

UNITED STATES DISTRICT COURT

DISTRICT OF MAINE

UNITED STATES OF AMERICA,	)	
	)	
	)	CRIMINAL ACTION
vs.	)	
	)	Docket No. 09-19-B-W
	)	
Q T,	)	
	)	
Defendant.	)	

**DECLARATION OF ROBERT L. COHEN, M.D.**

I, Robert L. Cohen, declare as follows:

1. I am a board certified Internist in private practice in New York City. I graduated from Princeton University and trained at Rush Medical College in Chicago. I completed my residency and chief residency in Internal Medicine at Cook County Hospital in Chicago. I served as the Director of the Rikers Island Health Services, then a 13,000 person detention complex in New York City, from 1982-1986. Since 1994 I have represented the American Public Health Association on the board of the National Commission on Correctional Health Care (NCCCHC). The National Commission promulgates standards for health care in prisons and jails and accredits prisons and jails throughout the United States.

2. I served as the Vice President for Medical Operations of the New York City Health and Hospitals Corporation. I served as the Director of the AIDS Center of St. Vincent’s Hospital in New York City and today personally care for hundreds of men and women living with HIV infection. I am currently appointed in Connecticut to monitor the settlement agreement in *Doe v. Meachum*, a class action brought on behalf of all HIV positive prisoners in Connecticut.

3. I am currently appointed in the Southern District of New York to monitor compliance with the settlement agreement in *Milburn v. Coughlin* at Green Haven Correctional Facility, a maximum security facility with an infirmary and a special unit for the physically disabled. I am currently appointed as the Associate Medical Monitor of the Jackson Medical Complex in Michigan, under *Hadix v. Caruso*. I served as an editor of the 2nd and 3rd Editions of the American Public Health Association's Standards for Health Services in Correctional Institutions (1986, 2000). I served as associate editor of the first and second edition of textbook "Clinical Practice in Correctional Medicine" (1998, 2006).

4. Based upon my thirty years of experience in the delivery, administration, research, evaluation, and monitoring of medical care in jails and prisons throughout the United States, it is my opinion that it is very often the case that the medical care available to prisoners falls well below that available to non-prisoners. As the Court is aware, the constitutional standard for medical care for prisoners requires that health services not be deliberately indifferent to serious medical care needs **Estelle v. Gamble**, 429 U.S. 97 (1976). Prisons and jails throughout the United States continue to be found to be below that *de minimis* standard.

5. As an experienced AIDS clinician and as a Court appointed monitor of prison and jail medical care I have seen, and continue to see examples of HIV care in prisons and jails which compromise the health of HIV infected prisoners. It is common for prisoners to receive inappropriate medications. It is very common for prisoners to have frequent and prolonged interruptions of their anti-retroviral medications. When prisoners are transferred between institutions, there are routine delays in receiving anti-viral medications which, in the case of Ms. T, would adversely affect her and the child she is carrying.

6. Having cared for persons with HIV infection for twenty eight years, and having reviewed the medical care of prisoners with HIV infection for over twenty years, I have seen no evidence that the HIV care delivered in prison is superior to that available in

the community. On the contrary, many prisons and jails throughout the United States do not have access to HIV specialists, and prisoners in these facilities often receive inferior, inappropriate, and inadequate care.

I declare under penalty of perjury that the foregoing is correct to the best of my knowledge and belief.

Executed this 14th day of June, 2009.

/s/ Robert L. Cohen, M.D.  
Robert L. Cohen, M.D.