

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF CONNECTICUT

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<b>DAVID TERWILLIGER,</b> )	
)	
<i>Petitioner,</i> )	
)	
v. )	
)	No. 3:20-cv-540
<b>ROLLIN COOK,</b> Commissioner, )	
Connecticut Department of Correction, and )	
<b>NICK RODRIGUEZ,</b> Warden, Osborn )	April 22, 2020
Correctional Institution, )	
)	
<i>Respondents.</i> )	
_____ )	

**DECLARATION OF GREGG S. GONSALVES**

I, **Gregg S. Gonsalves**, upon my personal knowledge, and in accordance with 28 U.S.C. § 1746, declare as follows:

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. Attached as Exhibit A is my CV.
2. COVID-19 is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a virus closely related to the SARS virus. In its least serious form, COVID-19 can cause illness including fever, cough, and shortness of breath. However, for individuals who become more seriously ill, a common complication is bilateral interstitial pneumonia, which causes partial or total collapse of the lung alveoli, making it difficult or impossible for patients to breathe. Thousands of patients have required hospital-grade respirators, and COVID-19 can progress from a fever to life-threatening pneumonia with what are known as “ground-glass opacities,” a lung abnormality that inhibits breathing.
3. In about 16% of cases of COVID-19, illness is severe including pneumonia with respiratory failure, septic shock, multi organ failure, and even death.
4. Certain populations of people are at particular risk of contracting severe cases of COVID-19. People over the age of fifty are at higher risk, with those over seventy at serious risk. As the Center for Disease Control and Prevention has advised, certain medical conditions increase the risk of serious COVID-19 for people of any age. These medical conditions include: those with lung disease, heart disease, diabetes, blood disorders, chronic liver or

kidney disease, inherited metabolic disorders, developmental delays, those who are immunocompromised (such as from cancer, HIV, autoimmune diseases), those who have survived strokes, and those who are pregnant.<sup>1</sup>

5. There is no vaccine against COVID-19 and there is no known cure. No one is immune. The only known effective measures to prevent injuries or deaths resulting from COVID-19 are to prevent individuals from being infected with the virus. In fact, young and healthy individuals may be more susceptible than originally thought. Data from the CDC show that up to one-fifth of infected people ages 20-44 have been hospitalized, including 2%-4% in that age group that were treated in an intensive care unit.<sup>2</sup>
6. The number of people infected is growing exponentially. On April 1, the United States had approximately 213,000 cases.<sup>3</sup> As of April 20, approximately 776,000 Americans had been infected with the virus and the death toll had risen to over 41,000.<sup>4</sup> Experts predict that this rapid growth will continue in the United States. In the absence of effective public health interventions, a COVID-19 response team at the Imperial College in the United Kingdom projected 2.2 million or more deaths in the United States.<sup>5</sup>
7. For all people, even in advanced countries with very effective health care systems, the case fatality rate of COVID-19 is about ten-fold higher than that observed from a severe seasonal influenza. In the more vulnerable groups, both the need for care, including intensive care, and death is much higher than we observe from influenza infection. In the highest risk populations, the case fatality rate is about 15%. For high risk patients who do not die from COVID-19, a prolonged recovery is expected to be required, including the need for extensive rehabilitation for profound deconditioning, loss of digits, neurologic damage, and loss of respiratory capacity that can be expected from such a severe illness.
8. Based on data collected by the Centers for Disease Control and Prevention, World Health Organization, and National Center for Biotechnology Information on the speed at which SARS-CoV-2 has spread since it is first known to have infected a human in November 2019, the virus is estimated to be twice as contagious as influenza.<sup>6</sup> Unlike influenza, there are no known vaccines or antiviral medications to prevent or treat infection from

<sup>1</sup> See Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19): People Who May Be at Higher Risk*, <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html> (last accessed Mar. 18, 2020).

<sup>2</sup> Sharon Begley, *New Analysis Breaks Down Age-Group Risk for Coronavirus — and Shows Millennials Are Not Invincible*, (March 18, 2020), <https://www.statnews.com/2020/03/18/coronavirus-new-age-analysis-of-risk-confirms-young-adults-not-invincible/>; Centers for Disease Control and Prevention, *Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020* (Mar. 26, 2020), [https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm?s\\_cid=mm6912e2\\_w/](https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm?s_cid=mm6912e2_w/).

<sup>3</sup> Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19): Cases in the US* (Apr. 19, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.

<sup>4</sup> *Id.*

<sup>5</sup> Imperial College COVID-19 Response Team, *Impact of Non-Pharmaceutical Interventions (NPIs) to Reduce COVID-19 Mortality and Healthcare Demand* 7 (Mar. 16, 2020), <https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>.

<sup>6</sup> Brian Resnick & Christina Animashaun, *Why Covid-19 Is Worse than the Flu, in One Chart*, Vox (Mar. 18, 2020), <https://www.vox.com/science-and-health/2020/3/18/21184992/coronavirus-covid-19-flu-comparison-chart>.

COVID-19. Because the coronavirus that causes COVID-19 is passed through respiratory droplets and also appears to be able to survive on inanimate surfaces, it can be transmitted even when an infected person is no longer in the immediate vicinity. Data from China indicate that the average infected person passes the virus on to 2-3 other people at distances of 3-6 feet.<sup>7</sup> Everyone is at risk of infection because our immune systems have never been exposed to or developed protective responses against this virus.

9. The current estimated incubation period of COVID-19 is between 2 and 14 days, meaning that a patient who begins showing symptoms today may have been contagious for as long as two weeks prior. The time course of the disease once symptoms appear can be very rapid. A patient's condition can seriously deteriorate in as little as five days (perhaps sooner) following initial detection of symptoms. The current estimated rate for life-threatening complications is approximately 20%, with a fatality rate estimated at between 1% and 5%. All of these risk assessment numbers, however, appear to be rising.
10. It is clear that, currently, the numbers of people diagnosed reflect only a portion of those likely infected; very few people have been tested, and many are asymptomatic, so they do not even know they should be tested. As a result, thousands of people are likely living day to day and carrying a potentially fatal disease that is easily transmitted—and no one is aware of it.
11. Connecticut ("CT") Governor Ned Lamont announced the first confirmed COVID-19 case in the state on March 8, 2020.<sup>8</sup> As of April 21, the CT Department of Public Health has confirmed 20,360 cases of COVID-19 in the state and 1,423 deaths.<sup>9</sup> In the last few weeks, several nations have declared lockdowns, and cities and institutions across the United States are closing public events, workplaces, and schools in order to curb spread of COVID-19 by limiting person-to-person transmission in group settings.
12. On March 10, 2020 Governor Ned Lamont of Connecticut declared a state of emergency, announcing aggressive recommendations to curb the spread of COVID-19 and finding the importance of taking steps to address the potentially disastrous impacts of the disease on the health, safety, and security of the public.<sup>10</sup> On March 13, 2020 President Donald Trump announced a national state of emergency in response to the disease's outbreak.<sup>11</sup> By March 16, 2020, Governor Lamont had closed schools for three weeks, banned on-

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<sup>7</sup> Knavul Sheikh, Derek Watkins, Jin Wu & Mika Gröndahl, *How Bad Will the Coronavirus Outbreak Get? Here are 6 Key Factors*, N.Y. Times (Feb. 28, 2020), <https://www.nytimes.com/interactive/2020/world/asia/china-coronavirus-contain.html>.

<sup>8</sup> *Governor Lamont Announces First Positive Case of Novel Coronavirus Involving a Connecticut Resident*, State of Connecticut (Mar. 8, 2020), <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/03-2020/Governor-Lamont-Announces-First-Positive-Case-of-Novel-Coronavirus-Involving-a-Connecticut-Resident>.

<sup>9</sup> Connecticut Department of Public Health, *COVID-19 Update* (Apr. 21, 2020), <https://portal.ct.gov/-/media/Coronavirus/CTDPHCOVID19summary4212020.pdf?la=en>.

<sup>10</sup> Governor Ned Lamont, *Declaration of Public Health and Civil Preparedness Emergencies* (Mar. 10, 2020), <https://portal.ct.gov/-/media/Office-of-the-Governor/News/20200310-declaration-of-civil-preparedness-and-public-health-emergency.pdf?la=en>.

<sup>11</sup> President Donald Trump, *Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak* (Mar. 13, 2020), <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>.

premise consumption of food or drinks at bars and restaurants, and limited all gatherings to 50 individuals.<sup>12</sup> On March 20, 2020, Governor Lamont issued an emergency order closing all nonessential businesses, and on March 26 prohibited gatherings of more than five people.<sup>13</sup> On April 10, 2020, Governor Lamont extended school closures until May 20.<sup>14</sup>

13. On March 11, 2020, the World Health Organization declared a global pandemic based on COVID-19. Citing “deep[] concern[] both by the alarming levels spread and severity, and by the alarming levels of inaction,” it called for countries to take “urgent and aggressive action.”<sup>15</sup>
14. As of April 21, 2020, according to the World Health Organization, approximately 2,400,000 people have been diagnosed with coronavirus and 162,956 people have died as a result.<sup>16</sup> And as of April 21, according to the Center for Disease Control (CDC), 802,583 people have been diagnosed in the United States, with 44,575 deaths confirmed. Fifty states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands have confirmed positive tests.<sup>17</sup>
15. In light of COVID-19, individuals in prisons and jails are at risk of serious harm. Prisons are designed to maximize control of the incarcerated population, not to minimize disease transmission or to efficiently deliver health care. These facilities are enclosed environments, much like the cruise ships that were the site of the largest concentrated outbreaks of COVID-19. Prisons have even greater risk of infectious spread than other enclosed environments because of conditions of crowding, the proportion of vulnerable people detained, and often scant medical care resources. During the H1N1 influenza (“Swine Flu”) epidemic in 2009, jails and prisons were sites of severe outbreaks of viral infection.<sup>18</sup>
16. People incarcerated in prisons live in close quarters and cannot achieve the “social distancing” needed to effectively prevent the spread of COVID-19. Toilets, sinks, and

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<sup>12</sup> *Emergency Orders Issued by Governor Lamont*, State of Connecticut, <https://portal.ct.gov/Coronavirus/Pages/Emergency-Orders-issued-by-the-Governor-and-State-Agencies> (last accessed Apr. 18, 2020).

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

<sup>15</sup> World Health Organization, *WHO Director-General’s Opening Remarks at the Media Briefing on COVID-19* (Mar. 11, 2020), <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.

<sup>16</sup> World Health Organization, *Coronavirus Disease 2019: Situation Report – 92* (Apr. 21, 2020), [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200421-sitrep-92-covid-19.pdf?sfvrsn=38e6b06d\\_6](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200421-sitrep-92-covid-19.pdf?sfvrsn=38e6b06d_6).

<sup>17</sup> Centers for Disease Control and Prevention, *COVID-19: U.S. at a Glance*, [https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-in-us.html](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-in-us.html) (last accessed Apr. 22, 2020).

<sup>18</sup> 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/>.

showers are shared, without disinfection between use. Food preparation and food service is communal, with little opportunity for surface disinfection. Spaces are poorly ventilated, which promotes highly efficient spread of diseases through droplets.

17. Many prisons lack the supplies and staff needed to perform cleaning procedures such as regular disinfection of high-touch surfaces, which is essential to preventing virus spread. Facilities often do not provide adequate opportunities to exercise necessary hygiene measures, such as frequent handwashing or use of alcohol-based sanitizers when handwashing is unavailable. Jails and prisons are often under-resourced and ill-equipped with sufficient hand soap and alcohol-based sanitizers for people detained in and working in these settings.
18. Many prisons lack the medical care infrastructure necessary to treat infected individuals and prevent the exponential spread of infection. For example, many prisons 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. Prisons are also ill-equipped to provide sufficient personal protective equipment, such as gloves, masks, gowns, and eye-shields, for people who are incarcerated and caregiving staff, increasing the risk for everyone in the facility of a widespread outbreak.
19. The medical facilities at jails and prisons are almost never sufficiently equipped to handle widespread outbreaks of infectious diseases. To prevent transmission of droplet-borne infectious diseases, people who are infected and ill need to be isolated in specialized airborne negative pressure rooms. Most jails and prisons have few negative pressure rooms if any, and these may be already in use by people with other conditions (including tuberculosis or influenza). Resources will become exhausted rapidly and any beds available will soon be at capacity. As an outbreak spreads, medical personnel become sick and do not show up to work. Facilities can become dangerously understaffed with healthcare providers.
20. Jails and prisons often need to rely on outside facilities (hospitals, emergency departments) 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 will not be possible, as those outside facilities will likely be at or over capacity themselves.
21. As health systems inside facilities are taxed, people with chronic underlying physical and mental health conditions may not be able to receive the care they need. 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.
22. 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 may be exacerbated by the stress of incarceration during the COVID-19 pandemic, including isolation and lack of visitation.

23. As an outbreak spreads through jails, prisons, and communities, correctional officers and other security personnel become sick and do not show up to work. Absenteeism poses substantial safety and security risk to both the people inside the facilities and the public.
24. These risks have all been borne out during past epidemics of influenza in jails and prisons. For example, in 2012, the CDC reported an outbreak of influenza in 2 facilities in Maine, resulting in two inmate deaths.<sup>19</sup> Subsequent CDC investigation of 995 inmates and 235 staff members across the 2 facilities discovered insufficient supplies of influenza vaccine and antiviral drugs for treatment of people who were ill and prophylaxis for people who were exposed. During the swine flu outbreak in 2009, jails and prisons experienced a disproportionately high number of cases.<sup>20</sup> Even facilities on “quarantine” continued to accept new intakes, rendering the quarantine incomplete. These scenarios occurred in the “best case” of influenza, a viral infection for which there was an effective and available vaccine and antiviral medications, unlike COVID-19, for which there is currently neither.
25. Due to the crowded conditions and scarcity of sanitary and medical resources, transmission of infectious diseases in jails and prisons, including at Osborn Correctional Institution (“Osborn CI”),<sup>21</sup> is incredibly common. These risks are magnified for those diseases, like COVID-19, that are transmitted by respiratory droplets. An outbreak of COVID-19 in detention facilities would be devastating.
26. The experiences of other nations fighting COVID-19 outbreaks demonstrate the particular risk of COVID-19 transmission present in prison and jail settings. Prisons in China reported more than 500 cases of COVID-19 spread across four facilities, and these cases affected both correctional officers and incarcerated people.<sup>22</sup> Secretary of State Mike Pompeo has called for Iran to release U.S. citizens detained there because of “deeply troubling” “[r]eports that COVID-19 has spread to Iranian prisons,” noting that “[t]heir detention amid increasingly deteriorating conditions defies basic human decency.”<sup>23</sup>

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<sup>19</sup> *Influenza Outbreaks at Two Correctional Facilities – Maine*, March 2011, Centers for Disease Control and Prevention (Apr. 6 2012), <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a3.htm>.

<sup>20</sup> 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/>.

<sup>21</sup> Josh Kovner, *Hepatitis C Lawsuit Against State Prisons Alleges Failure to Screen, Treat, and Track Infection, Even in Face of Opioid Epidemic*, Hartford Courant (Jul. 23, 2018), <https://www.courant.com/news/connecticut/hc-news-hepatitis-prison-lawsuit-0724-story.html>.

<sup>22</sup> Evelyn Cheng & Huileng Tan, *China Says More than 500 Cases of the New Coronavirus Stemmed from Prisons*, CNBC (Feb. 20, 2020), <https://www.cnbc.com/2020/02/21/coronavirus-china-says-two-prisons-reported-nearly-250-cases.html>.

<sup>23</sup> Michael R. Pompeo, *United States Calls for Humanitarian Release of All Wrongfully Detained Americans in Iran*, U.S. Dep’t of State (Mar. 10, 2020), <https://www.state.gov/united-states-calls-for-humanitarian-release-of-all-wrongfully-detained-americans-in-iran/>.

27. Of the 20,360 confirmed cases in the state of Connecticut, 305 of those cases have been in Tolland County, where Osborn CI is located.<sup>24</sup> As of April 21, 222 DOC staff members have contracted COVID-19 along with 308 inmates.<sup>25</sup> On April 17, 2020, three inmates at Osborn CI had tested positive for COVID-19 and then been transferred to Northern Correctional Institute.<sup>26</sup> COVID-19 has already entered the prison and jail systems of several other states and spread significantly.<sup>27</sup> In such settings, we have seen the spread of COVID-19 in a manner similar to that at the Life Care Center of Kirkland, Washington, at which over 50% of residents have tested positive for the virus and over 20% have died in the past month. Such an outbreak would further strain the community's health care system.
28. COVID-19 threatens the well-being of incarcerated individuals, the corrections staff who shuttle between prisons and outside communities, and members of those outside communities. Staff, visitors, contractors, and vendors who pass between communities and facilities and can bring infectious diseases into facilities. Moreover, rapid turnover of jail and prison populations 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. Strains on the medical systems of prison and jail facilities have implications for the outside hospitals and emergency departments on which those facilities already depend for intensive medical care services. Prison health is public health.
29. The only viable public health strategy available is risk mitigation. In my opinion, from an epidemiological perspective, the Court should immediately take the steps necessary to provide for the release of any incarcerated persons in Osborn CI, absent extraordinary circumstances. Such steps are necessary for the safety of incarcerated individuals as well as the broader community as we address the rapid global outbreak of COVID-19.
30. Releasing incarcerated persons has a number of valuable effects on public health and public safety: it allows for greater social distancing, which reduces the chance of spread if virus is introduced; it allows easier provision of preventive measures such as soap for handwashing, cleaning supplies for surfaces, frequent laundering and showers, etc.; and it helps prevent overloading the work of detention staff such that they can continue to ensure the safety of detainees. The United Nations High Commissioner for Refugees, recognizing the serious public health risks posed by prisons and detention centers, has

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<sup>24</sup> Connecticut Department of Public Health, *COVID-19 Update* (Apr. 21, 2020), <https://portal.ct.gov/-/media/Coronavirus/CTDPHCOVID19summary4212020.pdf?la=en>.

<sup>25</sup> Connecticut Department of Correction, *COVID-19 Tracker* (Apr. 21, 2020), <https://portal.ct.gov/DOC/Common-Elements/Common-Elements/Health-Information-and-Advisories>

<sup>26</sup> *Id.*

<sup>27</sup> See, e.g., Cheryl Corley, *The COVID-19 Struggle in Chicago's Cook County Jail*, NPR (Apr. 13, 2020), <https://www.npr.org/2020/04/13/833440047/the-covid-19-struggle-in-chicagos-cook-county-jail>; Courtney Gross, *Rikers Inmate and Correction Officer Test Positive for Coronavirus, Eight Others Possible*, Spectrum News NY1 (Mar. 18, 2020), <https://www.ny1.com/nyc/all-boroughs/coronavirus/2020/03/18/rikers-inmate--correction-officer-test-positive-for-coronavirus>; Mark Sundstrom, *Inmate at Nassau County Jail Tests Positive for Coronavirus: Officials*, Pix 11 (Mar. 16, 2020), <https://www.pix11.com/news/coronavirus/inmate-at-nassau-county-jail-long-island-tests-positive-for-coronavirus-officials>.

urged governments to release prisoners and detainees in order to protect their safety and as part of larger efforts to quell the spread of the virus.<sup>28</sup>

31. The public health crisis requires each and every one of us to re-evaluate how we conduct our lives and care for one another. Institutions responsible for the care and custody of vulnerable populations must take unique steps to “flatten the curve” and slow the spread of this virus. Incarcerating as few individuals as possible will help mitigate the harm from a COVID-19 outbreak.
32. Conditions related to COVID-19 are changing rapidly and may change between the time I execute this Declaration and when this matter appears before the Court.

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<sup>28</sup> Michelle Bachelet, UN High Commissioner for Refugees, Urgent Action Needed to Prevent COVID-19 “Rampaging Through Places of Detention” (Mar. 25, 2020), <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25745&LangID=E>.



I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my information and belief.

Executed this 22 day in April 2020 in New Haven, Connecticut.

A handwritten signature in cursive script that reads "Gregg Gonsalves".

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

# **EXHIBIT**

# **A**

Gregg S. Gonsalves, Ph.D.

**Date of Revision:** 20 November 2019

**Name:** Gregg S. Gonsalves, Ph.D.

**Proposed for:** Re-appointment to Assistant Professor with Term in the Department of Epidemiology of Microbial Diseases, Traditional Track

**Term:** Primary Appointment: July 1, 2017 to June 30, 2020

**School:** Yale University School of Medicine and the Graduate School

**Reason for Reappointment:** (to be written by department chair or section chief; inserted after candidate submits materials to Department)

**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:**

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

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

Gregg S. Gonsalves, Ph.D.

2012- Co-Director, Global Health Justice Partnership, Yale Law School and Yale School of Public Health, 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: 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 (unrestricted award 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% (*DP2 awards have no pre-specified budget, but require at least 25% effort*)  
 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”

Gregg S. Gonsalves, Ph.D.

P.I.: Douglas Owens, Stanford; Yale Subaward PI: David Paltiel  
 Percent effort: 20%  
 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 – 07/31/2020

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

### Past Grants

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

Gregg S. Gonsalves, Ph.D.

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

Gregg S. Gonsalves, Ph.D.

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**

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

Gregg S. Gonsalves, Ph.D.

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”



Gregg S. Gonsalves, Ph.D.

The XV International AIDS Conference, Bangkok, Thailand, Panel Presentation and Discussion, “The Mysteries of Community Capital”

Oral presentations on AIDS research and treatment at meetings, including the International Congress on Drug Therapy for HIV Infection; International Conference on AIDS; the Keystone Symposium on HIV Pathogenesis; The White House Conference on AIDS; National Task Force on AIDS Drug Development; European AIDS Treatment Group Eastern States Conference; Médecins Sans Frontières’ meeting on How to Simplify and Adapt ARV Combination Therapies and Monitoring for Use in Low and Middle Income Countries; WHO International Consultative Meeting on HIV/AIDS Antiretroviral Therapy; WHO Informal Consultation on Harmonization of Strategies for HIV/AIDS Diagnostic Support.

Other presentations: Harvard College, Yale College, Mt. Sinai School of Medicine, Institut Pasteur, Phillips Andover Academy, Columbia University, Stetson University, Eurasia Foundation, Open Society Foundations, Central European University.

### **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: *British Medical Journal; PLoS Medicine; Journal of Urban Health; Globalization and Health; Health Affairs; Milbank Quarterly; JAMA Internal Medicine.*

#### **Advisory Bodies for Federal and International Agencies and Foundations**

- 2019-2020 Scientific Programme Committee, Track C: Epidemiology and Prevention Research, 23<sup>rd</sup> 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)
- 2005-2006 Member, UNAIDS/UK Department for International Development Global Steering Committee on Universal Access to HIV Treatment, Care and Prevention

Gregg S. Gonsalves, Ph.D.

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**

2018- 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**

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

**Bibliography:****Peer Reviewed Original Research**

1. Li ZR, Xie E, Crawford FW, Warren JL, McConnell K, Copple 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>
2. 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.
3. **Gonsalves GS**, Crawford FW, Dynamics of the HIV Outbreak and Response in Scott County, Indiana, 2011-2015. *Lancet HIV*. 2018.
4. 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.
5. **Gonsalves GS**, Copple JT, Johnson T, Paltiel AD, Warren JL. Bayesian Adaptive Algorithms for Locating HIV Mobile Testing Services. *BMC Medicine*. 2018; 16(1):155.
6. **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.
7. 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.
8. 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.
9. **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.

10. 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.
11. 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.
12. 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.
13. 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.
14. Lewnard JA, **Gonsalves G**, Ko AI. Low risk for international Zika virus spread due to the 2016 Olympics in Brazil. *Ann Intern Med* 2016; published online July 26. doi:10.7326/M16-1628.
15. **Gonsalves GS**, Kaplan EH, Paltiel AD. Reducing sexual violence by increasing the supply of toilets in Khayelitsha, South Africa: a mathematical model. *PLoS one.* 2015;10(4):e0122244.
16. 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.
17. Basu S, Stuckler D, **Gonsalves G**, Lurie M. The production of consumption: addressing the impact of mineral mining on tuberculosis in southern Africa. *Globalization and Health.* 2009;5(1):1.

#### Invited Editorials and Commentaries

18. 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.
19. **Gonsalves G**, Zuckerman D. Commentary: Will 20th century patient safeguards be reversed in the 21st century? *BMJ.* 2015;350:h1500.
20. **Gonsalves G**, Staley P. Panic, paranoia, and public health—the AIDS epidemic’s lessons for Ebola. *New England Journal of Medicine.* 2014;371(25):2348–9.
21. El-Sadr WM, **Gonsalves G**, Mugenyi P. No Need for Apologies. *JAIDS Journal of Acquired Immune Deficiency Syndromes.* 2011; 57: S68–71.
22. Keshavjee S, Harrington M, **Gonsalves G**, Chesire L, Farmer PE. Time for zero deaths from tuberculosis. *The Lancet.* 2011;378(9801):1449–50.

23. 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

24. Ooms G, Hammonds R, **Gonsalves G**. The struggle against HIV/AIDS: rights, economics, and global responsibilities. *The Millennium Development Goals and human rights: past, present and future.* 2013
25. 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

26. 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.
27. Heydari S, Kembabazi A, Monahan C, Ragins K, **Gonsalves G**. Ending an Epidemic: Overcoming the Barriers to an HCV-Free Future, *Global Health Justice Partnership Report, Yale Law School/Yale School of Public Health.* 2015.
28. 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.
29. 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.
30. Natrass N, **Gonsalves G**. AIDS funds: undervalued. *Science.* 2010;330(6001):174–5.
31. Natrass N, **Gonsalves G**. Economics and the backlash against AIDS-specific funding. Working Paper of the Centre for Social Science Research, University of Cape Town; 2009.
32. **Gonsalves G**. Misreading the Writing on the Wall, *British Medical Journal.* 2008 May; 9.
33. **Gonsalves G**. Next steps on ART. *Nature Medicine.* 2002;8(7):644–644.
34. Batz H-G, Guillerm M, **Gonsalves G**. Scaling up antiretroviral treatment in resource-poor settings. *The Lancet.* 2006;368(9534):445.

### Editorials and Publications for the General Public

35. **Gonsalves G**. Gregg Gonsalves Blends Activism and Science (an interview with Claudia Dreifus), *New York Times*, April 8, 2019.

**Gregg S. Gonsalves, Ph.D.**

36. **Gonsalves G.** The U.S. really could end AIDS — if the Trump administration gets out of the way. Washington Post, February 8, 2019.
37. **Gonsalves G.** This is not a cure for my HIV. New York Times, March 9, 2019.
38. **Gonsalves G,** Harrington M, Kessler DA. Don't Weaken the FDA Drug Approval Process. New York Times. June 11, 2015.
39. **Gonsalves G.** Stop Playing Cowboy on Ebola. Foreign Policy. October 28, 2014.
40. **Gonsalves G.** "Am I Safe?" is the Wrong Ebola Question to Ask. Quartz. October 4, 2014.