

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX**

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In the Matter of the Application of
CHARLES HOLDEN and ALBERTO FRIAS
on behalf of themselves and all similarly situated
individuals,

Index No.

Petitioners,

- against -

**AFFIRMATION OF
GREGG GONSALVES**

HOWARD A. ZUCKER, as Commissioner of
Health for New York State, and ANDREW M.
CUOMO, as Governor of the State of New York,

Respondents.

For a Judgment Pursuant to Article 78
of the Civil Practice Law and Rules,

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I, Gregg Gonsalves, hereby affirm as follows:

Qualifications

1. I am an epidemiologist at the Yale School of Medicine and School of Public Health. I have worked at the schools of medicine and public health since 2017. I am also an associate professor (adjunct) of law and co-director of the Global Health Justice Partnership at Yale School of Law. I have worked for over 30 years on global health issues. I have written and published extensively on topics addressing infectious diseases among people involved in the criminal justice system. I am a 2018 recipient of a John D. and Catherine T. MacArthur Foundation MacArthur Fellowship.
2. My C.V. includes a full list of my honors, experiences, and publications. It is attached as Exhibit A.
3. I have been asked to comment on the high risk of COVID-19 infection, illness, and death in jails and prisons in New York, and why people incarcerated in such congregate settings should be prioritized in vaccine classifications alongside other groups already eligible for vaccine access.
4. When preparing this declaration, I relied upon my knowledge, training, education and experience in the fields of epidemiology and infectious diseases, as well as the materials generally relied on by experts in those fields, including relevant medical and public health literature, the Centers for Disease Control and Prevention (CDC) guidance on

management of COVID-19 in correctional facilities (available at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>), and the National Commission on Correctional Health Care (NCCHC) materials on COVID-19 (available at <https://www.ncchc.org/COVID-Resources>). I also relied on numerous affidavits and declarations that I have reviewed over the course of the pandemic about conditions and the impact of COVID-19 in jails and prisons in and around New York City.

The Risk Posed by Infectious Disease in Jails and Prisons is Significantly Higher than in the Community.

5. It is well understood that COVID-19 is transmitted between people who are in close contact with one another primarily through respiratory droplets. Because there is no clear “cure” for COVID-19, prevention is paramount. “Social distancing”—isolating from other people generally at a distance of 6-12 feet—has been broadly understood as the best method of preventing community spread. Recent advancements in vaccine development and distribution are promising, but social distancing remains a critical component of limiting or ending the spread of COVID-19. Unfortunately, social distancing is nearly impossible in congregate settings like prisons and jails, which have seen some of the largest concentrations of outbreaks outside of hospitals.¹
6. Since the early days of the global pandemic, enclosed congregate settings, including cruise ships and nursing homes, have been incubators that have allowed rapid—and largely uncontrolled—spread of the virus. Detention facilities are among the most dangerous forms of congregate settings and are particularly susceptible to virus spread because of crowding, unsanitary conditions, a population that is particularly vulnerable to infection, and often inadequate medical care resources. People incarcerated in detention facilities live in close quarters and cannot achieve the “social distancing” needed to effectively prevent the spread of COVID-19. People in custody cannot compel others around them to practice public health guidance such as masking, physical distancing, and hand hygiene, and do not have the autonomy to remove themselves from settings in which other people in custody or staff are engaging in unsafe behavior. Toilets, sinks, and showers are shared and crowded. Spaces are poorly ventilated, which promotes highly efficient spread of diseases through droplets. Basic hygiene, such as frequent handwashing or use of alcohol-based sanitizers when handwashing is unavailable, is often difficult if not impossible. In most detention facilities in New York, including New York City jails, people in dormitory settings sleep only a few feet away from their neighbor. People, including those in dormitories as well as those housed in cells, often share bathrooms, recreational spaces, and eating facilities, where people sit alongside one another while unable to wear masks while eating. Housing many individuals in such close

¹ Holly Yan, *Prisons and jails across the US are turning into 'petri dishes' for coronavirus. Deputies are falling ill, too*, CNN, (Apr. 10, 2020), <https://www.cnn.com/2020/04/09/us/coronavirus-jails-prisons/index.html>; Timothy Williams and Danielle Ivory, *Chicago's Jail is Top U.S. Hot Spot as Virus Spreads Behind Bars*, NYTimes (Apr. 8, 2020), <https://www.nytimes.com/2020/04/08/us/coronavirus-cook-county-jail-chicago.html>.

quarters for prolonged periods of time can be catastrophic in the face of a deadly virus that spreads through people in close contact.

7. These vulnerabilities are well known based on previous outbreaks. Most recently, a mumps outbreak in jails that serve as immigration detention facilities caused almost 900 cases of mumps between October 2018 and August 2019. Because of the infectious nature of the virus and the frequency with which detainees are transferred between facilities, the outbreak reached 57 facilities, including in the New York metropolitan area.² That followed numerous widespread outbreaks in jails and prisons during the H1N1 influenza (“Swine Flu”) epidemic in 2009.³
8. COVID-19 has proven to be no exception, as it has ravaged jails and prisons throughout the country, infecting more than 570,000 inmates and killing at least 2,500 inmates and correctional officers.⁴ Many of the largest outbreaks have been in prisons and jails, including as many as 90 of the largest 100 cluster outbreaks in the country in August 2020.⁵
9. Both jails and prisons in New York have followed this pattern. Last spring, when New York City was the global epicenter of the pandemic, the virus tore through the City’s jails, soaring to a 9.9% infection rate while the infection rate in New York City fell to 1.9%.⁶
10. The most effective antidote to the virus inside New York’s jails and prisons is decarceration. Such a course eliminates the risk to those who are released while reducing the risk to both those people who remain incarcerated and staff by reducing the demand on all resources, most importantly personal space.
11. Absent broad decarceration, the most effective strategy to mitigating the risk of infections in jails and prisons is the widespread availability of vaccinations. Jails and prisons have been home to some of the highest rates of virus infections since the onset of the

² Alexandra Becker, *Mumps Outbreak Causing Illness in U.S. Migrant Detention Facilities*, Texas Med.Ctr. (Sept. 26, 2019), <https://www.tmc.edu/news/2019/09/mumps-outbreak-causing-illness-in-u-smigrant-detention-facilities/>; Terrence T. McDonald, *Bergen County Won’t Say if Mumps Outbreak Affects Only Immigrant Detainees*, NorthJersey.com (June 13, 2019), <https://www.northjersey.com/story/news/bergen/2019/06/13/bergen-county-nj-wont-say-if-jail-mumpsoutbreak-hit-only-ice-inmates/1448708001/>.

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

⁴ *Coronavirus in the U.S., Coronavirus in the U.S.: Latest Map and Case Count*, N.Y. Times, <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html#states>.

⁵ Emily A. Wang, et al, *COVID-19, Decarceration, and the Role of Clinicians, Health Systems, and Payers*, 324(22) JAMA 2257 (November 2020), <https://jamanetwork.com/journals/jama/fullarticle/2773226>.

⁶ Legal Aid Society, *Analysis of COVID-19 Infection Rate in NYC Jails* (Apr. 28, 2020), https://legalaidnyc.org/wp-content/uploads/2020/04/4_28_Analysis-of-COVID-19-Infection-Rate-in-NYC-Jails.pdf.

pandemic. Offering vaccines to both staff and incarcerated people is critical to reducing the spread of the virus and protecting not only people who live and work in these facilities, but also the communities that workers return to on a daily basis, as explained further below. (See ¶ 27).

The Risk of Outbreak in New York City Jails and Prisons is Increasing.

12. Beyond the already-established risks from COVID-19, new, faster-moving variants of the virus are emerging.⁷ There is evidence that the variants are more transmissible than the SARS-CoV-2 strain first identified in Wuhan, China. Those variants, combined with ongoing conditions involving crowding and inadequate hygiene in New York City's jails and New York State prisons, make the rapid spread of infectious disease more likely.
13. In the City's jails, data released by the New York City Board of Correction reveals increased housing area density and population over the last ten months. The total population in DOC custody has steadily increased since the Spring, and as of January 22, 2021, the jail's population has nearly reached the pre-pandemic population.⁸ As of January 22, 2021, around 70% of people in the jails were in units above 50% capacity,⁹ and around 20% of people in the jails were in housing units with some COVID-19 designation (these designations include: likely exposed but asymptomatic, exposed and symptomatic, and confirmed COVID-19 patients).¹⁰

People Incarcerated in Jails Face Higher Health Risks If Infected With COVID-19 Than the General Population.

14. People who are incarcerated have disproportionately high rates of chronic health conditions which put them at greater risk for severe infection and even death if they were to contract COVID-19.¹¹
15. At the same time, jails and prisons lack the medical care infrastructure necessary to treat infected individuals, prevent the exponential spread of infection, and handle a widespread

⁷ New COVID-19 Variants, Centers for Disease Control and Prevention, (updated Jan. 28, 2021) <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant.html>.

⁸ *Board of Correction Weekly COVID-19 Update (January 16—January 22, 2021)*, NYC Board of Correction, at 5, <https://www1.nyc.gov/assets/boc/downloads/pdf/covid-19/BOC-Weekly-Report-01-16-01-22-21.pdf> (total population of 5,557 in early March, and 5,225 on January 22, 2021).

⁹ *Id.* at 30; *Board of Correction Weekly COVID-19 Update (January 9—January 15, 2021)*, NYC Board of Correction, at 30, <https://www1.nyc.gov/assets/boc/downloads/pdf/covid-19/BOC-Weekly-Report-01-09-01-15-21.pdf>; *Board of Correction Weekly COVID-19 Update (January 2—January 8, 2021)*, NYC Board of Correction, at 30, <https://www1.nyc.gov/assets/boc/downloads/pdf/covid-19/BOC-Weekly-Report-01-02-01-08-21.pdf>.

¹⁰ *Board of Correction Weekly COVID-19 Update (January 16—January 22, 2021)*, NYC Board of Correction, at 23, <https://www1.nyc.gov/assets/boc/downloads/pdf/covid-19/BOC-Weekly-Report-01-16-01-22-21.pdf>.

¹¹ Emily Wang, et al., *Ethical Considerations for COVID-19 Vaccine Trials in Correctional Facilities*, 324(11) JAMA 1031 (August 2020), <https://jamanetwork.com/journals/jama/fullarticle/2769694>.

outbreak of an infectious disease. For example, many detention facilities have medical staff who have limited availability to be on-site; and facilities with no formal linkages with local health departments or hospitals. Detention facilities are also ill-equipped to provide sufficient Personal Protective Equipment (PPE), such as masks, eye-shields, gloves, and gowns for people who are incarcerated and caregiving staff, increasing the risk for everyone in the facility of a widespread outbreak. Most jails and prisons have few, if any, negative pressure rooms—used to isolate infected people—and these may be already in use by people with other conditions (including tuberculosis or influenza both of which are common in detention facilities). If an outbreak reaches a jail or prison, medical personnel become sick and absent, and facilities become dangerously, and quickly, understaffed with healthcare providers.

16. Jails and prisons often need to rely on outside medical facilities to provide intensive medical care given that the level of care they can provide in the facility itself is typically relatively limited. During an epidemic, this is often not possible, as those outside facilities tend to be at or over capacity treating patients from the community. This Spring, widespread reports of inadequate bedspace in the hospitals in and around New York City strained hospital and City resources and compounded the risk to people in the City’s jails.
17. As health systems inside facilities are taxed, people with chronic underlying physical and mental health conditions unrelated to COVID-19 are often unable to receive requisite care, or in the best cases such care is delayed. Failure to provide individuals adequate medical care for their underlying chronic health conditions results in increased risk of COVID-19 infection and increased risk of infection-related morbidity and mortality if they do become infected.
18. Failure to provide adequate mental health care, as may happen when health systems in jails and prisons are taxed by COVID-19 outbreaks, can result in poor health outcomes. Moreover, mental health conditions are likely to be exacerbated by the stress of incarceration during the COVID-19 pandemic, including isolation and lack of visitation.
19. As a result, incarcerated persons contract the virus at a rate of at least four times the rate of the overall U.S. population and, once infected, are over twice as likely to die.¹² These vulnerabilities render the incarcerated population particularly at risk of poor health outcomes due to COVID-19, and make all mechanisms to avoid transmission and infection—including PPE, social distancing, and priority access to vaccinations—all the more critical.

¹² *Impact Report: COVID-19 and Prisons*, National Commission on COVID-19 and Criminal Justice (Sept. 2, 2020), <https://covid19.counciloncj.org/2020/09/02/covid-19-and-prisons/> (finding that on average, the rate of infection within prisons is more than four times as large as the general population, and the mortality rate more than two times as large); Brendan Saloner, et al, *COVID-19 Cases and Deaths in Federal and State Prisons*, 324(6) JAMA 602 (July 2020), <https://jamanetwork.com/journals/jama/fullarticle/2768249> (finding the COVID-19 rate for prisoners was 5.5 times higher than the US population, and the death rate 3 times higher).

Outbreaks in Jails and Prisons Put the Greater Community at Risk.

20. Prioritizing preventive measures including vaccines in jails and prisons is crucial to the health of the larger community. Jails and prisons see the constant churn of people, including staff, contractors, and vendors, entering and leaving the facilities. Moreover, rapid turnover of the population, particularly the population in jails, means that people often cycle between facilities and communities. People often need to be transported to and from facilities to attend court and move between facilities for programmatic, medical, or security reasons. This constant movement and exchange between the facilities and the community contributes to bringing infectious diseases into jails and prisons and contributes to community spread.¹³
21. According to one study in Chicago, one in seven infections was linked to people going in and out of the city's jail, and jail-community cycling far exceeded race, poverty, public transit use, and population density as a predictor of case rates across ZIP codes.¹⁴ The World Health Organization agrees that settings like jails and prisons may act as “a source of infection, amplification and spread of infectious diseases” within and beyond the jail or prison walls.”¹⁵
22. Further, strains on the medical systems of detention facilities have implications for the outside hospitals and emergency departments on which detention facilities already depend for intensive medical care services. Prison health is public health.

Public Health Favors Providing Access to Vaccines for People Incarcerated in Jails and Prisons at the Same Time as Staff and People Living in Other Congregate Settings.

23. Given the high rates of infection within jails and prisons, the vulnerability of the populations they house, and the increased community spread caused by outbreaks in those facilities, providing vaccine access to incarcerated people will yield significant public health benefits and reduce the risk of further virus spread. Medical and public health experts—including the Centers for Disease Control and the American Medical

¹³ See also M. Keith Chen, Judith Chevalier, and Elisa F. Long, *Nursing Home Staff Networks and COVID-19*, Proceedings of the National Academy of Sciences of the United States of America (Jan.5, 2021), <https://www.pnas.org/content/118/1/e2015455118> (discussing the role staff play in spreading a virus when they enter and leave congregate settings, including citing a New York State study that found nursing home workers were likely the main source of SARS-CoV-2 transmission into the nursing homes, and linking trends during the COVID pandemic with prior disease outbreaks).

¹⁴ Eric Reinhart and Daniel L. Chen, *Incarceration And Its Disseminations: COVID-19 Pandemic Lessons From Chicago's Cook County Jail*, 39(8) Health Affairs 1412 (June 4, 2020), <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00652>.

¹⁵ Preparedness, prevention and control of COVID-19 in prisons and other places of detention, World Health Organization, Mar. 15, 2020, at 8, <https://apps.who.int/iris/bitstream/handle/10665/336525/WHO-EURO-2020-1405-41155-55954-eng.pdf>.

Association¹⁶—have recognized the importance of prioritizing vaccine distribution to people living in jails and prisons as a critical virus-control strategy.

24. As a public health matter, swift vaccine distribution to jails and prisons is not only warranted but necessary to stem the spread of the virus. Like people living in other congregate settings, including nursing homes and homeless shelters, individuals living in these facilities cannot themselves mitigate the risks of infection. All the risks posed by a congregate setting—including the close contact with others, enclosed spaces, the constant coming and going of individuals, and any inadequacies in other preventative measures like mask usage and ventilation—threaten inmates and staff alike. Once the virus reaches a congregate setting, it spreads rapidly without distinguishing based on the population. The virus will take hold as quickly, if not quicker, in a jail or prison as in a nursing home or homeless shelter. Equally clear, once the virus reaches these facilities, it does not discriminate between those living in congregate settings and staff working there.
25. Because communities of color are overrepresented in jails and prisons as compared to the community, and because those same communities have historically been the victims of medical experimentation, any process for distributing a vaccine cannot occur in a vacuum. Instead, it is critical that any distribution effort include a robust, interactive, and accessible education campaign focused on the safety and effectiveness of the vaccine, and vaccination must occur only based on informed consent by the recipient.
26. Any differences between people living in jails and prisons and staff working in them suggests a greater risk of infection and illness among people in custody as compared to correctional and civilian staff. Individuals incarcerated in jails and prisons are confined to these enclosed spaces 24 hours a day, sleeping just feet apart from their neighbor, and without any control over their surroundings. They do not control critical elements of their own basic hygiene and cannot control access to PPE such as masks or face shields. They also have reduced access to medical care but increased prevalence for underlying health conditions that increase one’s risk of severe disease if infected.¹⁷
27. Prioritizing those who work in jails and prisons along with those who live in other congregate settings without simultaneously prioritizing people living in jails and prisons

¹⁶ Press Release, American Medical Association, AMA policy calls for more COVID-19 prevention for congregate settings, (Nov. 17, 2020), [https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/vaccine-faqs.html](https://www.ama-assn.org/press-center/press-releases/ama-policy-calls-more-covid-19-prevention-congregate-settings#:~:text=Recognizing%20that%20detention%20center%20and,the%20initial%20phases%20of%20distributi on; Vaccine FAQs in Correctional and Detention Centers, Centers for Disease Control and Prevention (updated Jan. 11, 2021), <a href=) (“Jurisdictions are encouraged to vaccinate staff and incarcerated/detained persons of correctional or detention facilities at the same time because of their shared increased risk of disease.”).

¹⁷ Emily Wang, et al., *Ethical Considerations for COVID-19 Vaccine Trials in Correctional Facilities*, 324(11) JAMA 1031 (August 2020), <https://jamanetwork.com/journals/jama/fullarticle/2769694> (“incarcerated individuals have disproportionately high rates of chronic health conditions such as diabetes, hypertension, and cardiac disease, which are known risks for adverse COVID-19 outcomes and mortality.”).

does not serve public health outcomes or sufficiently stem the virus. From a public health perspective, making vaccines available to people working in corrections settings but not people living in those facilities does not address the urgent need to address or control the spread of the virus. Instead, providing access to staff but not people who are incarcerated ensures that jails and prisons will remain an institutional amplifier of the pandemic both inside and outside of these facilities. The virus does not distinguish between those working in a location and those incarcerated there. For example, if members of the corrections or medical staff are contra-indicated for vaccination for medical reasons (or decide for personal reasons not to take the vaccine) but continue to visit a facility for employment purposes, that individual could easily contract the virus if exposed to an incarcerated person who is asymptomatic for the disease. Not only would the staff member themselves be harmed by contracting the virus, but they would be contributing to spread in the community. Similarly, if incarcerated people do not have access to the vaccine and contract the virus before encountering a community member—whether it be a contractor, lawyer, or lay visitor—the unmitigated spread of the virus inside the facility is now spreading to the community.

28. Instead, policy makers should prioritize all congregate settings—where the virus spreads most quickly and is the most destructive—which in turn will benefit the broader community. From an epidemiological perspective, vaccinating individuals in congregate settings—including those in jails—is an efficient strategy to reduce the spread of infection and protect public health. Epidemiologically, it is irrational to prioritize individuals in some congregate residential settings, like homeless shelters and nursing homes, while not providing the same prioritization for individuals in jails and prisons. The major characteristic that makes these congregate settings dangerous to public health in a pandemic—enclosed spaces, limitations in the ability to socially distance, and people coming and going—are shared by all of them. Like homeless shelters, the enclosed spaces in jails are crowded. Many sleep in dorm-style housing a few feet away from their neighbor. Even those in cells must share common areas in order to eat, bathe, access basic necessities, or receive services like medical care.
29. The risk that outbreaks in congregate settings pose to the larger community has been clearly borne out in jails and prisons due to the constant movement between the jails and the community. For the limited supply of vaccines to effectively curb the spread of the infection throughout the community as the entire population waits for more complete vaccination, making vaccines available to people in *all* congregate settings is crucial. This strategy must include jails and prisons, which in New York, currently house over


5,500 people in densely populated units in New York City,¹⁸ and roughly 38,000 people in New York State prisons.¹⁹

Conclusions and Recommendations

30. It is my professional judgment that individuals in jails are at significantly higher risk of infection with COVID-19 as compared to the population in the community and that they are at significantly higher risk of harm if they do become infected.
31. From a public health perspective, it is my strong opinion that individuals who are incarcerated in jails and prisons should be prioritized for vaccination, much in the same way as people in other congregate settings, like nursing homes and homeless shelters—there is no basis to distinguish between them. Vaccinating individuals in jails and prisons is both necessary for the safety of those in these high-risk congregate settings, but also to the community at large, which is put at greater risk when outbreaks occur in high-density congregate settings.
32. Further, from a public health perspective, it is nonsensical to provide vaccine access to people who work in the jails and prisons without providing the same access to people who live in those facilities. Both populations are exposed to the same risks within the setting and vaccinating them together is the most effective way to prevent outbreak, both in and out of the facilities. Any prioritization among those who live and work in the jails should focus on those with the greatest risk of health complications or death, based on individual risk factors like age or underlying medication conditions.
33. From an epidemiological perspective, people housed in jails and prisons should receive priority access to vaccines alongside staff of those same facilities and individuals housed in other congregate settings.

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

EXECUTED WITHIN
THE UNITED STATES
ON: February 3, 2021

BY: 
Gregg Gonsalves
Assistant Professor of Epidemiology (Microbial Diseases)
Yale School of Public Health
350 George Street
New Haven, CT 06511
Gregg.gonsalves@yale.edu

¹⁸ *Board of Correction Weekly COVID-19 Update (January 16—January 22, 2021)*, NYC Board of Correction, at 5, <https://www1.nyc.gov/assets/boc/downloads/pdf/covid-19/BOC-Weekly-Report-01-16-01-22-21.pdf> (total population of 5,225 on January 22, 2021)

¹⁹ New York State Corrections and Community Supervision, DOCCS Fact Sheet, Jan. 1, 2021, <https://doccs.ny.gov/doccs-fact-sheet-january-2021>.

Date of Revision: 24 November 2020

Name: Gregg S. Gonsalves, Ph.D.

Proposed for: Promotion to Associate Professor with Term, Yale School of Public Health, Department of Epidemiology of Microbial Diseases, Traditional Track

Term: July 1, 2021 – June 30, 2026

School: Yale University School of Medicine and the Graduate School

Education:

B.S. (with distinction) Yale College (Biology) 2011
M.Phil. Yale School of Public Health 2015
Ph.D. Yale School of Public Health 2017

Career/Academic Appointments:

2018- Affiliated Faculty, Yale Program in Addiction Medicine, Yale School of Medicine, New Haven, CT

2017- Affiliated Faculty, Public Health Modeling Concentration, Yale School of Public Health New Haven, CT

2017- Assistant Professor, Department of the Epidemiology of Microbial Diseases, Yale School of Public Health, New Haven, CT

2017- Associate Professor (Adjunct) of Law, Yale Law School, New Haven, CT

2017- Affiliated Faculty, Women's, Gender, & Sexuality Studies, Yale University, New Haven, CT

2017- Affiliated Faculty, Jackson Institute for Global Affairs, Yale University, New Haven, CT

2012- Research Scholar in Law, Yale Law School, New Haven, CT

2012-2017 Lecturer in Law, Yale Law School, New Haven, CT

2011-2012 Post-Graduate Research Fellow, Department of the Epidemiology of Microbial Diseases, Yale School of Public Health, New Haven, CT

2011-2012 Research Scholar, University of Cape Town, Centre for Social Science Research, Cape Town, South Africa

2011-2012 Fellow, Harvard Medical School, Department of Global Health and Social Medicine, Boston, MA

2010 Summer Research Associate, l'unité Régulation des infections rétrovirales, Institut Pasteur, Paris, France

Administrative Positions:

2016- Co-Director, Collaboration for Research Integrity and Transparency, Yale Law School Yale School of Public Health and Yale Medical School, New Haven, CT

2012- Co-Director, Global Health Justice Partnership, Yale Law School and Yale School of Public Health, New Haven, CT

2017-2020 Co-Faculty Director, Global Health Studies, Yale College, New Haven, CT

2006-2008 Coordinator, AIDS and Rights Alliance for Southern Africa, Cape Town, South Africa

2000-2006 Director of Treatment and Prevention Advocacy, Public Policy Department, Gay Men's Health Crisis, New York, NY

1991-2000 Co-Founder and Policy Director, Treatment Action Group, New York, NY

Professional Honors & Recognition:

International/National/Regional

- 2018: MacArthur Fellow, MacArthur Foundation
- 2014: Honorable Mention: Albert and Mary Lasker Foundation Essay Contest
- 2011: William R. Belknap Prize for Excellence in Biology (the highest honor bestowed on undergraduates in the department and awarded to one student each year), Yale College
- 2011: Open Society Foundations Fellowship
- 2010: Alan S. Tetelman 1958 Fellowship for International Research in the Sciences, Yale College
- 2008: John M. Lloyd Foundation Leadership Award
- 2001: Treatment Action Group Research in Action Award

Grant History:

Current Grants

Agency: MacArthur Foundation
I.D.# N/A
Title: MacArthur Fellowship
P.I.: Gregg S. Gonsalves
Percent effort: N/A (for personal use)
Direct costs for project period: \$625,000
Project period: 1/1/2019-12/31/2023

Agency: National Institute on Drug Abuse
I.D.# DP2DA49282-01
Title: *Avenir Award Program for Research on Substance Abuse and HIV/AIDS*
“Novel Adaptive Approaches to Predicting and Responding to Outbreaks of Overdose, HIV and HCV Among People Who Use Drugs”
P.I.: Gregg S. Gonsalves
Percent effort: 25%
Direct costs for project period: \$1,500,000
Total costs for project period: \$2,512,500
Project period: 07/01/2019-05/31/2024

Agency: National Institute on Drug Abuse
I.D.# R37DA15612-16
Title: “Making Better Decisions: Policy Modeling for AIDS & Drug Abuse”
P.I.: Douglas Owens, Stanford; Yale Subaward PI: David Paltiel
Percent effort: 25%
Direct costs per year: \$60,141 (Yale Subaward Only; Current Year Direct)
Total costs for project period: \$3,942,000
Project period: 09/25/2002 – 01/31/2023

Agency: National Institute of Allergy and Infectious Diseases
I.D.# 5R01AI042006-22
Title: “Cost-Effectiveness of Preventing HIV Complications” (CEPAC-US)

P.I.: Kenneth Freedberg, Massachusetts General Hospital; Yale Subaward PI:
David Paltiel
Percent effort: 20%
Direct costs per year: \$28,198 (Yale Subaward Only; Current Year Direct)
Project Period: 04/01/1998 – 07/31/2021 (No Cost Extension)

Past Grants

Agency: National Institute of Mental Health
I.D.# 5R01MH105203-04
Title: “Novel Approaches to the Design and Evaluation of Combination HIV
Prevention”

P.I.: David Paltiel
Percent effort: 5%
Direct costs per year: \$564,682
Total costs for project period: \$3,309,826
Project period: 06/25/2014 – 02/28/2020

Agency: Laura and John Arnold Foundation
I.D.# Research Integrity Initiative Grant
Title: “Yale Collaboration for Research Integrity and Transparency”
P.I.: Gregg S. Gonsalves (co-P.I. with Amy Kapczynski, J.D. and Joseph
Ross, M.D.)
Percent effort: 5%
Direct costs per year: \$841,619
Total costs for project period: \$3,023,059
Project period: 07/01/2016 – 07/1/2019

Agency: Levi-Strauss Foundation
I.D. # R13002
Title: “Yale Global Health Justice Partnership Summer Fellowship Program
P.I.: Alice Miller, JD
Percent effort: 1.54%
Direct costs per year: \$50,000
Total costs for project period: \$100,000
Project Period: 05/1/2015-4/30/2017

Agency: Public Health Services and Systems Research (PHSSR)/University of
Kentucky Research Foundation
I.D.# Fellowship
Title: “PHSSR Pre-doctoral Scholar in Public Health Delivery”
P.I.: Gregg S. Gonsalves
Percent effort: 100%
Total costs for project period: \$24,472
Project period: 10/1/2014 – 9/1/2015

Agency: Open Society Foundations
I.D.# Fellowship
Title: “Open Society Fellowship”
P.I.: Gregg S. Gonsalves

Percent effort: 100%
Total costs for project period: \$150,000
Project period: 07/1/2011 – 07/1/2012

Agency: John M. Lloyd Foundation
I.D.# Fellowship
Title: “AIDS Leadership Award”
P.I.: Gregg S. Gonsalves
Percent effort: 100%
Total costs for project period: \$100,000
Project period: 09/1/2008 – 09/1/2009

Other Grant History (*aggregate figures for programs that I managed and grant funding when working for non-governmental organizations outside of academia*):

Agency: The Joint United Nations Programme on AIDS; Public Welfare Foundation; John M. Lloyd Foundation; Swedish International Development Agency; UK Department for International Development; Royal Dutch Netherlands Embassy; IrishAID; HIVOS Foundation; Stephen Lewis Foundation

I.D. # Program Budget
Title: “AIDS and Rights Alliance for Southern Africa Treatment Literacy and Advocacy Program”
P.I.: Gregg S. Gonsalves
Percent effort: 100%
Total costs for project period: \$1,150,000
Project period: 06/1/2006 – 06/1/2008

Agency: Bill and Melinda Gates Foundation; Doris Duke Charitable Trust; Sainsbury Family Trusts/Monument Trust

I.D. # Program Budget
Title: “The CD4 Initiative at Imperial College (UK)”
P.I. Gregg S. Gonsalves (founder/board chair) Hans-Georg Batz, Ph.D. (project director)
Percent effort: 25%
Total costs for project period: \$9,000,000
Project period: 06/1/2005 – 03/1/2010

Agency: John M. Lloyd Foundation; Overbrook Foundation; New York Community Trust; Rockefeller Foundation; Bill and Melinda Gates Foundation; Open Society Foundations; Bristol-Myers Squibb; Boehringer-Ingelheim; Merck; Broadway Cares--Equity Fights AIDS; National Institutes of Health; American Foundation for AIDS Research; Doris Duke Charitable Foundation

I.D. # Program Budget
Title: “Gay Men’s Health Crisis Treatment and Prevention Advocacy Program”
P.I. Gregg S. Gonsalves
Percent effort: 100%
Total costs for project period: \$1,150,000
Project Period: 6/1/2000-6/1/2006

Agency: John M. Lloyd Foundation; Overbrook Foundation; New York Community Trust; Aaron Diamond Foundation; Royal S. Marks Foundation, Michael Palm Foundation, American Foundation for AIDS Research

I.D. # Program Budget

Title: "Treatment Action Group Program Budget"

P.I. Gregg S. Gonsalves (co P.I. with Mark Harrington)

Percent effort: 100%

Total costs for project period: \$3,120,000

Project Period: 1/1/1993-6/1/2000

Invited Speaking Engagements, Presentations, Symposia & Workshops:

International/National

2020 Department of Biomedical Informatics, The Ohio State University (virtual), "An Adaptive Approach to Active Surveillance for HIV (and SARSCoV2)"

24th Annual and First Virtual National Centers for AIDS Research Meeting, "An Adaptive Approach to Active Surveillance for HIV (and SARSCoV2)"

New York University Urban Research Seminar (virtual), "The New Politics of Care"

MacArthur Foundation Town Hall (virtual global), "Advancing Equitable and Rights-Respecting COVID-19 Contact Tracing"

Global Research Collaboration for Infectious Disease Preparedness, COVID-19 Research Synergies Meetings (virtual global), "Preparing for a second wave: understanding transmission and how to stop COVID-19"

Department of Public Health Sciences, University of Chicago, Chicago, IL, "An Adaptive Approach to Locating Mobile HIV Testing Services"

International Conference on Health Policy Statistics, San Diego, CA, "Using Risk Maps to Pre-Deploy Services for Overdose, HIV and Hepatitis C Among People Who Inject Drugs"

Division of Medical Ethics Working Group on Compassionate Use & Preapproval Access, New York University Langone Medical Center, New York, NY, "Non-Trial Preapproval Access to Investigational Medical Products: Lessons Learned and Practical Advice Moving Forward"

2019 New England AIDS Education and Training Center, Boston, MA, "Applying 35 Years of HIV Work to the Substance Use Epidemic"

HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University, New York, NY, "Causal Inference and Structural Interventions for HIV Prevention" as part of symposium on "Staying at Zero: The Role of Social Science in Ending the HIV Epidemic"

Northeastern University School of Law, Boston, MA, "Annual Lecture in Health Policy and Law"

Kaiser Permanente School of Medicine, Pasadena, CA, “We Will Be Citizens: From AIDS Activism to Mobilizing for Global Health Justice”

Providence/Boston Center for AIDS Research Annual Research Forum, Brown University, Providence RI, “Closing Plenary: We Will Be Citizens: From AIDS Activism to Mobilizing for Global Health Justice”

Decolonizing Global Health Conference, Harvard School of Public Health, Boston, MA, “Closing Plenary - Solidarity-oriented approaches: subverting the status quo of global health”

Special Lecture Series on Global Public Health, “We Will Be Citizens: From AIDS Activism to Mobilizing for Global Health Justice,” University of South Alabama, Mobile, AL

2018 Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, Panel Presentation and Discussion, “30th Anniversary of Seize Control of the FDA: Protest, Crisis, and Public Health”

2016 Department of Health Policy, Management, and Behavior, University at Albany, School of Public Health, Albany, NY, “Sanitation and Sexual Violence in an Urban Township in Cape Town, South Africa: A Modeling Study”

Academy Health Annual Research Meeting, Boston, MA, Panel Presentation and Discussion, “Entrepreneurship in Bridging Evidence, Policy and Practice: A Conversation”

European Public Health Alliance, Brussels, Belgium, The push towards accelerated market approvals: What does it mean for drug development, patient safety and access to medicines in Europe?, Panel Presentation and Discussion, “Our agenda - What kind of market access system do we want in Europe?”

Northeastern University School of Law, Boston, MA, Individual Choice v. Collective Destiny: the Future of Public Health, Panel Presentation and Discussion, “We Will Be Citizens: On Global Health Justice”

2015 Yale Law School, Gruber Program for Global Justice and Women’s Rights, “In and out of the ivory tower: How can Northern Universities Advance Global Health Justice”

Food and Drug Administration (FDA), National Institute of Allergy and Infectious Diseases (NIAID), Assistant Secretary for Preparedness and Response and the Centers for Disease Control and Prevention, Bethesda, MD, Clinical Trial Designs for Emerging Infectious Diseases, Panel Presentation and Discussion, “The Challenges of Developing New Treatments for Life-Threatening Diseases: From HIV-AIDS to EVD”

National Physicians Alliance, Washington, DC, Truth to Power: Alliance for the Public Good, Panel Presentation and Discussion, “Incentivizing Innovation: How Do We Ensure Safe, Effective Drugs and Devices?”

Keeneland Public Health Services and Systems Research Conference, Lexington, KY, Poster Presentation, “Go With the Flow: Understanding the Temporal Dynamics of the HIV Continuum of Care or the HIV Treatment Cascade”

- 2008 The XVII International AIDS Conference, Mexico City, Mexico, Plenary Session, “Scaling Up Antiretroviral Therapy and the Struggle for Comprehensive Primary Care”
- 2007 The 18th International Conference on the Reduction of Drug Related Harm, Warsaw, Poland, Plenary Session, “A Report from the Ghost of Christmas Past”
- 2006 The XVI International AIDS Conference, Toronto, Canada, Plenary Session, “25 years of AIDS: Looking Back, Looking Forward”
- Priorities in AIDS Care and Treatment Conference, Cape Town, South Africa, Plenary Session, “Reason, Rationality and Madness and the AIDS Epidemic”
- 2004 The XV International AIDS Conference, Bangkok, Thailand, Panel Presentation and Discussion, “How to Lose the War on AIDS”
- The XV International AIDS Conference, Bangkok, Thailand, Panel Presentation and Discussion, “The Mysteries of Community Capital”

Professional Service:

Peer Review Groups/Grant Study Sections

- 2000-2004 Member, American Foundation for AIDS Research, Basic Research Peer Review Committee
- 2003 Member, Expert Review Panel, Doris Duke Charitable Foundation’s Innovation in Clinical Research Award on Point-of-Care Diagnostics and Therapeutic Monitoring of AIDS in Resource-Poor Countries
- 1998 Member, Ad-Hoc Peer Review Panel for the Centers for AIDS Research, NIH/NIAID
- 1996 Member, Ad-Hoc Peer Review Panel for the AIDS Clinical Trials Group, NIH/NIAID
- 1996 Member, Ad-Hoc Peer Review Panel for the California Centers for AIDS Research, California State AIDS Research Program

Journal Service

Reviewer: *New England Journal of Medicine; British Medical Journal; PLoS Medicine; Journal of Urban Health; Globalization and Health; Health Affairs; Milbank Quarterly; JAMA Internal Medicine; Translational Research*

Advisory Bodies for Federal and International Agencies and Foundations

- 2019-2020 Scientific Programme Committee, Track C: Epidemiology and Prevention Research, 23rd International AIDS Conference
- 2019 Member, NIH Workshop on HIV-Associated Comorbidities, Syndemics Working Group
- 2017-2018 Member, Office of AIDS Research Ad Hoc Cost-Sharing Task Force, NIH
- 2017-2018 Member, Committee on Return of Individual-Specific Research Results Generated in Research Laboratories, National Academy of Sciences, Engineering, and Medicine
- 2001-2006 Member, Panel on Clinical Practices for the Treatment of HIV (convened by the Department of Health and Human Services and the Henry J. Kaiser Family Foundation)

Gregg S. Gonsalves, Ph.D.

- 2005-2006 Member, UNAIDS/UK Department for International Development Global Steering Committee on Universal Access to HIV Treatment, Care and Prevention
- 2000-2002 Member, Office of AIDS Research International Research Planning Group, NIH
- 1998-2002 Member, Office of AIDS Research Advisory Council, NIH
- 2002 Member, World Health Organization Planning Committee for Development of an International Plan of Action for Scale-Up of Antiretroviral Therapy
- 2001 Member, World Health Organization Antiretroviral Treatment Working Group
- 2000 Member, Search Committee for the Director of the Office of AIDS Research, NIH
- 1998 Member, Search Committee for the Director of the Office of AIDS Research, NIH
- 1995-1996 Member, Food and Drug Administration, Antiviral Drugs Advisory Committee
- 1995-1996 Member, NIH AIDS Research Program Evaluation Working Group
- 1995-1996 Member, NIH Etiology and Pathogenesis Area Review Panel

Meeting Planning/Participation

- 2017 Chair, Yale Collaboration for Research Integrity and Transparency and European Public Health Alliance, Conference on Ensuring Safety, Efficacy and Access to Medical Products in the Age of Global Deregulation
- 2012 Co-Chair, Yale Global Health Justice Partnership Meeting on Mining, Tuberculosis and Silicosis in Southern Africa
- 2008 Co-Chair, Médecins Sans Frontières, Treatment Action Group, AIDS & Rights Alliance for Southern Africa Meeting on Development of Point-of-Care Assays for the Diagnosis of Tuberculosis
- 2008 Co-Chair, Treatment Action Campaign and AIDS & Rights Alliance for Southern Africa Meeting on Mines, Tuberculosis and Southern Africa
- 2007 Co-Chair, Treatment Action Campaign and AIDS & Rights Alliance for Southern Africa Meeting on Emergency Southern African Advocacy Summit on TB and HIV
- 2006 Chair, GMHC Forum on Structural Factors Driving Risk of HIV Transmission Among Gay Men and Communities of Color: Drug Use, Depression, Violence, Incarceration
- 2006 Chair, GMHC Conference on Moving towards Universal Access: Identifying Public Policies for Scaling Up AIDS Treatment and Strengthening Health Systems in Developing Countries
- 2005 Chair, GHMC and Human Rights Watch Symposium on HIV Testing and Human Rights
- 2001 Co-Chair, GMHC/Project Inform Workshop on Diagnostic and Monitoring Tools for the Management of Antiretroviral Therapy in Resource-Poor Settings
- 2000 Co-Chair, Treatment Action Group American Foundation for AIDS Research Workshop on New Viral and Cellular Targets for Antiretroviral Therapy
- 1997-1998 Member, Scientific Planning Committee, XII International Conference on AIDS
- 1996 Co-Chair, Treatment Action Group American Foundation for AIDS Research Workshop on Cellular and Systemic Reservoirs for HIV in Patients on Highly Active Antiretroviral Therapy
- 1993 Member, Planning Committee, NIH Conference on Immunologic and Host Genetic Resistance to HIV Infection and Disease

Yale School of Public Health Service

- 2020 Coordinator, Academic Advising for Masters of Public Health Students, Epidemiology of Microbial Diseases, Yale School of Public Health
- 2018-2020 Co-Chair, Epidemiology of Microbial Disease Seminar Committee, Yale School of

Public Health
2018- Member, Wilbur Downs Fellowship Committee, Yale School of Public Health
2017- Member, Faculty Search Committee, Social and Behavioral Sciences, Yale School of Public Health

Public Service

2021- Member, Board of Health, City of New Haven, CT
2020- Member, Board of Directors, Sex Worker and Allies Network, New Haven, CT
2017- Member, Board of Directors, CitySeed, New Haven, CT
2007- Chair, Board of Directors, International Treatment Preparedness Coalition
2007-2013 Member, Bill & Melinda Gates Foundation/Henry J. Kaiser Family Foundation Global HIV Prevention Working Group
2000-2010 Chair, The CD4 Initiative at Imperial College, UK
2000-2005 Member, Board of Directors, Alliance for Microbicide Development
1989-1992 Member, AIDS Coalition to Unleash Power

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Peer Reviewed Original Research

1. Yaesoubi R, Havumaki J, Chitwood M, Menzies NA, **Gonsalves G**, Salomon JA, Paltiel AD, Cohen T. Adaptive Policies to Balance Health Benefits and Economic Costs of Physical Distancing Interventions during the COVID-19 Pandemic. *Medical Decision Making*. January 2021. doi:10.1177/0272989X21990371
2. Iloglu S, Joudrey PJ, Wang EA, Thornhill TA, **Gonsalves G**. Expanding access to methadone treatment in Ohio through federally qualified health centers and a chain pharmacy: a geospatial modeling analysis, *Drug and Alcohol Dependence*. 2021 Jan 19:108534.
3. Li ZR, Xie E, Crawford FW, Warren JL, McConnell K, Cople JT, Johnson T, **Gonsalves GS**, Suspected Heroin-Related Overdose Incidents in Cincinnati, Ohio: A Spatiotemporal Analysis, *PLoS Med* 2019; 16(11): e1002956. <https://doi.org/10.1371/journal.pmed.1002956>
4. Egilman AC, Wallach JD, Dhruva SS, **Gonsalves GS**, Ross JS. Medicare Spending on Drugs and Biologics Not Recommended for Coverage by International Health Technology Assessment Agencies. *Journal of General Internal Medicine*. 2019:1-3.
5. **Gonsalves GS**, Crawford FW, Dynamics of the HIV Outbreak and Response in Scott County, Indiana, 2011-2015. *Lancet HIV*. 2018.
6. Wallach JD, Ciani O, Pease AM, **Gonsalves GS**, Krumholz HM, Taylor RS, Ross JS. Comparison of Treatment Effect Sizes from Pivotal and Post-Approval Trials of Novel Therapeutics Approved by the FDA on the Basis of Surrogate Markers of Disease: a Meta-epidemiological Study. *BMC Medicine*. 2018 Mar;16(1):45.
7. **Gonsalves GS**, Cople JT, Johnson T, Paltiel AD, Warren JL. Bayesian Adaptive Algorithms for Locating HIV Mobile Testing Services. *BMC Medicine*. 2018; 16(1):155.
8. **Gonsalves GS**, Crawford FW, Cleary PD, Kaplan EH, Paltiel AD. An Adaptive Approach to

Locating Mobile HIV Testing Services. *Medical Decision Making*. 2018; 38(2): 262-272.

9. Ehrlich R, Montgomery A, Akugizibwe P, **Gonsalves G**. Public health implications of changing patterns of recruitment into the South African mining industry, 1973–2012: a database analysis. *BMC Public Health*. 2018 Jan; 18(1): 93.
10. Wallach JD, **Gonsalves GS**, Ross JS, Research, Regulatory and Clinical Decision-Making: The Importance of Scientific Integrity, *Journal of Clinical Epidemiology*. 2018 Jan 1;93: 88-93.
11. **Gonsalves GS**, Paltiel AD, Cleary PD, Gill MJ, Kitahata MM, Rebeiro PF, Silverberg MJ, Horberg MA, Irene Hall HI, Abraham AG, Kaplan EH, A Flow-Based Model of the HIV Care Continuum in the United States. *JAIDS Journal of Acquired Immune Deficiency Syndromes* 2017;75(5):548-53.
12. Gopal A, Wallach J, Aminawung J, **Gonsalves G**, Dal-Re R, Miller J, Ross J. Adherence to ICMJE Prospective Registration Policy and Implications for Endpoint Integrity: A Cross Sectional Analysis of Trials Published in High-Impact Specialty Society Journals, *PLOS Medicine*. 2017: 19(1): 448.
13. Walensky RP, Borre ED, Bekker LG, Hyle EP, **Gonsalves GS**, Wood R, Eholie SP, Weinstein MC, Freedberg KA, Paltiel AD. Do Less Harm: Evaluating HIV Programmatic Alternatives in Response to Cutbacks in Foreign Aid. *Annals Internal Med*. 2017 Aug 29.
14. Lewnard JA, Antillón M, **Gonsalves G**, Miller AM, Ko AI, Pitzer VE. Strategies to prevent cholera introduction during international personnel deployments: a computational modeling analysis based on the 2010 Haiti outbreak. *PLoS Med*. 2016;13(1):e1001947.
15. Beckman AL, Bilinski A, Boyko R, Camp GM, Wall AT, Lim JK, Wang E, Bruce RD, **Gonsalves GS**. Treatment of hepatitis C virus infections in state correctional facilities in the United States: A national survey of prison commissioners. *Health Affairs*. 2016 Oct 1;35(10):1893-901.
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18. Peluso MJ, Seavey B, **Gonsalves G**, Friedland G. An inter-professional “advocacy and activism in global health”: module for the training of physician-advocates. *Global Health Promotion*. 2013;20(2):70–3.
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Invited Editorials and Commentaries

1. **Gonsalves G**, Yamey G. Political interference in public health science during covid-19 *BMJ* 2020; 371 :m3878.

2. Lopez W, Kline N, Lebrón A, Novak NL, Young ME, **Gonsalves GS**, Mishori R, Safi BA, Kysel IM. Preventing the Spread of COVID-19 in Immigration Detention Facilities Requires the Release of Detainees. *American Journal of Public Health*. 19 November 2020. <https://doi.org/10.2105/AJPH.2020.305968>
3. **Gonsalves G**. Covid-19 in the US—the new disease denialism. *BMJ Blog*. 14 September 2020.
4. Luo J, **Gonsalves G**, Kapczynski A. Treatments don't work if we can't afford them: the global need for open and equitable access to remdesivir. *BMJ Blog*. 3 June 2020.
5. Yamey G, **Gonsalves G**. Donald Trump: a political determinant of covid-19. *BMJ (Clinical research ed.)*. 2020 Apr 24;369:m1643.
6. Krieger N, **Gonsalves G**, Bassett MT, Hanage w, Krumholz HM. The fierce urgency of now: closing glaring gaps in US surveillance data on COVID-19. *Health Affairs Blog*. 14 April 2020.
7. Oladeru OT, Beckman A, **Gonsalves G**. What COVID-19 Means for America's Incarcerated Population — And How to Ensure It's Not Left Behind. *Health Affairs Blog*. 10 March 2020.
8. Luo J, **Gonsalves G**, Greene J. Insulin for all: treatment activism and the global diabetes crisis. *Lancet (London, England)*. 2019 May 25;393(10186):2116.
9. **Gonsalves G**, Zuckerman D. Commentary: Will 20th century patient safeguards be reversed in the 21st century? *BMJ*. 2015;350:h1500.
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12. Keshavjee S, Harrington M, **Gonsalves G**, Chesire L, Farmer PE. Time for zero deaths from tuberculosis. *The Lancet*. 2011;378(9801):1449–50.
13. Collins S, Baker BK, **Gonsalves G**, Gomes M. The dangers of attacking disease specific programmes for developing countries. *British Medical Journal*.; 2007 Sep 29;335(7621):646.

Chapters, Books, and Reviews

1. **Gonsalves G**, Kapczynski A. The New Politics of Care. In: *The Politics of Care: from COVID19 to Black Lives Matter*. Boston Review and Verso Books; 2020.
2. Ooms G, Hammonds R, **Gonsalves G**. The struggle against HIV/AIDS: rights, economics, and global responsibilities. In: *The Millennium Development Goals and human rights: past, present and future*. Cambridge University Press; 2013.
3. Bass E, **Gonsalves G**, Katana M. Advocacy, activism, community and the AIDS response in

Africa. In: *Public Health Aspects of HIV/AIDS in Low- and Middle-Income Countries*. Springer; 2008, p. 151–70.

Case Reports, Technical Notes, Letters, Other Scholarly Work

1. **Gonsalves G**, Kapczynski A. The New Politics of Care. *Boston Review: A Political and Literary Forum*; 2020.
2. **Gonsalves G**, Kapczynski A. Markets V. Lives. *Boston Review: A Political and Literary Forum*; 2020.
3. Kapczynski A, **Gonsalves G**. Alone Against the Virus. *Boston Review: A Political and Literary Forum*; 2020.
4. Broach S, Petrone M, Ryan J, Sivaram A, **Gonsalves, G**. Reservoirs of Injustice: How Incarceration for Drug-Related Offenses Fuels the Spread of Tuberculosis in Brazil, *Global Health Justice Partnership Report, Yale Law School/Yale School of Public Health*. 2019.
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6. Batman S, Boyko R, Kalu E, Roth E, Goldberg RC, Gonzalez DJX, **Gonsalves G**. Fear, Politics, and Ebola: How Quarantines Hurt the Fight Against Ebola and Violate the Constitution. *Global Health Justice Partnership Report, Yale Law School/Yale School of Public Health*. 2015.
7. Boyko R, Goldberg RC, Darby S, Milin Z, **Gonsalves G**. Fulfilling Broken Promises: Reforming the Century-Old Compensation System for Occupational Lung Disease in the South African Mining Sector. *Global Health Justice Partnership Report, Yale Law School/Yale School of Public Health*. 2013.
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Editorials and Publications for the General Public

1. **Gonsalves G**. We're Never Going Back to Normal. *The Nation*. October 22, 2020.
2. Lipsitch M, **Gonsalves G**, Del Rio C, Walensky RP. Trump wants to try for herd immunity. Without a vaccine, it could kill millions. *The Washington Post*. October 14, 2020.

3. **Gonsalves G.** Focused Protection, Herd Immunity, and Other Deadly Delusions. *The Nation*. October 8, 2020.
4. **Gonsalves G.** The Virus That Stole Christmas. *The Nation*, September 24, 2020.
5. **Gonsalves G.** You Think Things Couldn't Get Any Worse with the Pandemic? *The Nation*, September 3, 2020.
6. **Gonsalves G.** So Far, 2020 Has Been Our Year of Magical Thinking. *The Nation*, August 20, 2020.
7. **Gonsalves G.** Trump's October Surprise: A Vaccine for Covid-19? *The Nation*, August 6, 2020.
8. **Gonsalves G.** To Fight the Coronavirus, We Need a Massive Campaign of Disruption. *The Nation*, July 16, 2020.
9. **Gonsalves G.** Protest and Survive! *The Nation*, July 9, 2020.
10. **Gonsalves G.** We Are Not Even Beginning to Be Over This Pandemic. *The Nation*, July 2, 2020.
11. **Gonsalves G.** When Police and Public Health Collide in the Age of Covid-19. *The Nation*, June 18, 2020.
12. Marcus J, **Gonsalves G.** Public-Health Experts Are Not Hypocrites. *The Atlantic*, June 18, 2020.
13. **Gonsalves G.** The Pandemic is a Threat. The President Is Worse. *The Nation*, June 4, 2020.
14. **Gonsalves G.** Solidarity Is Our Silver Linings Pandemic Playbook. *The Nation*, May 28, 2020.
15. **Gonsalves G.** Reopening: A Chronicle of Needless Deaths Foretold. *The Nation*, May 4, 2020.
16. **Gonsalves G.** Beating Covid-19 Will Take Coordination, Experimentation, and Leadership. *The Nation*, April 23, 2020.
17. **Gonsalves G.** Testing. Testing. 1-2-3 Testing. *The Nation*, April 16, 2020.
18. **Gonsalves G.** The Science Is Clear on How to Beat This Pandemic. *The Nation*, April 9, 2020.
19. **Gonsalves G.** Gregg Gonsalves Blends Activism and Science (an interview with Claudia Dreifus), *New York Times*, April 8, 2019.
20. **Gonsalves G.** The U.S. really could end AIDS — if the Trump administration gets out of the way. *Washington Post*, February 8, 2019.
21. **Gonsalves G.** This is not a cure for my HIV. *New York Times*, March 9, 2019.
22. **Gonsalves G,** Harrington M, Kessler DA. Don't Weaken the FDA Drug Approval Process. *New York Times*. June 11, 2015.
23. **Gonsalves G.** Stop Playing Cowboy on Ebola. *Foreign Policy*. October 28, 2014.

24. **Gonsalves G.** “Am I Safe?” is the Wrong Ebola Question to Ask. Quartz. October 4, 2014.

Pre-prints Awaiting Peer Review

20. Elizabeth Anne Samuels, EA, Orr L, White EB, Saadi A, Padela AI, Westerhaus M, Bhatt AD, Agrawal P, Wang D, **Gonsalves GS.** The Impact of the “Muslim Ban” Executive Order on Healthcare Utilization in Minneapolis-St. Paul, Minnesota. medRxiv 2020.10.23.20218628 [also under review at Health Affairs]
21. Bilinski A, Birger R, Burn S, Chitwood M, Clarke-Deelder E, Copple T, Eaton J, Ehrlich H, Erlendsdottir M, Eshghi S, Farid M, Fitzpatrick M, Giardina J, **Gonsalves G,** Hsieh Y, Iloglu S, Kao Y, MacKay E, Menzies N, Mulaney B, Paltiel D, Perniciaro S, Phillips M, Rich K, Salomon J, Sherak R, Shioda K, Swartwood N, Testa C, Thornhill T, White E, Williamson A, York A, Zhu J, Zhu L. Defining high-value information for COVID-19 decision-making. medRxiv. 2020
22. Fenichel EP, Berry K, Bayham J, **Gonsalves G.** A cell phone data driven time use analysis of the COVID-19 epidemic. medRxiv. 2020