International AIDS Society, Ethics Committee
01/2015 – 07/2016	Co-Editor, The Lancet HIV Special Issue on HIV and Prisoners
09/2017 – 06/2018	Co-Editor, Health and Human Rights Journal Special Issue on NTDs and Human Rights

Advisory

09/2016 – Present	The Global Fund, Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services
12/2014 – Present	UNAIDS, Strategic and Technical Advisory Group
07/2008 – Present	UNAIDS, HIV and Human Rights Reference Group (co-chair Aug 2014 – present)
06/2012 – 6/2018	Global Institute for Health and Human Rights, University at Albany, International Advisory Board
02/2012 – 01/2016	Founding member, Coalition for the Protection of Health Workers in Armed Conflict
01/2014 – 01/2016	Founding member: Robert Carr Award for Research on HIV and Human Rights
07/2011 – 07/2012	XIX International AIDS Conference, Scientific Programme Committee
11/2009 – 09/2012	WHO/STOP TB Partnership, TB and Human Rights Task Force



## **FULL-TIME WORK EXPERIENCE**

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- 09/2018-Present      **Drexel University, Dornsife School of Public Health, Philadelphia, PA.**  
- *Director, Global Health*  
- *Clinical Professor, Dept of Community Health and Prevention*
- 02/2016–08/2018      **Helen Keller International, New York, NY.**  
- *Vice President, Neglected Tropical Diseases*  
  
Provided strategic, technical and overall management for >\$125m portfolio of work on NTDs. Led development of proposals resulting in >\$80m in new projects.
- 08/2005–01/2016      **Human Rights Watch, New York, NY.**  
- *Director, Health Division (Sept 2008 – Jan 2016)*  
- *Founded Disability Rights Division (2013); Environment Division (2015)*  
- *Director, HIV/AIDS Program (August 2005 – August 2008)*  
  
Led research and advocacy division focused on human rights and health. Founded programs on disability rights and environment. Responsible for financial and personnel management, fundraising and communications.
- 07/2003–06/2005      **Centers for Disease Control and Prevention, Atlanta, GA.**  
- *Epidemiologist, EIS Officer*  
  
Led hepatitis outbreak investigations in US and overseas. Collaborated with U.S. and international academic and government researchers. Analyzed trends in hepatitis prevalence and vaccination rates in diverse populations.
- 07/2000–09/2002      **Walter Reed Army Institute of Research, Silver Spring, MD.**  
- *Research Fellow*  
  
Conducted molecular epidemiologic and immunologic research on malaria, examining host-parasite interaction, vaccine efficacy, and correlates of disease severity.
- 07/1995–06/1998      **Family Health International, Arlington, VA.**  
- *Technical Officer (Jan – June 1998)*  
- *Evaluation Officer (Aug 1996 – Dec 1997)*  
- *Associate Evaluation Officer (July 1995 – July 1996)*  
  
Designed and analyzed HIV behavioral research and program evaluation studies. Supervised field-based research and evaluation staff in U.S., Brazil, Jamaica, Dominican Republic, Kenya, Ghana, and Haiti.
- 09/1992–11/1994      **U.S. Peace Corps, Lomé, Togo.**  
- *Volunteer*  
  
Designed and implemented process monitoring system for national Guinea Worm eradication program. Conducted health education training. Supervised village health workers.

**SHORT-TERM AND CONSULTING EXPERIENCE**

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<b>Human Rights Watch</b> , <i>New York, NY.</i>	Provide technical review for research design, analysis and documents related to health and environment and human rights.	Sept 2018 – Present
<b>The Futures Group International</b> , <i>REACH Project, Washington DC.</i>	Co-investigator for HIV/AIDS operations research related to orphans and vulnerable children and adolescent-oriented HIV volunteer counseling and testing.	Mar 2002 – June 2003
<b>Walter Reed Army Institute of Research</b> , <i>Silver Spring, MD.</i>	Developed database and provided statistical support to malaria vaccine clinical trial project.	Apr 2002 – June 2003
<b>John Snow, Inc.</b> , <i>Arlington, VA.</i>	Developed curriculum and provided training on HIV/AIDS monitoring and evaluation to Ministry of Health staff from 8 countries.	Dec. 2002 – June 2003
<b>TvT Associates</b> , <i>SYNERGY Project, Washington, DC.</i>	Designed \$20+ million comprehensive HIV/AIDS strategy for USAID Ukraine and USAID Russia.	Dec. 2001 – April 2003
<b>PACT</b> , <i>Washington, DC.</i>	Designed outcome and impact evaluation of HIV behavioral intervention project.	June 2002
<b>Encompass LLC</b> , <i>Bethesda, MD.</i>	Designed evaluation of World Bank health sector reform training.	January – May 2002
<b>U of Washington</b> , <i>Center for Health Education and Research.</i>	Developed guidelines and training materials for monitoring and evaluating HIV/AIDS programs.	April – May 2002
<b>Family Health International</b> , <i>Arlington, VA.</i>	Analyzed HIV-related behavioral surveillance results from studies in Honduras, Nigeria, Ghana, and Senegal.	Sept 1998 – Mar 2002
<b>Datex Inc.</b> , <i>Falls Church, VA.</i>	Provided expert review for USAID-funded HIV/AIDS behavioral intervention grants competition.	May– Jun 2001 Jan – Feb 2000
<b>PLAN International</b> , <i>Bamako, Mali and Arlington, VA.</i>	Designed and implemented quantitative and qualitative evaluation of HIV/AIDS program and developed \$6 million follow-on program.	May – Dec 2000
<b>Ministry of Health</b> , <i>Kingston, Jamaica.</i>	Analyzed behavioral surveillance results and facilitated workshop examining HIV trends.	Oct 1998
<b>Eli Lilly Foundation</b> , <i>Diabetes Control Program, Accra, Ghana.</i>	Designed and implemented outcome and impact evaluation of diabetes prevention and care program.	Sept 1996
<b>Carter Center</b> , <i>Niger Guinea Worm Eradication Program, Zinder, Niger.</i>	Designed and implemented outcome and impact evaluation of guinea worm eradication program.	Mar – May 1995

**PEER REVIEW JOURNAL PUBLICATIONS**

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- 1 Kotellos KA, **Amon JJ**, Githens Benazerga W. *Field Experiences: measuring capacity building efforts in HIV/AIDS prevention programmes*. AIDS 1998; 12 (supl 2):109-17.
- 2 Figueroa JP, Brathwaite AR, Wedderburn M, Ward E, Lewis-Bell K, **Amon JJ**, Williams Y, Williams E. *Is HIV/STD control in Jamaica making a difference?* AIDS 1998; 12 (supl 2):S89-S98.
- 3 Hayman JR, Hayes SF, **Amon J**, Nash TE. *Developmental expression of two spore wall proteins during maturation of the microsporidian Encephalitozoon intestinalis*. Infect Immun 2001; 69(11):7057-66.
- 4 **Amon JJ**. *Preventing HIV Infections in Children and Adolescents in Sub-Saharan Africa through Integrated Care and Support Activities*. African Journal on AIDS Research. 2002; 1(2):143-9.
- 5 Gourley IS, Kurtis JD, Kamoun M, **Amon JJ**, Duffy PE. *Profound bias in interferon-gamma and interleukin-6 allele frequencies in an area of western Kenya where severe malarial anemia is common in children*. Journal of Infectious Disease. 2002; 186(7):1007-12.
- 6 Wheeler C, Vogt T, Armstrong GL, Vaughan G, Weltman A, Nainan OV, Dato V, Xia G, Waller K, **Amon J**, Lee TM, Highbaugh-Battle A, Hembree C, Evenson S, Ruta MA, Williams IT, Fiore AE, Bell BP. *A Foodborne Outbreak of Hepatitis A in Pennsylvania Associated with Green Onions*. New England Journal of Medicine 2005, 353(9):890-7.
- 7 **Amon JJ**, Nedsuwan S, Chantra S, Bell BP, Dowell SF, Olsen SJ, Wasley A. *Trends in Liver Cancer, Sa Kaeo Province, Thailand*. Asian Pacific Journal of Cancer Prevention 2005, 6(3):382-6.
- 8 **Amon JJ**, Devasia R, Xia G, Nainan OV, Hall S, Lawson B, Wolthuis JS, Macdonald PD, Shepard CW, Williams IT, Armstrong GL, Gabel JA, Erwin P, Sheeler L, Kuhnert W, Patel P, Vaughan G, Weltman A, Craig AS, Bell BP, Fiore A. *Molecular Epidemiology of Foodborne Hepatitis A Outbreaks in the United States, 2003*. Journal of Infectious Disease. 2005 Oct 15;192(8):1323-30.
- 9 **Amon JJ**, Drobeniuc J, Bower W, Magaña JC, Escobedo MA, Williams IT, Bell BP, Armstrong GL. *Locally Acquired Hepatitis E Virus Infection, El Paso, TX*. Journal of Medical Virology 2006, 78(6):741-6.
- 10 **Amon JJ**, Darling N, Fiore AE, Bell BP, Barker LE. *Factors Associated with Hepatitis A Vaccination among Children 24-35 Months in the U.S., 2003*. Pediatrics 2006, 117(1):30-3.
- 11 Ryan JR, Stoute JA, **Amon J**, Dunton RF, Mtalib R, Koros J, Owour B, Luckhart S, Wirtz RA, Barnwell JW, Rosenberg R. *Evidence for Transmission of Plasmodium Vivax among a Duffy Antigen Negative Population in Western Kenya*. American Journal of Tropical Medicine and Hygiene. 2006 75(4):575-81.
- 12 Kippenberg J, Baptiste J, **Amon JJ**. *Detention of Insolvent Patients in Burundian Hospitals*. Health Policy and Planning. 2008; Jan;23(1):14-23.
- 13 **Amon JJ**. *Dangerous Medicines: Unproven AIDS Cures and Counterfeit Antiretroviral Drugs*. Globalization and Health. 2008; Feb 27;4:5.
- 14 **Amon JJ**, Garfein R, Adieh-Grant L, Armstrong GL, Ouellet LJ, Latka MH, Vlahov D, Strathdee SA, Hudson SM, Kerndt P, Des Jarlais D, Williams IT. *Prevalence of HCV infection among injecting drug users in 4 U.S. cities at 3 time periods, 1994 – 2004*. Clinical Infectious Diseases. 2008, Jun 15;46(12):1852-8.

- 15 Cohen JE and **Amon JJ**. *Health and human rights concerns of drug user in detention in Guangxi, China*. PLoS Medicine. 2008, Dec 9;5(12):e234.
- 16 **Amon JJ** and Todrys K. *Fear of Foreigners: HIV-related restrictions on entry, stay, and residence*. Journal of the International AIDS Society. 2008, Dec 16;11:8..
- 17 **Amon JJ** and Kasambala T. *Structural Barriers and Human Rights Related to HIV Prevention and Treatment in Zimbabwe*. Global Public Health. 2009, Mar 26:1-17.
- 18 **Amon JJ** and Todrys K. *Access to Antiretroviral Treatment for Migrant Populations in the Global South*. SUR: International Journal on Human Rights. 2009, 6 (10), 162-187.
- 19 Todrys K. and **Amon JJ**. *Within but Without: Human Rights and Access to HIV Prevention and Treatment for Internal Migrants*. Globalization and Health. 2009, 5, 17.
- 20 Hafkin J, Gammino VM, **Amon JJ**. *Drug Resistant Tuberculosis in Sub-Saharan Africa*. Current Infectious Disease Reports 2010, 12(1), 36-45.
- 21 Lohman D, Schleifer R, **Amon JJ**. *Access to Pain Treatment as a Human Right*. BMC Medicine. 2010 Jan 20;8(1):8.
- 22 Jurgens R, Csete J, **Amon JJ**, Baral S, Beyrer C. *People who use drugs, HIV, and human rights*. Lancet 2010 Aug 7;376(9739):475-85.
- 23 Thomas L, Lohman D, **Amon J**. *Access to pain treatment and palliative care: A human rights analysis*. Temple International and Comparative Law Journal. Spring 2010. 24, 365
- 24 Todrys K\*, **Amon JJ\***, Malembeka G, Clayton M. *Imprisoned and imperiled: access to HIV and TB prevention and treatment, and denial of human rights, in Zambian prisons*. Journal of the International AIDS Society 2011, 14:8. (\*co-first authors)
- 25 Todrys K, **Amon JJ**. *Health and human rights of women imprisoned in Zambia*. BMC International Health and Human Rights 2011, 11:8.
- 26 Todrys K, **Amon JJ**. *Human rights and health among juvenile prisoners in Zambia*. International Journal of Prisoner Health, 2011, 7(1):10-17.
- 27 Barr D, **Amon JJ**, Clayton M. *Articulating a rights-based approach to HIV treatment and prevention interventions*. Current HIV Research, 2011, 9, 396-404.
- 28 Granich R, Gupta S, Suthar AB, et al. (**Amon J**, as member of the ART in Prevention of HIV and TB Research Writing Group) *Antiretroviral therapy in prevention of HIV and TB: update on current research efforts*. Current HIV Research, 2011 9, 446-69.
- 29 Jones L, Akugizibwe P, Clayton M, **Amon JJ**, Sabin ML, Bennett R, Stegling C, Baggaley R, Kahn JG, Holmes CB, Garg N, Obermeyer CM, Mack CD, Williams P, Smyth C, Vitoria M, Crowley S, Williams B, McClure C, Granich R, Hirsenschall G. *Costing human rights interventions as a part of universal access to HIV treatment and care in a Southern African setting*. Current HIV Research, 2011, 9, 416-428.
- 30 Todrys KW, **Amon JJ**. *Criminal Justice Reform as HIV and TB Prevention in African Prisons*. PLoS Medicine, 2012, 9(5): e1001215.
- 31 Biehl J, **Amon JJ**, Socal MP, Petryna A. *Between the court and the clinic: Lawsuits for medicines and the right to health in Brazil*. Health and Human Rights Journal. June 2012, 12(6).
- 32 **Amon JJ**, Beyrer C, Baral S., Kass N. *Human Rights Research and Ethics Review: Protecting Individuals or Protecting the State?* PLoS Med 9(10): e1001325. Oct 2012

- 33 Dekker AM, **Amon JJ**, le Roux KW, Gaunt CB. *What is Killing Me Most: Chronic Pain and the Need for Palliative Care in Eastern Cape, South Africa*. *Journal of Pain and Palliative Care Pharmacotherapy*. 2012;26:1–7.
- 34 **Amon JJ**, Buchanan J, Cohen J, Kippenberg J. *Child Labor and Environmental Health: Government Obligations and Human Rights*. *International Journal Pediatrics*. 2012, #938306
- 35 Cohen JE, **Amon JJ**. *China's Lead Poisoning Crisis*. *Health and Human Rights Journal*. 2012: Dec 15;14(2):74-86
- 36 Todrys KW, Howe E, **Amon JJ**. *Failing Siracusa: Governments' Obligations to Find the Least Restrictive Options for Tuberculosis Control*. *Public Health Action*. 2013: 3(1):7-10.
- 37 **Amon JJ**, Schleifer R, Pearshouse R, Cohen JE. *Compulsory Drug Detention Centers in China, Cambodia, Vietnam and Lao PDR: Health and Human Rights Abuses*. *Health and Human Rights Journal*. December 2013.
- 38 **Amon JJ**, Schleifer R, Pearshouse R, Cohen JE. *Compulsory Drug Detention in East and Southeast Asia: Evolving Government, UN and Donor Responses*. *International Journal of Drug Policy* 2014: 25(1):13-20.
- 39 Denholm JT, **Amon JJ**, O'Brien R et al. *Attitudes towards involuntary incarceration for tuberculosis: a survey of Union members*. *International Journal of Tuberculosis and Lung Disease* 2014: 18(2):155-9.
- 40 **Amon JJ**, Wurth M, McLemore M. *Evaluating Human Rights Advocacy: A Case Study on Criminal Justice, HIV and Sex Work*. *Health and Human Rights Journal* 17/1. March 2015.
- 41 Lohman D, **Amon JJ**. *Evaluating a Human Rights-Based Advocacy Approach to Expanding Access to Pain Medicines and Palliative Care: Global Advocacy and Case Studies from India, Kenya, and Ukraine*. *Health and Human Rights Journal* 17/2. Dec 2015.
- 42 Meier BM, Gelpi A, Kavanagh MM, Forman L, **Amon JJ**. *Employing Human Rights Frameworks to Realize Access to an HIV Cure*. *J Int AIDS Soc*. 18(1):20305.
- 43 Biehl J, Socal M, **Amon JJ**. *The Judicialization of Health and the Quest for State Accountability: Evidence from 1,262 Lawsuits for Access to Medicines in Southern Brazil*. *Health and Human Rights Journal* 18/1. June 2016.
- 44 Rich JD, Beckwith CG, Macmadu A, Marshall BD, Brinkley-Rubinstein L, **Amon JJ**, Milloy MJ, King MR, Sanchez J, Atwoli L, Altice FL. *Clinical care of incarcerated people with HIV, viral hepatitis, or tuberculosis*. *The Lancet*. 2016 Jul 14.
- 45 Dolan K, Wirtz AL, Moazen B, Ndeffombah M, Galvani A, Kinner SA, Courtney R, McKee M, **Amon JJ**, Maher L, Hellard M. *Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees*. *The Lancet*. 2016 Jul 14.
- 46 Rubenstein LS, **Amon JJ**, McLemore M, Eba P, Dolan K, Lines R, Beyrer C. *HIV, prisoners, and human rights*. *The Lancet*. 2016 Jul 14.
- 47 Telisinghe L, Charalambous S, Topp SM, Herce ME, Hoffmann CJ, Barron P, Schouten EJ, Jahn A, Zachariah R, Harries AD, Beyrer C, **Amon JJ**. *HIV and tuberculosis in prisons in sub-Saharan Africa*. *The Lancet*. 2016 Jul 14.
- 48 Beletsky L, Arredondo J, Werb D, Vera A, Abramovitz D, **Amon JJ**, Brouwer KC, Strathdee SA, Gaines TL. *Utilization of Google enterprise tools to georeference survey data among hard-to-reach groups: strategic application in international settings*. *International Journal of Health Geographics*. 2016 Jul 28;15(1):24.

- 49 Doyle KE, El Nakib SK, Rajagopal MR, S Babu, G Joshi, V Kumarasamy, P Kumari, P Chaudhri, S Mohanthy, D Jatua, D Lohman, **Amon JJ**, G Palat. *Predictors and prevalence of pain and its management in four regional cancer hospitals in India*. Journal of Global Oncology. (2017): JGO-2016.
- 50 Hamdi H, Ba O, Niang S, Ntizimira C, Mbengue M, Coulbary AS, Niang R, Parsons M, **Amon JJ**, Lohman D. *Palliative Care Need and Availability in Four Referral Hospitals in Senegal: Results from a Multi-Component Assessment*. Journal of Pain and Symptom Management. 2017 Dec 7.
- 51 Traoré L, Dembele B, Keita M, Reid S, Dembélé M, Mariko B, Coulibaly F, Goldman W, Traoré D, Coulibaly D, Guindo B, **Amon JJ**, Knieriemen M, Zhang Y. *Prevalence of trachoma in the Kayes region of Mali eight years after stopping mass drug administration*. PLoS neglected tropical diseases. Feb 2018;12(2):e0006289.
- 52 Biehl J, Socal MP, Gauri V, Diniz D, Medeiros M, Rondon G, **Amon JJ**. *Judicialization 2.0: Understanding right-to-health litigation in real time*. Global Public Health. May 2018 22:1-0.
- 53 Sun N and **Amon JJ**. *Addressing Inequity: Neglected Tropical Diseases and Human Rights*. Health and Human Rights Journal. June 2018.
- 54 **Amon JJ**, Addiss D. *“Equipping Practitioners”: Linking Neglected Tropical Diseases and Human Rights*. Health and Human Rights Journal. June 2018.
- 55 Géopogui A, Badila CF, Baldé MS, Nieba C, Lamah L, Reid SD, Yattara ML, Tougoue JJ, Ngondi J, Bamba IF, **Amon JJ**. *Baseline trachoma prevalence in Guinea: Results of national trachoma mapping in 31 health districts*. PLoS neglected tropical diseases. June 2018; 12(6):e0006585.
- 56 Coltart CE, Hoppe A, Parker M, Dawson L, **Amon JJ**, Simwinga M, Geller G, Henderson G, Laeyendecker O, Tucker JD, Eba P. *Ethical considerations in global HIV phylogenetic research*. The Lancet HIV. Aug 2018
- 57 **Amon JJ**, Eba P, Sprague L, Edwards O, Beyrer C. *Defining rights-based indicators for HIV epidemic transition*. PLoS medicine. Dec 2018; 15(12):e1002720.
- 58 Bah YM, Bah MS, Paye J, Conteh A, Saffa S, Tia A, Sonnie M, Veinoglou A, **Amon JJ**, Hodges MH, Zhang Y. *Soil-transmitted helminth infection in school age children in Sierra Leone after a decade of preventive chemotherapy interventions*. Infectious diseases of poverty. 2019 Dec;8(1):41.
- 59 Addiss DG, **Amon JJ**. *Apology and Unintended Harm in Global Health*. Health and Human Rights. 2019 Jun;21(1):19.
- 60 Socal MP, **Amon JJ**, Biehl J. *Institutional Determinants of Right-to-Health Litigation: The Role of Public Legal Services on Access to Medicines in Brazil*. Global Public Health. (in press)
- 61 Ward E, Hannass-Hancock J, **Amon JJ**. *Invisible: The Exclusion of Persons with Disabilities from HIV Research and National Strategic Plans in East and Southern Africa*. (Article: submitted)

## **BOOK CHAPTERS**

- 1 **Amon J**. *Africa, Southern* in: Encyclopedia of AIDS, Ray Smith, ed. Chicago: Fitzroy Dearborn Publishers, 1998.
- 2 **Amon JJ**, Kotellos KA, Githens Benazerga W. *Evaluating Capacity Building*. HIV/AIDS Prevention and Control Synopsis Series. Family Health International, Arlington, VA: 1997.
- 3 **Amon JJ**, Saidel TJ, Mills S. *Behavioral Surveillance Survey Methodology: Experiences from Senegal and India*. WHO/UNAIDS Best Practices Series. WHO/UNAIDS. Geneva, June 2000.

- 4 **Amon J**, Brown T, Hogle J, MacNeil J, et al. *Behavioral Surveillance Surveys: Guidelines for repeated behavioral surveys in populations at risk of HIV*. FHI/IMPACT, USAID, DFID Publication. August 2000.
- 5 Kolars-Sow C, Saidel T, Hogle J, **Amon J**, Mills S. Indicators and questionnaires for behavioral surveys. In: Rehle T, Saidel T, Mills S, and Magnani R., (eds.) *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers*. Family Health International, Arlington, VA. August 2001.
- 6 **Amon JJ**, Bond KC, Brahmabhatt MN, et al. *Bellagio Principles on Social Justice and Influenza*. Johns Hopkins. Berman Institute of Bioethics. July 2006.
- 7 Cohen J. and **Amon J**. Governance, Human Rights and Infectious Disease: Theoretical, Empirical and Practical Perspectives. in: K.H. Mayer and H. F. Pizer, (eds.) *Social Ecology of Infectious Diseases*. New York: Academic Press. December 2007.
- 8 **Amon J**. *High Hurdles for Health*. In: M. Worden (ed.) *China's Great Leap: The Beijing Games and Olympian Human Rights Challenges*. Seven Stories Press. May 2008.
- 9 **Amon J**. *Preventing the Further Spread of HIV/AIDS: The Essential Role of Human Rights*. In: N. Sudarshan (ed.) *HIV/AIDS, Health Care and Human Rights Approaches*. Amicus Books. Jan 2009.
- 10 **Amon J**. *Abusing Patients*. In: Human Rights Watch, 2010 World Report. New York: Seven Stories Press. Jan 2010.
- 11 **Amon JJ** and Kasambala T. Structural barriers and human rights related to HIV prevention and treatment in Zimbabwe. In: M. Seglid and T. Pogge (eds) *Health Rights*. London: Ashgate. Oct 2010.
- 12 **Amon JJ**. *HIV and the Right to Know: Whose right to know what? The discourse of human rights in the global HIV response*. In: J. Biehl and A. Petryna (eds.) "When people come first: Anthropology and social innovation in global health". Princeton: Princeton University Press. July 2013.
- 13 **Amon JJ**. *Health Security and/or Human Rights?* In: S Rushton and J Youde (eds) "Routledge Handbook of Health Security". New York: Routeledge. August 2014.
- 14 **Amon JJ** and Friedman E. *Human Rights Advocacy for Global Health*. In: LO Gostin and BM Meier (eds) "Foundations of Global Health & Human Rights". New York: Oxford University Press. 2020

### EDITORIAL/COMMENT

- 1 **Amon J**. *The Continued Challenge Posed by HIV-Related Restrictions on Entry, Stay, and Residence*. *HIV/AIDS Policy and Law Review*. 2008, 13(2/3).
- 2 Biehl J, Petryna A, Gertner A, **Amon JJ**, Picon PD. *Judicialization of the Right to Health in Brazil*. *Lancet*. 2009, 373(9682):2182-4.
- 3 **Amon JJ**, Girard F, Keshavjee S. *Limitations on human rights in the context of drug-resistant tuberculosis: A reply to Boggio et al*. *Health and Human Rights*. 2009, 11(1).
- 4 Thomas L, Lohman D, **Amon J**. *Doctors take on the state: championing patients' right to pain treatment*. *Int J Clin Pract*. 2010, 64(12):1599-600.
- 5 **Amon J**. *HIV Treatment as Prevention – Human Rights Issues*. *Journal of the International AIDS Society*. 2010, 13(Suppl 4):O15
- 6 **Amon JJ**. *Hepatitis in Drug Users: Time for Attention, Time for Action*. *Lancet*, 2011, 378(9791):543-4
- 7 **Amon J**, Lohman D. *Denial of Pain Treatment and the Prohibition of Torture, Cruel, Inhuman or Degrading Treatment or Punishment*. *Interrights Bulletin*, 2011, Vol 16: 4.

- 8 **Amon J.** *Justice Delayed, Health Denied.* The Scientist. June, 2012.
- 9 Kyoma M, Todrys KW, **Amon JJ.** *Laws against sodomy and the HIV epidemic in African prisons.* Lancet, 2012, 380 (9839): 310 - 312
- 10 Pearshouse R, **Amon JJ.** *The Ethics of Research in Compulsory Drug Detention Centers in Asia.* Journal of the International AIDS Society. 2012, 15:18491
- 11 Wurth MH, Schleifer R, McLemore M, Todrys KW, **Amon JJ.** *Condoms as Evidence of Prostitution in the US and the Criminalization of Sex Work.* Journal of the International AIDS Society. 16(1): 10.7448/IAS.16.1.18626.
- 12 **Amon JJ.** *Political Epidemiology of HIV.* Journal of the International AIDS Society. 2014, 17:19327
- 13 **Amon JJ.** *Law, Human Rights and Health Databases: A roundtable discussion.* Health and Human Rights Journal. September 2014.
- 14 Otremba M, Berland G, **Amon JJ.** *Hospitals as Debtor Prisons.* The Lancet Global Health. 3, 5: e253–e254, May 2015.
- 15 Beyrer C, Kamarulzaman A, McKee M, for the Lancet HIV in Prisoners Group (incl. **Amon JJ**). *Prisoners, prisons, and HIV: time for reform.* The Lancet. 2016 Jul 14.
- 16 **Amon JJ.** *The impact of climate change and population mobility on neglected tropical disease elimination.* International Journal of Infectious Diseases 53 (2016): 12.
- 17 **Amon JJ.** *WHO Focus on Human Rights: Will it Extend to Neglected Tropical Diseases?* Health and Human Rights Journal. Nov 2017.
- 18 Groves, A, Maman S, Stankard PH, Gebrekristos LT, **Amon JJ**, Moodley D. *Addressing the unique needs of adolescent mothers in the fight against HIV.* Journal of the International AIDS Society.
- 19 **Amon JJ**, Sun N. *Subverting Rights: Addressing the Increasing Barriers to Reproductive Rights.* Health and Human Rights Journal. May 2018.
- 20 Biehl J, **Amon JJ.** *The Right to Remedies: On Human Rights Critiques and Peoples' Recourses.* Humanity Journal. Oct 2019
- 21 Williams C, **Amon JJ**, Bassett MT, Roux AV, Farmer PE. *25 Years: Exploring the Health and Human Rights Journey.* Health and Human Rights. 2019 Dec;21(2):279.
- 22 **Amon JJ**, Sun N. *HIV, human rights and the last mile.* Journal of the International AIDS Society. 2019 Dec 1;22(12).
- 23 **Amon JJ.** *Ending discrimination in healthcare.* Journal of the International AIDS Society. 2020 Feb;23(2).

## LETTERS

- 1 **Amon JJ.** *The HIV/AIDS Epidemic in Ukraine: stable or still exploding?* Sexually Transmitted Infections. 2003 79(3):263-4.
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- 3 Root B, Levine I, **Amon JJ.** *Counting and Accountability.* Lancet. 2008 Jan 12;371(9607):113.
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- 5 Hsieh A, **Amon JJ.** *Ratification of human rights treaties: the beginning not the end.* Lancet. 2009 Aug 8;374(9688):447
- 6 **Amon J**, Lohman D, Thomas L. *Access to pain treatment a luxury for most.* Lancet 2009 Nov 14; 374:1676



- 7 **Amon J.** *Harm reduction and the Catholic Church.* Conscience. Winter 2010.
- 8 **Amon J.** *Human Rights Abuses, Ethics, and the Protection of Subjects When Conducting Research on Intravenous Drug Users in China.* JAIDS: Journal of Acquired Immune Deficiency Syndromes. June 2011.
- 9 Cohen EJ, **Amon JJ.** *Lead Poisoning in China.* Lancet, 2011, 378(9803):e3.
- 10 **Amon JJ.** *Chinese Addiction Study and Human Rights.* Science, 2012, 337:522-523.
- 11 Pearshouse R and **Amon JJ.** *Human Rights and HIV Interventions in Chinese Labour Camps.* Sex Transm Infect. doi:10.1136/sextrans-2015-052193
- 12 Biehl J, **Amon JJ,** Socal M, Petryna A. *The Challenging Nature of Gathering Evidence and Analyzing the Judicialization of Health in Brazil.* Cadernos de Saúde Pública. July 2016.
- 13 Biehl J, Socal M, **Amon JJ.** *On the Heterogeneity and Politics of the Judicialization of Health in Brazil.* Health and Human Rights Journal. Dec 2016.
- 14 **Amon J.** *Re: Attacks on Ebola Health Workers in the Democratic Republic of Congo.* New York Times. May 23, 2019.
- 15 Rubenstein L, **Amon JJ.** *Global health, human rights, and the law.* The Lancet. 2019 Nov 30;394(10213):1987-8.

## OPINION

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- 1 Empowering Women and Realizing Rights. *Toronto Star.* August 11, 2006
- 2 Why We Need an International AIDS Conference. *Toronto Globe and Mail.* August 15, 2006
- 3 Curb HIV infection rates in Texas prisons. *Austin American Statesman.* May 10, 2007
- 4 Diagnosis and Prescriptions. *Foreign Affairs.* May/June 2007
- 5 The Bush Policy On AIDS. *Huffington Post.* July 26, 2007
- 6 Saudi Move on HIV/AIDS will make the epidemic worse. *Saudi Debate.* Oct 24, 2007
- 7 How not to fight HIV/Aids. *The Guardian.* Jan 28, 2008
- 8 Blaming Foreigners. *The Korea Times.* March 12, 2009
- 9 Progress against HIV at risk. *Phnom Penh Post.* November 16, 2009
- 10 HIV Travel Bans: Small Steps, Big Gaps. *Huffington Post.* January 11, 2010
- 11 Don't Improve Drug Detention: End It. *Huffington Post.* January 15, 2010
- 12 Torture in health care. *Huffington Post.* January 22, 2010
- 13 Treatment or punishment? *Bangkok Post.* January 24, 2010
- 14 Rights abuses threaten HIV risk. *Phnom Penh Post.* January 27, 2010
- 15 Cambodian drug rehab centers: Abusive, illegal, ineffective. *The Nation (Bangkok).* Jan 27 2010
- 16 Drug dependence is not a moral issue. *Phnom Penh Post.* January 29, 2010
- 17 Condoms and Bibles. *The National (PNG).* February 8, 2010
- 18 Chronic Pain and Torture. *Huffington Post.* February 23, 2010
- 19 Invisible Women. *Huffington Post.* March 8, 2010
- 20 How Not to Protect Children. *Phnom Penh Post.* March 8, 2010
- 21 Choam Chao needs independent investigation. *Phnom Penh Post.* March 24, 2010

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23 Who Will Defend Children in Cambodian Drug Rehab Centres? *The Nation*. March 31, 2010  
24 Holiday in Cambodia? *Huffington Post*. April 6, 2010  
25 When the Government Sponsors Stigma. *Huffington Post*. April 27, 2010 (with M. McLemore)  
26 Zambia's TB-ridden prisons. *The Guardian*. April 27, 2010  
27 Chinese Corruption Is Hazardous to Your Health. *Asia Wall Street Journal*. May 13, 2010  
28 Why the Vietnamese Don't Want to Go to Rehab. *Foreign Policy*. May 28, 2010  
29 Aids and TB are breaking out of prisons. *East African*. June 7, 2010  
30 Uganda AIDS Policy: from Exemplary to Ineffective. *The Observer* (Kampala) June 24, 2010  
31 When a Problem Comes Along, You Must Whip It. *Huffington Post*. June 26, 2010  
32 Action not Rhetoric on HIV and Human Rights. *Huffington Post*. July 2, 2010  
33 The Truth About China's Response to HIV/AIDS. *Los Angeles Times*. July 11, 2010  
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35 HIV and Human Rights: Here and Now? *Huffington Post*. July 19, 2010  
36 The HIV and TB Prison Crisis in Southern Africa. *Huffington Post*. July 23, 2010  
37 Jailing TB patients not remedy for the disease. *The Star* (Nairobi). Sept 17, 2010  
38 Rights and Health, Right Now, for Migrants. *Africa Now* (Tokyo). October 2010 (with Kanae Doi)  
39 Why Democracies Don't Get Cholera. *Foreign Policy*. October 25, 2010.  
40 The Beginning of the End for the War on Drugs? *San Francisco Chronicle*. November 21, 2010  
41 Rights Abuses Belie Success in AIDS Fight. *South China Morning Post*. December 1, 2010  
42 World AIDS Day: Prevention, Treatment for Prisoners. *Zambia Post*. December 1, 2010  
43 Lead poisoning in Nigeria: unprecedented. *Global Post*. December 2, 2010  
44 China is hurting its future by not acting on lead. *South China Morning Post*. June 20, 2011  
45 Hard life in Ugandan prisons. *The Independent* (Uganda). July 8, 2011  
46 'Utterly Irresponsible': Donor Funding in Drug 'Treatment' Centers. *Huff. Post*. Sept 14, 2011  
47 National Cashew Day: More Than Nuts. *Global Post*. October 3, 2011  
48 A centre for abuse and beating. *The Nation* (Bangkok). October 11, 2011  
49 Laos' Murky War on Drugs. *The Diplomat*. October 12, 2011  
50 One AIDS march that should end. *Washington Blade*. October 28, 2011  
51 Seoul's Broken Promises on HIV Testing. *The Diplomat*. June 29, 2013  
52 Drug treatment centres give more abuse than therapy. *Bangkok Post*. December 18, 2013  
53 Enlightened drug policies emerge globally, Cambodia remains rigid. *Global Post*. Jan 9, 2014  
54 Health Under Attack. HRW Dispatch. May 19, 2014 (with Jennifer Pierre)  
55 Canada's prostitution bill a step in the wrong direction. *Ottawa Citizen*. June 18, 2014  
55 In The HIV Response, Who is 'Hard to Reach'? HRW Dispatch. July 23, 2014  
56 Defeating AIDS. HRW Dispatch. June 30, 2015  
57 How not to handle Ebola. CNN. September 12, 2014

- 58 Taking Care of the Caregivers. HRW Dispatch. December 17, 2014
- 59 Alert in a Time of Cholera. HRW Dispatch. March 26, 2015
- 60 Stop Using Hospitals as Debtor Prisons. HRW Dispatch. April 14, 2015
- 61 COP21: The Impact of Climate Change on the World's Marginalized Populations: Turkana County, Kenya. Health and Human Rights Journal Blog. October 27, 2015. (with Katharina Rall)
- 62 An Important, but Imperfect, Agreement by an Unprecedented Coalition. *US News and World Report*. December 18, 2015
- 63 Health workers are under attack around the world. Here's how bad it's getting. *Philadelphia Inquirer*. May 28, 2019. (with Jennifer Taylor)

#### **INVITED PRESENTATIONS (SELECT)**

- 1 *Surveillance design and evaluation approach of the Togo Guinea Worm Eradication Program*. III West African Guinea Worm Eradication Conference, Abidjan, Cote d'Ivoire, November 1993.
- 2 *Knowledge, attitudes and behaviors related to Guinea Worm Eradication, Togo*. IV West African Guinea Worm Eradication Conference, Ouagadougou, Burkina Faso, October 1994.
- 3 *Synthesis of evaluation results from the AIDSCAP project: 1992-1996*. HIV/STD/AIDS National Forum, Port-au-Prince, Haiti, June 3-5, 1996. Research and Evaluation Panel Chair.
- 4 *International Trends in HIV-Risk Related Behavior Change*. National Conference on HIV/AIDS, Kingston, Jamaica, November 25-26, 1996.
- 5 *HIV/AIDS and Adolescents in Ukraine*. Ukrainian-American Medical Society Annual Meeting. Philadelphia, PA, May 2003.
- 6 *Expanding HIV testing and respecting rights*. International conference on HIV/AIDS and Human Rights. Smolny College. St Petersburg, Russia. October 2005.
- 7 *HIV in Conflict Settings*. Joint Congressional Human Rights Caucus meeting. Washington DC. March 2006.
- 8 *Reflections and recollections*. Masters Internationalist - US Peace Corps Symposium. Washington DC. April 2006. (Keynote)
- 9 *Civil Society Participation in the Response to HIV/AIDS and Accountability*. Presented in panel 1: Breaking the cycle of infection for sustainable AIDS responses. United Nations General Assembly Special Session on HIV/AIDS. New York. June 2006.
- 10 *HIV testing and human rights*. Public Health Agency of Canada Meeting on HIV Testing. Toronto. August 2006.
- 11 *Hot Topics in Human Rights*. XVI International AIDS Conference. Toronto. August 2006.
- 12 *Burma, HIV and Human Rights*. Asia Society. New York. September 2007.
- 13 *HIV and Youth*. 12th Annual Herbert Rubin and Justice Rose Luttan Rubin International Law Symposium. New York University. New York. October 2007.
- 14 *HIV testing: human rights considerations*. Funders Network on Population, Reproductive Health and Rights. Annual Meeting, San Antonio, TX. October 2007.
- 15 *Human Rights and Epidemic Disease: TB control and constraints on rights*. Human Rights Funders Group. Annual Meeting. New York, NY. July 2008.
- 16 *Promoting Public Health and Human Rights in MDR-TB Care*. International Union against Lung and Tuberculosis Disease. Paris, France. October 2008.
- 17 *Public Health and Human Rights: Challenges around the World*. New York Academy of Sciences and Johns Hopkins School of Public Health Conference on Public Health and Human Rights. New York, NY. Dec 2008.

- 18 *Human Rights and Anti-Narcotics Policy*. UN General Assembly, Special Session on Drugs. Vienna, Austria. March 2009.
- 19 *Rights-based approaches to health*. Interaction Annual Meeting. Arlington, VA. July 2009. (panel moderator)
- 20 *Health and Human Rights: New orthodoxies and on-going conflicts in repressive states*. Stanford University, Palo Alto, CA. October 2010.
- 21 *HIV in Asia*. Asia Society. December 1, 2010.
- 22 *HIV Rights and Wrongs*. GlobeMed National Conference. Northwestern University, Chicago, IL. April 2011. (Keynote)
- 23 *Human Rights Perspective*. International Workshop on Treatment as Prevention. Vancouver, Canada. May 2011.
- 24 *Sustaining Environmental, Occupational and Public Health and Community Security: Lead Poisoning in China and Nigeria*. 12<sup>th</sup> National Conference on Science, Policy and the Environment. Washington, DC. January 2012.
- 25 *Health and Human Rights in Prisons*. European Infectious Disease meeting. Italy. September 2012. (Keynote)
- 26 *Measuring Violence against Children and the Effectiveness of Violence Prevention and Reduction Initiatives*. Columbia University. October 2013. (Panel Discussion Moderator)
- 27 *Political Epidemiology of HIV*. HIV 2014: Science, Community and Policy for Key Vulnerable Populations. New York Academy of Sciences. May 2014.
- 28 *On the Radar: Police Brutality, Politics & Public Health*. Princeton University. March 2015.
- 29 *Global Inequalities of Wealth and Health*. Bernstein Institute for Human Rights Annual Conference. New York University School of Law. April 2015.
- 30 *Environmental and occupational health and human rights*. Health and Human Rights Principles and Pedagogy. Florence, Italy. June 2015.
- 31 *Interviewing Victims of Human Rights Abuses*. BuzzFeed. New York. June 2015.
- 32 *Global Health and Governance*. Brookings Institution. May 2016.
- 33 *Access to pain medicine and human rights*. O'Neill Institute Health Rights Litigation. June 2016
- 33 *The Morbidity Management and Disability Prevention Project*. Global Alliance for Elimination of Trachoma 2020. Geneva, Switzerland. April 2017.
- 34 *Human Rights and Phylogenetic Analysis*. Ethics of Phylogenetics. Gates Foundation, UNAIDS, National Institutes for Health. London, UK. May 2017.
- 35 *Judicialization and access to medicines in Brazil*. O'Neill Institute Health Rights Litigation. Washington DC. June 2016.
- 36 *Implementing health related SDGs through a human rights perspective*. United Nations Social Forum. Geneva. October 2017.
- 37 *Indicators, Equity, Rights*. Making the end of AIDS real: Consensus building around what we mean by “epidemic control”. Glion, Switzerland. October 2017.

**CONFERENCE PRESENTATIONS**

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- 1 Wedderburn M, **Amon J**, Samiel S, Brathwaite A, Figueroa P. *Knowledge, attitudes, beliefs and practices (KABP) about HIV/AIDS among male STD clinic attendees in Jamaica*. XI Latin American Congress on STIs/V Panamerican Conference on AIDS, Lima, Peru, December 3-7, 1997.
- 2 **Amon J**, Bolanos L, Gonzales MT, Zelaya A, Lopez C, Rodriguez J. *Knowledge of, availability, and use of condoms among commercial sex workers in four cities in Honduras*. XI Latin American Congress on STIs/V Panamerican Conference on AIDS, Lima, Peru, December 3-7, 1997.
- 3 Wedderburn M, **Amon J**, Samiel S, Brathwaite A, Figueroa P. *Knowledge, attitudes, beliefs and practices (KABP) about HIV/AIDS among youth aged 12-14 in Jamaica*. XII Int Conf AIDS. 1998; 12:191 (abstract no. 13527).
- 4 Wedderburn M, **Amon J**, Samiel S, Brathwaite A, Figueroa P. *Behavioral explanations for elevated prevalence of HIV in St. James Parish, Jamaica*. XII Int Conf AIDS. 1998; 12:216-7 (abstract no. 14171).
- 5 D'Angelo LA, **Amon J**, Lemos ME, Rebeiro MA, Gitchens W, Kotellos K. *Evaluating capacity building of implementing agencies in the AIDSCAP Brazil project*. XII Int Conf AIDS. 1998;12:945 (abstract no. 43503).
- 6 Saidel T, Mills S, **Amon J**, Rehle T. *Behavioral Surveillance Surveys (BSS) on specific target groups: a valuable complement to standardized general population surveys*. XII Int Conf AIDS. 1998;12:233 (abstract no.14256).
- 7 Essah KAS, Jackson D, Attafuah JD, **Amon J**, Yeboah KG. *Findings from the 2000 behavioral surveillance survey in Ghana*. XIV International AIDS Conference: Abstract no. C11062
- 8 Chatterji M, Murray N, Dougherty L, Alkenbrack S, Winfrey B, **Amon J**, Ventimiglia T, Mukaneza A. *Examining the impact of orphanhood on schoolleaving among children aged 6-19 in Rwanda, Zambia, and Cambodia*. XV Int Conf on AIDS, 2004 (Abstract WePeD6602).
- 9 Murray NJ, Chatterji M, Dougherty L, Winfrey B, Buek K, **Amon J**, Mulenga Y, Jones A. *Examining the impact of orphanhood and duration of orphanhood on sexual initiation among adolescents ages 10-19 in Rwanda and Zambia*. XV Int Conf on AIDS, 2004 (Abstract TuOrD1218).
- 10 **Amon J**, Devasia R, Xia G, *et al*. *Molecular Epidemiologic Investigation of Hepatitis A Outbreaks, 2003*. 4<sup>th</sup> International Conference on Emerging Infectious Disease, Atlanta, GA, March 2004.
- 11 **Amon J**, Devasia R, Xia G, *et al*. *Multiple Hepatitis A Outbreaks Associated with Green Onions among Restaurant Patrons – Tennessee, Georgia, and North Carolina, 2003*. 53rd EIS Conference, Atlanta, GA, April 2004. (Winner, Mackel Award)
- 12 Chatterji M, Murray N, Dougherty L, Ventimiglia T, Mukaneza A, Buek K, Winfrey B, **Amon J**. *Examining the impact of orphanhood on schoolleaving among children aged 6-19 in Rwanda, Zambia, and Cambodia*. International Union for the Scientific Study of Population XXV International Population Conference Tours, France, July, 2005.
- 13 Murray NJ, Chatterji M, Dougherty L, Mulenga Y, Jones A, Buek K, Winfrey B, **Amon J**.. *Examining the impact of orphanhood and duration of orphanhood on sexual initiation among adolescents ages 10-19 in Rwanda and Zambia*. International Union for the Scientific Study of Population. International Population Conference France, July, 2005.
- 14 Cohen J, Schleifer R, Richardson J, Kaplan K, Suwannawong P, Nagle J, **Amon J**. *Documenting Human Rights Violations Against Injection Drug Users: Advocacy for Health*. 17<sup>th</sup> International Conference on the Reduction of Drug Related Harm. May 2006. Vancouver.

- 15 Schleifer R, Cohen J, Nagle J, **Amon J.** *Injection Drug Users, Harm Reduction, and Human Rights in Ukraine.* 17<sup>th</sup> International Conference on the Reduction of Drug Related Harm. May 2006. Vancouver, Canada.
- 16 Bencomo C, **Amon J,** Iordache R, Schleifer R, Asandi S, Bohiltea A, Bucata C, Terragni C, Velica L. *How gaps in Romania's social support undermine HIV/AIDS prevention and treatment for children and youth.* XVI International AIDS Conference: Abstract no. MOPE0922. August 2006.
- 17 Tate T, Bencomo C, Lisumbu J, Mafu Sasa R, Schleifer R, **Amon J.** *Local and cultural beliefs about HIV transmission fuel children's rights abuses in the Democratic Republic of Congo (DRC).* XVI International AIDS Conference: Abstract no. CDE0086. August 2006.
- 18 Cohen J, Epstein H, **Amon J.** *Human rights implications of AIDS-affected children's unequal access to education.* XVI International AIDS Conference: Abstract no. TUAE0202. August 2006.
- 19 Schleifer R, Skala P, Lezhentsev K, **Amon J.** *Rhetoric and risk: human rights abuses impeding Ukraine's fight against HIV/AIDS.* XVI International AIDS Conference: Abstract no. THAE0302. August 2006.
- 20 **Amon, J.** *Using a Human Rights Framework to Examine HIV/AIDS Programs and Policies.* Abstract #139834. American Public Health Association Annual Meeting. November 2006. Boston, MA.
- 21 Ngonyama L, Lohman D, Clayton M, **Amon J.** *The Role of Lay Counselors in Expanding HIV Testing: Lesotho's Know Your Status Campaign.* Abstract 1631. 2008 HIV/AIDS Implementers Meeting. Kampala, Uganda. June 2008.
- 22 Lohman D, Ovchinnikova M, **Amon J.** *The role of Russia's drug dependence treatment system in fighting HIV.* XVII International AIDS Conference: Abstract no. TUAX0102. August 2008.
- 23 **Amon J.** *HIV-specific travel restrictions: human rights, legal and ethical considerations.* XVII International AIDS Conference: Abstract no. TUSS0406. August 2008.
- 24 Lohman D, Ngonyama L, Clayton M, **Amon J.** *Expanding HIV testing and human rights: Lesotho's Know Your Status Campaign.* XVII International AIDS Conference: Abstract no. TUPE0469. August 2008.
- 25 Cohen JE, **Amon J.** *Human Rights abuses and threats to health: recent experiences of Chinese drug users in detoxification and re-education through labor centers in Guangxi Province.* XVII International AIDS Conference: Abstract no. THPE1085. August 2008.
- 26 **Amon J.** Protecting the human rights of people at risk of and affected by TB. 3rd Stop TB Partners Forum, Rio March 2009
- 27 **Amon J.** *Undocumented Migrants and Drug Users in Asia: Tuberculosis Care and Human Rights.* 3rd Stop TB Partners Forum, Rio March 2009
- 28 **Amon J.** *Protecting the rights of drug users in China.* 20<sup>th</sup> International Conference of the International Harm Reduction Association meeting. April, 2009.
- 29 Lohman D, **Amon J.** *Pain and Policy: The Battle with Needless Suffering.* Unite for Sight, Yale University. April, 2009.
- 30 **Amon J.** *HIV testing for hard-to-reach populations.* In: New Strategies and Controversies in HIV Testing and Surveillance, International AIDS Society Conference. Cape Town, South Africa. July 2009.
- 31 **Amon J.** *Human Rights context of routine testing.* In: Maximizing the benefits of treatment for individuals and communities. International AIDS Society Conference. Cape Town, South Africa. July 2009.
- 32 **Amon J.** *Scaling up HIV testing through scaling up human rights protections.* In: Scaling up

Biomedical Prevention and Treatment Interventions - The Critical Role of Social Science, Law and Human Rights. International AIDS Society Conference. Cape Town, South Africa. July 2009.

- 33 **Amon J.** *HIV testing and human rights: competing claims and conflicting views.* American Anthropological Association. Philadelphia, PA. December 2009.
- 34 Pearshouse R, **Amon JJ.** *Engagement with compulsory drug detention centers: a legal and ethical framework.* 21<sup>st</sup> International Conference of the International Harm Reduction Association meeting. April, 2010.
- 35 Lohman D, Tymoshevska V, Rokhanski A, Kotenko G, Druzhinina A, Schleifer R, **Amon J.** *Availability and accessibility of opioid medications in Ukraine.* XVIII International AIDS Conference. July 2010. Abstract no. MOAF0202
- 36 Jones L, Akugizibwe P, **Amon J,** et al. *Human rights costing of ART for prevention.* XVIII International AIDS Conference. July 2010. Abstract no. TUPE1033
- 37 Lemmen K, Wiessner P, Haerry DHU, Todrys K, **Amon J.** *Deportation of HIV-positive migrants in 29 countries: impact on health and human rights.* XVIII International AIDS Conference. July 2010. Abstract no. TUAFO101
- 38 McLemore M, Winter M, **Amon J.** *Sentenced to stigma: segregation of HIV-positive prisoners.* XVIII International AIDS Conference. July 2010. Abstract no. THPE0942
- 39 Todrys K, Malembeka G, Clayton M, McLemore M, Shaeffer R, **Amon J.** *HIV and TB management in 6 Zambian prisons demonstrate improved but ongoing prevention, testing and treatment gaps.* XVIII International AIDS Conference. July 2010. Abstract no. THPDX105 (Awarded prize for best abstract on HIV/TB integration)
- 40 Pearshouse R, Cohen JE, **Amon J.** *Drug detention centers and HIV in China and Cambodia.* XVIII International AIDS Conference. July 2010. Abstract no. MOAF0203
- 41 Lohman D, Palat G, Nair S, **Amon J,** Schleifer R. *Palliative care: needs of and availability for people living with HIV in India.* XVIII International AIDS Conference. July 2010.
- 42 Kippenberg J, Thomas L, Lohman D, **Amon J.** *Children's access to HIV testing, treatment and palliative care in Kenya.* XVIII International AIDS Conference. July 2010.
- 43 Lohman D, Thomas L, **Amon J.** *Access to pain treatment and palliative care as a human right.* XVIII International AIDS Conference. July 2010. Abstract no. WEPE0982.
- 44 **Amon J.** *HIV and human rights.* XVIII International AIDS Conference. July 2010.
- 45 **Amon J.** *HIV treatment as prevention: human rights issues.* HIV10 Conference. Glasgow, Scotland. November 2010.
- 46 **Amon J.** *TB and human rights in Zambian prisons.* IULTB. Berlin, Germany. Nov 2010.
- 47 **Amon J.** *TB and Human Rights.* IULTB. Berlin, Germany. November 2010. (panel chair)
- 48 Todrys K, Kwon S-R, Burnett M, Lamia M, **Amon J.** *HIV and TB Prevention, Testing, and Treatment in 16 Ugandan Prisons.* 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Rome, July, 2011.
- 49 Pearshouse R, **Amon J.** *Drug Detention Centers and HIV In Vietnam.* 10th International Congress on AIDS in Asia. August, 2011.
- 50 **Amon J.** *Reforms to protect health and rights in East African prisons.* IULTB. Lille, France. Oct. 2011.
- 51 **Amon J.** *Ethics and Human Rights in Publishing.* (Meet the Editors session). XIX International AIDS Conference. July 2012.
- 52 **Amon J.** *Balance Between Justice System and Provision of Services.* XIX International AIDS Conference. Washington, DC. July 2012. (co-moderator)
- 53 **Amon J.** *Advancing global health through human rights accountability.* IV Consortium of

Universities for Global Health. Washington, DC. March 2013.

- 54 **Amon J.** *Enhanced HIV testing in the context of human rights.* 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Vancouver, July 2015.
- 55 Beletsky L, Vera A, Gaines T, Arredondo J, Werb D, Bañuelos A, Rocha T, Rolon ML, Abramovitz D, **Amon J**, Brower K, Strathdee SA. *Utilization of Google Earth to Georeference Survey Data among People who Inject Drugs: Strategic Application for HIV Research.* 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Vancouver, July 2015.
- 56 **Amon J.** *The impact of climate change and population mobility on neglected tropical disease elimination.* International Meeting on Emerging Diseases and Surveillance (IMED). Vienna, Nov 2016.
- 57 **Amon J.** *Getting to Zero: Lessons for NTD Elimination from Successful STH Control Programs.* Neglected Tropical Disease NGO Network Annual Meeting. Dakar, Senegal, Sept 2017. (moderator)
- 58 Hoppe A, Coltart C, Parker M, Dawson L, **Amon JJ**, et al. *Ethical Considerations in HIV Phylogenetic Research.* 2018 International AIDS Conference. Amsterdam, Netherlands.
- 59 **Amon J.** *Epidemic transition: How will we achieve it while ensuring equity and quality?* 2018 International AIDS Conference. Amsterdam, Netherlands.

#### **INVITED LECTURES**

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- 1 University of North Carolina School of Public Health (March 2006)
- 2 Duke University School of Public Policy (October 2006)
- 3 University of Chicago (October 2006)
- 4 University of Toronto Law School (November 2006)
- 5 Columbia University Law School (Dec 2006, 2007, 2009)
- 6 University of Denver School of International Affairs (March 2007)
- 7 Georgetown University Law School (April 2007)
- 8 Columbia University School of International and Public Affairs (Feb and Oct 2007)
- 9 University of Connecticut School of Law (April 2009)
- 10 New York University (January 2011, November 2014)
- 11 University of Zurich (September 2011)
- 12 Columbia University Mailman School of Public Health (Feb, Nov 2009; Dec 2013; Nov 2014,-15)
- 13 Yale University Law School (March 2013)
- 14 Johns Hopkins University Bloomberg School of Public Health (annually: May 2008-2019)
- 15 UCLA Law School (January 2014)
- 16 Stanford University Law & Medical Schools (January 2014)
- 17 University of Melbourne, Nossal Institute for Global Health (July 2014)
- 18 Fordham Law School (October 2014)
- 19 Northwestern University (November 2014; Nov 2015)
- 20 Dornsife School of Public Health, Drexel University (February 2018)
- 21 University of California San Diego (March 2018)



**AWARDS**

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Centers for Disease Control and Prevention, Epidemic Intelligence Service, Mackel Award (Apr 2004)  
Department of Health and Human Services, Public Health Service, Unit Commendation (Oct 2004)  
Department of Health and Human Services, Secretary's Award for Distinguished Service (Aug 2005)

**AD HOC REVIEWER**

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Journals:

New England Journal of Medicine, Lancet, International Journal of Epidemiology, STI, Global Public Health, Addiction, Hepatology, Health and Human Rights, Bulletin of the World Health Organization, Journal of the International AIDS Society, PLoS One, PLoS Medicine, Journal of the American Public Health Association, Anthropological Quarterly, Drug and Alcohol Dependence, Conflict and Health, BMC Public Health, Harm Reduction Journal, Law & Social Inquiry, Social Science and Medicine, Health and Human Rights Journal, International Journal of Drug Policy.

Grants:

Open Society Foundations, Public Health Program