PETER J. ELIASBERG
(SB# 189110)
peliasberg@aclusocal.org
MELISSA CAMACHO-CHEUNG
(SB# 264024)
mcamacho@acluscal.org
ACLU FOUNDATION OF
SOUTHERN CALIFORNIA
1313 W. 8th Street
Los Angeles, CA 90017
Phone: (213) 977-9500
Fax: (213) 977-5299

CORENE KENDRICK
(SB# 226642)
ckendrick@aclu.org
MARISOL DOMINGUEZ-RUIZ
(SB# 345416)
mdominguez-ruiz@aclu.org
ACLU NATIONAL PRISON PROJECT
39 Drumm St.
San Francisco, CA 94111
Phone: (202) 393-4930
Fax: (202) 393-4931

NICOLAS MORGAN
(SB# 166441)
nicolasmorgan@paulhastings.com
STEPHEN TURANCHIK
(SB# 248548)
sturanchik@paulhastings.com
PAUL HASTINGS LLP
515 South Flower Street, 25th Floor
Los Angeles, CA 90071-2228
Phone: (213) 683-6000
Fax: (213) 627-0705

Attorneys for Plaintiffs
ALEX ROSAS and JONATHAN
GOODWIN, on behalf of themselves
and of those similarly situated

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA, WESTERN DIVISION

ALEX ROSAS and JONATHAN GOODWIN on behalf of themselves and of those similarly situated,

Plaintiffs,

vs.

Robert Luna, Sheriff of Los Angeles County, in his official capacity,

Defendant.

CASE NO. CV 12-00428 DDP (MRW)

REDACTED DECLARATION OF SHAMSHER SAMRA, M.D

Assigned to Hon. Dean D. Pregerson

Hearing: June 26, 2023 10:00 am

DECLARATION OF SHAMSHER SAMRA, M.D.

I, Shamsher Samra, declare as follows:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

QUALIFICATIONS

2. I am an Assistant Professor of Clinical Medicine at University of California, Los Angeles and a faculty member in the Department of Emergency Medicine at Harbor-UCLA. I previously worked clinically in the LA County jails for three years in Twin Towers Correctional Facility and participate in jail reentry programs in Los Angeles County. I am a physician trained in forensic medical evaluations through Physicians for Human Rights. I am a founding member of both the Harbor-Hospital Based Violence Intervention Program and Trauma Recovery Centers. I completed my residency in Emergency Medicine at the University of California, Los Angeles. I received my M.D. from Harvard Medical School in 2013. My curriculum vitae is attached as Exhibit A.

COMPENSATION

3. I am being compensated by Plaintiffs' counsel at a rate of $200 per hour for preparing this declaration.

MATERIALS PROVIDED

4. Plaintiffs' counsel have provided me with the following materials:

Use of Force Reports and Videos

- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- [REDACTED – use of force case number]

- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- [REDACTED – use of force case number]
- UOF Package Summaries – May 2023

5. They have also provided me with materials about the make-up of the LA County jail population, including the percentage who have serious mental illness, and materials about the prevalence of post-traumatic stress disorder in incarcerated populations and the incidence of medical disease including hypertension and obesity in incarcerated populations. A list of these materials is attached as Exhibit B.

SCOPE OF WORK

6. I am submitting this declaration to describe the types of injuries that can commonly result from closed fist punches to the head, which include intracranial hemorrhage, i.e., bleeding in the brain, broken bones in the face, and facial lacerations, among others. I also explain the various factors that increase the likelihood and severity of morbidity [1]resulting from a blow to the head, many of which are prevalent in the jails, thus increasing the risk that a blow to the head in the jails will result in serious injury or even death.

OPINIONS

Clinical Implications and Sequela of Closed Head Injury

7. As an Emergency Medicine practicing in trauma centers, and a former clinician in the LA County Jails, I have routinely cared for patients who are victims of closed fist attacks (i.e. punches to the head). Medical literature and my own

[1] By morbidity I mean lasting undesired symptoms, illness, or health risk following an incident

personal clinical experience make it clear that closed fist strikes to the head can, and frequently do result in severe, and potentially, fatal injuries.

8. Furthermore, those in custody face unique constraints and vulnerabilities that increase the risk of serious injury from head strikes.

9. I will detail some common injuries related to head strikes and specific risks faced by incarcerated populations. While I will focus on injuries that result directly from head strikes, it should be noted that other secondary injuries, such as head impact against the ground, a wall, or other hard surface after being struck, can also have serious health implications both standing alone and by exacerbating the damage caused by the blow(s) to the head. Based on my experience working inside jails, this risk is compounded by the dearth of soft surfaces, presence of concrete, security bars, and other hard surfaces in the County jails.

Intracranial Hemorrhage

10. Blunt head trauma, including closed fist strikes, can result in intracranial hemorrhage (i.e. bleeding inside the skull), which can result in permanent neurological damage and even death. Given the limited space within the skull, bleeding inside the skull can result in a rapid and unpredictable neurological decline, requiring prompt clinical evaluation. Intracranial bleeding, and neurological decompensation can be accompanied by other life-threatening processes including seizures, vomiting, and aspiration due to impaired airway reflexes resulting in respiratory failure that all require timely clinical management.

11. In addition to the risk of death, intracranial hemorrhages can contribute to permanent neurological damage, permanent intellectual disability, and chronic seizure disorder among other long-term sequelae.

12. Risk for intracranial hemorrhage, rate of progression, and risk for permanent neurological damage or death is determined both by the mechanism of injury (i.e., closed fist injury), the type of bleed (i.e., subdural, epidural,

subarachnoid hemorrhage, intraparenchymal hemorrhage, etc .[2]) and the patient's risk factors including but not limited to age, anticoagulant medication use, bleeding disorders, and chronic alcohol use – the latter of which is prevalent in the incarcerated population.

13. Some of these risk factors may not be known to the patient, custody staff, or treating providers.

14. Risk of morbidity from intracranial hemorrhage is further related to timely identification and intervention- both of which can be severely delayed in carceral settings based on my clinical experience. Timely identification and treatment of life-threatening intracranial hemorrhage and delayed bleeding is critical to preventing permanent neurological disability and death.

15. Timely identification of intracranial hemorrhage can be hindered by processes that impair cognitive function, including intoxication, psychosis, and intellectual and developmental disabilities. False attribution of cognitive changes to psychosis or intoxication, or inability to identify deviations from baseline cognitive states can delay early recognition of intracranial hemorrhage. In correctional settings, where individuals are detached from social circles, may be in various states of psychiatric crisis, or may be intoxicated, there is an increased risk of delayed recognition of initial bleeding and delayed bleeds. These considerations are particularly relevant in custody settings where there is a high prevalence of psychiatric illness, substance use disorder, and withdrawal. In cases where an individual may be experiencing psychosis, intoxication, withdrawal, or have a history of intellectual and developmental delay there may be barriers to alerting custody staff of concerning symptoms. Alternation of mental status due to the aforementioned conditions, or confounding symptoms, i.e., nausea and vomiting in withdrawal, limit the individual's ability to discern, identify, and alert staff of

[2] These refer to different regions of bleeding in or around the brain – epidural, subdural, subarachnoid spaces are anatomic regions surrounding the brain, while intraparenchymal refers to the brain matter itself.

evolving symptoms related to intracranial injury thereby significantly increasing the risk of delayed diagnosis and serious injury. Similarly, custody staff may confound symptoms of intracranial hemorrhage with these other conditions. In my emergency medicine experience I know of several cases in in which time to diagnosis of head injuries even by trained medical professionals was delayed due to intoxication or mental illness of the person suffering the injury.

16. Timely identification and intervention of serious head injury in custody settings is further complicated by institutional characteristics of carceral settings. Housing status within correctional facilities such as jails may further constrain early detection of changes in mental status, a sign of intracranial hemorrhage. For example, individuals in dorm housing, solitary confinement, or even high observation housing may experiences decline in mental status without recognition of custody staff or those around them – leading to delay in evaluation and treatment. Additional barriers to timely evaluation in locked facilities include arranging transport for medical assessment, transport to acute care facilities, barriers in communication with medical staff (i.e., discontinuity in report to acute care providers, or reluctance of patients in custody to reveal history of injury). In my experience in correctional facilities, I have encountered all of the above including complaints regarding delays in transport to for medical evaluation, and delays in transport to acute care facilities.

17. In the emergency department and jail context, I've encountered several patients who present for medical clearance who deny any complaint, custody officials state they were not present at the time of injury or do not know the details of the incident, and it is later determined the individual has been struck by law enforcement. These factors limit the clinical history, which is critical part of decision rules (Canadian Head CT /Nexus Criteria) used to help determine whether head CT scans are obtained - the mechanisms by which intracranial hemorrhage is identified. Specific history dependent elements of the Canadian Head CT criteria

include reported amnesia of events prior to the injury, vomiting or seizures following the injury, and the mechanism of injury[3].

18. In some cases, head injuries may result in delayed intracranial hemorrhage, or delayed rapid deterioration, meaning while initial clinical evaluation may be unremarkable, the patient may develop a delayed life threatening bleeding. Even after a negative Brain CT scan there is a risk of delayed intracranial bleeding. This risk is increased in individuals with advanced age, anticoagulant use, and bleeding disorders such as hemophilia. In some cases of intracranial hemorrhage patients experience an initial loss of consciousness, followed by a return to normal mental status, or "lucid interval", followed by a delayed rapid, potential deadly clinical decline of neurological status. If the initial history of injury, and loss of consciousness, isn't reported to the treating physician- which in many cases it's not- the patient may be cleared on initial clinical evaluation without obtaining a diagnostic Brain CT. Given the known risk of delayed intracranial hemorrhage, instructions to promptly return to for repeat clinical evaluation is a routine part of head injury discharge instructions. A patient released back to a custody setting after an initial negative evaluation, either by correctional health staff, or hospital staff will likely face greater barriers to timely repeat clinical evaluation compared to the general public, including time to alert custody staff, transport to correctional health providers, and/or acute care providers.

Concussion

19. Individuals who experience mild traumatic brain injury, but do not have intracranial hemorrhage or other resultant intracranial injury, are considered to have a concussion. Concussion is defined by the American Association [4]of Neurological Surgeons as a "clinical syndrome characterized by immediate and

[3] Stiell, Ian G., et al. "The Canadian CT Head Rule for patients with minor head injury." *The Lancet* 357.9266 (2001): 1391-1396.
[4] https://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Concussion

transient alteration in brain function, including alteration of mental status or level of consciousness, that results from mechanical force or trauma." Individuals who are struck by fists to the head are vulnerable to concussion. In addition to initial alterations of mental status, those with concussions may deal with persistent symptoms i.e., Post concussion syndrome after the injury including headaches, nausea, difficulty with concentration, and task completion. Symptoms are most notable in the initial week after the insult but can persist for extended lengths of time[5]. In the Emergency Department setting I have personally treated patients dealing with persistent post-concussive symptoms after head strikes sustained in community and carceral settings.

Fractures:

20. In addition to intracranial hemorrhage, blunt force, such as a closed fist punch to the head can result in skull and facial bone injuries. I've treated many patients in both the jail and hospital setting who have sustained facial bone injuries resulting from closed fist strikes requiring hospitalization for either acute or delayed surgical management. Common fractures patterns include nasal bone fracture, mandibular fractures (jaw bone), and orbital bone fractures - all of which are associated with acute pain, short term impairment (i.e., wired jaws) and contribute to sustained or permanent morbidity – including but not limited to damage to the muscles controlling the eye leading to double vision, infections, and chronic pain In review of provided cases, it was not surprising to see Juan Bueno Perez sustained both an orbital bone and nasal bone fracture from a head strike. Head strikes to the side of the head as documented in [MCJ-00856], can fracture the thin temporal bone (a skull bone), and injure underlying blood vessels resulting in intracranial hemorrhage.

Eye injuries

[5] Rabinowitz, Amanda R., and Harvey S. Levin. "Cognitive sequelae of traumatic brain injury." *Psychiatric Clinics* 37.1 (2014): 1-11.

21. Fist strikes to the face can result in injuries to the eyes that can cause permanent vision impairment or loss. Bleeding behind the eye (retrobulbar hemorrhage) after fist strike can lead to permanent vision loss if not promptly identified and treated – a consequence of damage to the optic nerve. Clinical guidance recommends rapid clinical intervention (canthotomy and cantholysis), based on signs and symptoms alone prior to obtaining brain imaging, given the risk of irreversible vision loss if intervention is delayed. Diagnosis and intervention for this syndrome (orbital compartment syndrome) usually requires evaluation in the emergency department setting. Patient may initially only present with facial pain and swelling, with ocular signs and symptoms presenting later on, complicating the initial diagnosis, and increasing risk to incarcerated patients given aforementioned barriers to care.

22. Furthermore, strikes to the face can result in direct injuries to the eye including, but not limited to, globe rupture (rupture of the eye), retinal detachment (separation of the posterior aspect of eye), corneal lacerations (cuts to the anterior part of the eye), hyphema (bleeding into the anterior chamber of the eye), vitreous hemorrhage (bleeding into the internal compartment of the eye), all of which can result in permanent vision impairment or loss and require timely management to reduce morbidity. I have personally treated several patients who have experienced permanent vision loss secondary to closed fist injury to the face.

Orthopedic Injuries

23. While an incarcerated person faces the greatest risks for injury if a deputy were to punch them in the head, as is captured in a number of the force videos I reviewed, deputies are also at risk. Individuals striking an individual or object with closed fists are at risk for bony and soft tissue injuries. Fractures to the fingers, hand ("boxer fractures", amongst others) are common result of punching someone in the head. [REDACTED

] .

Fractures often require immobilization (splinting or casting) and may require surgical management. Closed fist injuries may also result in lacerations and tendon injuries. Of note, closed fist strike to the mouth or teeth resulting in lacerations to the hand (fight bites) are prone to complicated hand infections that may require hospitalization and surgical debridement.

Mental Health Consequences

24. Victims of head strikes may suffer additional lasting sequelae of head strikes. Traumatic events, both psychological and physical trauma, during incarceration have been shown to be associated with increased risk of post-traumatic stress disorders amongst those released from carceral settings[6]. Head strikes risk adding to known other traumas of incarceration and likely contribute to or compound the known elevated prevalence of PTSD amongst incarcerated individuals. Similarly, the conditions of incarceration are known to provoke psychosis and/or exacerbate underlying mental illness[7]. Additional trauma, such as head strikes, can contribute to this provocation.

25. I have personally treated individuals in carceral settings endorsing first time psychosis or depression after traumatic incarceration-related events such as assaults and solitary confinement. This is of particular relevance to the LA County jail population where there is large population of individuals with severe mental illness who are both likely at greater risk of being a victims of head strikes, but also face exacerbation of underlying mental illness secondary to head strikes and other insults sustained during incarceration. Those experiencing serious mental illness and acute psychosis may be experiencing delusions, paranoia, disorientation, that can lead to behavior that is considered threatening, erratic, or

[6] Piper, Alicia, and David Berle. "The association between trauma experienced during incarceration and PTSD outcomes: A systematic review and meta-analysis." *The Journal of Forensic Psychiatry & Psychology* 30.5 (2019): 854-875.

[7] Kupers, Terry. "Posttraumatic Stress Disorder (PTSD) in Prisoners". Published in Managing Special Populations in Jails and Prisons, ed. Stan Stojkovic, Kingston, NJ: Civic Research Institute, 2005.

disobedient increasing risk of strikes from custody. [REDACTED

]

CONCLUSION

26. This is a brief, non-comprehensive review, of the injuries and potential sequalae resulting from closed fist head strikes. It should be emphasized that closed fist head strikes can have clinically significant acute (intracranial hemorrhage) and last consequences (i.e. vision loss and PTSD). Grounded in my clinical experience in the emergency department and jail setting, I've highlighted some of the factors which may delay time to evaluation and treatment – both of which may be critical to mitigate long terms disability related to head strikes. Furthermore, it should be noted that injuries resulting from head strikes in carceral settings might go undiagnosed (e.g. PTSD, small facial bone fractures, and even small intracranial hemorrhage) therefore the limited clinical information provided in the cases I have reviewed, which include records of the initial medical screening but not medical records for subsequent care – if any -- may not capture all diagnoses or sequala from head strikes.

27. In all the videos I viewed from the force packages Plaintiffs' counsel provided me (see paragraph 4), it is my medical opinion that the head strike or strikes had a reasonable probability of causing significant medical injury including serious damage to an eye or eyes and subsequent vision impairment, a concussion, broken facial bone, or for a person with a mental illness or PTSD, exacerbation of that mental illness or PTSD. If serious injury did not occur, it was fortuitous.

I declare under penalty of perjury that the foregoing is true and correct. Executed May 26, 2023 in Los Angeles California

Shamsher Samra, M.D.

Shamsher Samra, M.D.

EXHIBIT A

Curriculum Vitae

Shamsher Samra, MD, MPhil

CURRICULUM VITAE

PERSONAL HISTORY:

Business address:	Harbor-UCLA Medical Center Division of Emergency Medicine 1000 West Carson Street Torrance, California 90509
Work Phone	(310) 269-3923
E-mail:	ssamra@dhs.lacounty.gov ssamra@gmail.com
Home address:	27 Westminster Ave Venice, California 90291
Home Phone:	(559) 269-3923
Date of Birth:	May 5, 1986
Place of Birth:	Los Angeles, California

EDUCATION and TRAINING:

Stanford University, Stanford, California B.S., Biological Sciences	08/04-06/07
Cambridge University, Cambridge, UK MPhil, Development Studies Gates Cambridge Fellowship	08/07-06/08
Harvard Medical School, Boston, Massachusetts MD	08/08-06/13
Harvard Kennedy School of Government Non-Degree Coursework Social and Urban Policy	08/11-12/11
UCLA Medical Center-Olive View Medical Center Residency: Emergency Medicine	07/13-06/17
Chief Resident UCLA Medical Center-Olive View Medical Center Residency: Emergency Medicine	07/16-06/17

LICENSURE:

State of California, A134884	02/15 -
Drug Enforcement Agency	02/15 -

CERTIFICATION:

Diplomate, American Board of Emergency Medicine 06/14/18

PROFESSIONAL EXPERIENCE:

Assistant Professor Emergency Medicine 08/17 -
Harbor-UCLA Medical Center
Los Angeles, California

Attending Physician Correctional Health Services 08/17- 01/2021
Twin Towers Correctional Facility
Los Angeles, California

Medical Director Whole Person Care Reentry 08/18 – 01/2021
Department of Health Services
Los Angeles, California

Co-Founder/Director Trauma Recovery Center 12/17- 01/2020
Harbor-UCLA Medical Center
Torrance, California

Co-Founder/Director Hospital Violence Intervention Program 03/2019 -
Harbor-UCLA Medical Center
Torrance, California

Structural Racism and Health Equity Theme Co-Chair 09/2020 –
UCLA David Geffen School of Medicine
Los Angeles, California

Attending Physician Antelope Valley Medical Center 01/2021-
Lancaster, California

CalAIM Project Implementation Expert 06/2021 -
Department of Health Services Los Angeles
Los Angeles, California

PROFESSIONAL ACTIVITIES:

Committee Services

1. UCLA International and Domestic Health Equity 01/17 -
2. Correctional Health Services Care Transitions 08/17 – 01/21
3. Whole Person Care Delivery Systems Integration 01/18 – 06/19
4. Whole Person Care Clinical Innovations 01/18 – 06/19
5. Los Angeles Hospital Based Violence Intervention Consortium 12/18 –
6. DPH Trauma Prevention Initiative 06/18 –
7. Harbor UCLA Diversity Committee 06/18 – 01/21
8. Los Angeles Office of Violence Prevention Consortium 06/19 --
9. Social Medicine Content Expert UCLA DGSOM Curriculum Redesign 03/20 – 06/20

10. Harbor -UCLA Pain Management Committee 08/20 – 06/21
11. Department of Health Services Los Angeles Social and Behavioral Determinants of Health Steering Committee 08/20 –
12. Health Equity and Translational Social Science Advisory Board 08/20 –
13. LA District Attorney Community Violence Reduction Working Group 01/22- 06/22

Community Service

1. Strategic Action for a Just Economy Board Member 12/13- 12/18
2. Doctors for Global Health Board Member 08/17 –
3. Tijuana Border Wound Clinic 06/16 –
4. Frontline Wellness Network Founding Member 08/17 –
5. Southern California Physicians for Health Equity 06/18 – 01/21
6. Los Angeles Human Rights initiative /Asylum Clinic 03/19 -

Professional & Scholarly Associations

1. Society for Academic Emergency Medicine 10/14 -
2. American College of Emergency Physicians 10/14 –
3. ACEP Social Emergency Medicine Section 06/17 –
4. SAEM Social Emergency Medicine Interest Group 01/18 -

HONORS AND SPECIAL AWARDS:

1. Gates- Cambridge Fellowship 06/07 – 06/08
2. Marshall T Morgan Humanism Scholarship 06/2017
3. LA County Productivity and Quality Award 10/2021

RESEARCH GRANTS AND FELLOWSHIPS RECEIVED:

Public Health Institute 02/19-06/21
California Bridge Program Grant
Goal: Implement and study opiate treatment
Role: Co- PI

California Community Foundation 04/18-04/21
Hospital Based Violence Intervention Grant
Goal: Implement a hospital-based violence intervention program
Role: Co-PI

California Victims Compensation Board 04/19-04/21
Trauma Recovery Center Grant
Goal: Establish a Trauma Recovery Center
Role: Co-PI

Whole Person Care Los Angeles 06/19-06/22
Hospital Based Violence Intervention Grant
Goal: Expand Hospital Based Violence Intervention Programming Regionally
Role: PI

California Violence Intervention and Prevention Program 08/20-08/23
Hospital Based Violence Intervention Grant
Goal: Expand Violence Intervention and Student Mentorship Programming
Role: PI

UCLA DGSOM Seed Grant Planning Grant 10/21-3/2023
Community Perspectives on Safety in Healthcare Spaces
Role: Co- PI

LECTURES AND PRESENTATIONS:

Local Lectures:

1. "Neurogenic Shock" 08/2015
   Emergency Medicine Residents' Conference, UCLA-Olive View Medical Centers, Los Angeles. California,
2. "Mechanical v. Traditional Chest Compressions" 05/2015
   Emergency Medicine Residents' Conference, UCLA-Olive View Medical Centers, Los Angeles. California
3. ED Based Interventions for At-Risk Drinking" 05/2016
   Emergency Medicine Residents' Conference, UCLA-Olive View Medical Centers, Los Angeles. California, May 2016
4. Introduction to Trauma 06/2016
   Emergency Medicine Residents' Conference, UCLA-Olive View Medical Centers, Los Angeles. California
5. Course Director "Introduction to Social Medicine" 08/2017
   David Geffen School of Medicine, Los Angeles California
6. Thoracic Trauma 09/2016
   Emergency Medicine Residents' Conference, UCLA-Olive View Medical Centers, Los Angeles. California
7. Care for the Homeless Patient 10/2016
   Emergency Medicine Residents' Conference, UCLA-Olive View Medical Centers, Los Angeles. California
8. Correctional Health and Primary Care Connections 01/2019
   Department of Health Services Reentry Learning Collaborative, California Endowment. Los Angeles, California
9. Health Equity and Liberation Medicine 02/2019
   Harbor-UCLA Medical Center Grand Rounds, Carson California
10. Structural Vulnerability 08/2019
    Harbor-UCLA Emergency Medicine Grand Rounds , Carson CA
11. Social Emergency Medicine CPC 10/2019
    Harbor-UCLA Emergency Medicine Grand Rounds , Carson CA
12. Hospital Based Violence Intervention 10/2019
    LAC-USC Emergency Medicine Grand Rounds, Los Angeles California
13. Community Mental Health 11/2019
    Charles Drew Medical School Health Equity Course, Los Angeles California
14. Less Than Lethal Weapons 01/2020
    Harbor-UCLA Emergency Medicine Grand Rounds, Carson CA
15. Incarceration and Structural Vulnerability

Harbor-UCLA Hospital Wide Intern Orientation 07/2020

16. Social Medicine and Structural Competence 07/2020
    Harbor UCLA Medical Center Intern Orientation
17. Policing, Incarceration, and Health: Opportunities for Pragmatic and Liberatory Solidarity. UCLA DGSOM 08/2020
18. Managing Law Enforcement Presence in the ED
    UCLA-Olive View Emergency Medicine Grand Rounds 12/2020
19. Community Partnerships
    UCLA Psychiatry Residency Advocacy Selective
20. Managing Law Enforcement Presence in Care Spaces 04/2022
    Harbor-UCLA Emergency Medicine Grand Rounds
21. Community Based Advocacy
    UCLA Psychiatry Residency Advocacy Selective 04/2022
22. Careers in Social Medicine 11/2022
    Pasadena Community College
23. Policing, Incarceration, and Health 11/2022
    UCLA Ronald Reagan Internal Medicine Grand Rounds

Regional Lectures:

1. Barriers to the “Right To Health” Amongst Patients of a Public Emergency Department Following Implementation of the Affordable Care Act 03/2015
   Western Regional SAEM Conference, Tucson, AZ
2. Structural Vulnerability 05/2017
   Emergency Medicine All-LA Regional Conference, LAC-USC Medical Center, Los Angeles, California
3. Craniofacial Complications 07/2017
   Emergency Medicine Conference, Kaweah-Delta Hospital, Visalia, California
4. Development and Implementation of a Novel Medicaid Enrolment Process for Correctional Health Settings. 06/2018
   Southern California DII Conference. Los Angeles, California
5. Incarceration and Health 05/2019
   All-LA Regional Conference, Harbor-UCLA, Los Angeles, California
6. Injuries from “Non-Lethal” Weapons 08/2019
   Harbor UCLA Regional Trauma and Critical Care Conference, Carson, CA.
7. Covid19 and Vulnerable Populations 05/2020
   Keck School of Medicine
8. District Attorney Practices in the Time of COVID19 05/2020
   LA for District Attorney Accountability Webinar
9. Incarceration and Health 06/2020
   Charles Drew University
10. Liberation Medicine
    Harbor-UCLA Summer Youth Development Program 07/2020
11. COVID-19: New Horizons for Tackling Mental Health, Racism, Incarceration, and Health Disparities 02/2021
    25th UCLA Healthcare Symposium
12. Understanding and Advancing Reentry Care in Los Angeles. 11/2022
    LA CARE Los Angeles Regional Enhanced Care Management Webinar.

National Lectures:

1. Barriers to the "Right to Health" Amongst Patients of a Public Emergency Department Following Implementation of the Affordable Care Act. National Society of Academic Emergency Medicine Conference. San Diego — 05/2015
2. A Case of Migrating Chest Pain Council of Emergency Medicine Residency Directors National Conference, Annual Lecture, Nashville, TN — 04/2016
3. Craniofacial Complications Society of Academic Emergency Medicine Conference, Orlando FL — 05/2017
4. Undocumented Emergency Department Patients: We Can Do Better National Society of Academic Emergency Medicine Conference. Indianapolis — 5/2017
5. Migrant Heath and Liberation Medicine Second Annual Health of Migrants Conference. Galveston, Texas. — 12/2018
6. Health Equity and Emergency Medicine: A Perfect Fit Society of Academic Emergency Medicine Conference, Las Vegas NV — 05/2019
7. Leveraging Community Health Workers to Improve Population Health Americas Essential Hospitals Vitals Conference, Miami FL — 06/2019
8. Breaking the Cycle: Hospital Based Violence Intervention Americas Essential Hospitals Vitals Conference, Miami FL — 06/2019
9. COVID19 and Incarceration UCLA Center for Social Medicine Webinar — 04/2020
10. Immigration Informed Emergency Care. Society of Academic Emergency Medicine National Conference — 08/2020
11. Care of the Incarcerated Patient: From Bedside to Abolition. Society of Academic Emergency Medicine National Conference — 08/2020
12. Health Activism in the Era of Medicalized Mass Incarceration Beyond Flexner National Conference — 04/2021
13. Treating Violence Body and Soul Society of Academic Emergency Medicine National Conference — 05/2021
14. Physician Advocacy Bootcamp Society of Academic Emergency Medicine National Conference — 05/2021
15. SAEM Consensus Conference: From Bedside to Policy Society of Academic Emergency Medicine National Conference — 05/2021
16. Law Enforcement in the ED: Overview of Considerations, Laws, Policies Society of Academic Emergency Medicine National Conference — 05/2021
17. Revisioning Healthcare Spaces in Partnership With Community. "When Health Care and Law Enforcement Overlap". Virtual Conference University of Pennsylvania, Pennsylvania — 09/2021
18. "What's at Stake When Public Health Aligns with (or Undermines) Social Justice Movements" American Public Health Association National Conference Featured Presentation. Boston, MA. — 11/2022

International Lectures:

1. Discapacidad: Trauma de Sistema Nervioso Central: Lesiones del Cerebro y Medula Espinal Pre-hospital Training Program. Managua, Nicaragua. — 02/2017

2. Incarceration and Health Advocacy 08/2020
   Doctors for Global Health General Assembly. Virtual Conference

PUBLICATIONS/BIBLIOGRAPHY:

RESEARCH PAPERS

A. Research Papers

1. Hale MB, Krutzik PO, **Samra SS**, Crane JM, Nolan GP, 2009 Stage Dependent Aberrant Regulation of Cytokine-STAT Signaling in Murine Systemic Lupus Erythematosus. PLoS ONE 4(8): e6756. doi:10.1371/journal.pone.000675
2. **Samra SS**, Crowley J, Fawsi M, 2011 The right to water in rural Punjab: Assessing equitable access to water in the context of the ongoing Punjab Rural Water Supply Project. Health and Human Rights Journal. Volume 13, No. 2.
3. **Samra, SS** et al. "Barriers to the Right to Health Among Patients of a Public Emergency Department After Implementation of the Affordable Care Act." Health equity vol. 3,1 186-192. 2 May. 2019, doi:10.1089/heq.2018.0071
4. **Samra, SS**, Taira, B., Pinheiro, E., Trotzky-Sirr, R., & Schneberk, T. (2019). Undocumented Patients in the Emergency Department: Challenges and Opportunities. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*.
5. Saadi A, Cheffers ML, Taira B, Trotzky-Sirr R, Parmar P, **Samra SS**, Morrison JL, Shah S, Schneberk TW, "Building Immigration-Informed, Cross-Sector Coalitions: Findings from the Los Angeles County Health Equity for Immigrants Summit," Health Equity
6. Taira, B. R., Torres, J., Nguyen, A., Guo, R., & **Samra, SS.** (2020). Language Assistance for the Care of Limited English Proficiency (LEP) Patients in the Emergency Department: A Survey of Providers and Staff. Journal of Immigrant and Minority Health, 1-9.
7. **Samra, SS.**, Schneberk, T., Hsieh, D., & Bourgois, P. (2020). Interpersonal and Structural Violence in the Wake of COVID-19. American Journal of Public Health.
8. Clayton- Johnson MA, **Samra SS**, Levenson, J (2020). Allying Health and Abolition: Lessons From the Campaign Against Jail Construction in Los Angeles. *American Journal of Public Health*
9. Dubal SB, **Samra SS**, Janeway HH. Beyond border health: Infrastructural violence and the health of border abolition. Social Science & Medicine. 2021 Jun 1;279:113967.
10. Janeway H, **Samra SS**, Seon J. An Ethical, Legal and Structural Framework for Law Enforcement in the Emergency Department. Annals of Emergency Medicine. 2021
11. Darby, A., Cleveland Manchanda, E. C., Janeway, H., **Samra, SS.**, Hicks, M. N., Long, R., ... & Schoenfeld, E. (2022). Race, Racism and Antiracism in Emergency Medicine: A Scoping Review of the Literature and Research Agenda for the Future. Academic Emergency Medicine.
12. Levenson, J., **Samra SS.** Organized Care as Antidote to Organized Violence: An Engaged Clinical Ethnography of the Los Angeles County Jail System. Culture, Medicine, and Psychiatry (In submission)

Book Chapters

1. **Samra S**, Schneberk T Immigration as a Social and Structural Determinant of Health. *Social Emergency Medicine: Principles and Practice.* Springer Nature. 2021

EDITORIALS

1. Maciag K, **Samra S**, Sorscher SS. 03/2009
   Harvard as Big Pharma. The Harvard Crimson.

ABSTRACTS

1. **Samra S,** Taira B, Richman, M, McCullough. "Barriers to the "Right To Health" Amongst Patients of a Public Emergency Department Following Implementation of the Affordable Care Act." Western Regional Society of Academic Emergency Medicine Conference, Tucson, AZ, March 2015
2. **Samra S,** Taira B, Richman, M, McCullough. "Barriers to the "Right To Health" Amongst Patients of a Public Emergency Department Following Implementation of the Affordable Care Act." National Society of Academic Emergency Medicine Conference. San Diego, May 2015
3. **Samra S,** Taira B, Hseih D, Schneberk, T. "Undocumented Emergency Department Patients: We Can Do Better" National Society of Academic Emergency Medicine Conference. Indianapolis, Indiana , May 2018
4. Taira, B, Torres, J, Nguyen, A, **Samra SS. "**Emergency Department Provider Knowledge of and Preferences for Language Assistance for the Care of Limited English Proficiency Patient" National Society of Academic Emergency Medicine Conference. Indianapolis, Indiana , May 2018
5. Schneberk T, **Samra S**. "Creation of a novel medico-legal conduit to assist undocumented individuals presenting to the Emergency Department to address immigration legal needs" National Society of Academic Emergency Medicine Conference. Indianapolis, Indiana , May 2018
6. Hsieh D, **Samra S**, "Development and Implementation of a Novel Medicaid Enrolment Process for Correctional Health Settings." Southern California Dissemination, Implementation, and Improvement Conference. Los Angeles, California. June 2018
7. Terao N, Hsieh D, **Samra S**, Salas A, Murray J, Deane M, Carrillo P. "Implementing an Effective Hospital-Based Violence Intervention Program at a Los Angeles County Trauma Center" Southern California Dissemination, Implementation, and Improvement Conference. Los Angeles, California. June 2018
8. Yoo,K, **Samra, S**, , Bernstein, K and Hsieh, D , Reducing Morbidity, Mortality, and Recidivism for Jail and Prison Re-Entry Patients: The Los Angeles County Whole Person Care Re-Entry Program. American Public Health Association Conference 2019
9. Lee S, Hsieh D, , **Samra S,** Hong C, Zaidi H, Rumburg S. Longitudinal Patient Accompaniment Services by Community Health Workers (CHWs): Improving Coordination of Primary Care Services (PCS) for High-Risk Populations in Los Angeles County. American Public Health Association Conference 2019
10. Terao N, Hsieh D, **Samra S**, Mull B,Friedman J, Kuo T, Barragan N, Deane M, Salas A. Implementation and Evaluation of a Hospital-Based Violence Intervention Program at a Los Angeles County Trauma Center. American Public Health Association Conference 2019
11. **Samra S**, Hsieh D, Bernstein K, Hoffman K. Expansion of a Jail Based Primary Care Reentry Program. American Public Health Association Conference 2019
12. Kuo K, Barragan N, **Samra S,** Dicker R. Population Health Perspective on Violence Prevention in the Hospital Setting: Intervening During a "Teachable Moment" in a Victim's Life. American Public Health Association Conference 2019
13. Friedman J, **Samra S,** Hsieh D, MD, Chong V, Plantmason L, Schneberk T, Kwaning K. Racial and Geographic Disparities in Violent Injury Rates: A Baseline Assessment for a Los Angeles Hospital-Based Violence Intervention Program. American Public Health Association Conference 2019
14. Hsieh D, **Samra S,** Yoo K, Bernstein K, Burstyn M, Pharm.D. Providing a 30 Day Supply of Medications upon Discharge from Los Angeles County Jails. American Public Health Association Conference 2019

EXHIBIT B

Materials Reviewed

Exhibit B, Declaration of Shamsher Samra, M.D.

Vera Institute of Justice, *Care First L.A.: Tracking Jail Decarceration* https://www.vera.org/care-first-la-tracking-jail-decarceration.

Los Angeles Sheriff's Mental Health Count, May 9, 2023, https://lasd.org/wp-content/uploads/2023/05/Transparency_Custody_LASD_Mental_Health_Count_050923.pdf

K.R. Quandt and A Jones, *Research Roundup: Incarceration Can Cause Lasting Damage to Mental Health*, (May 13, 2021), https://www.prisonpolicy.org/blog/2021/05/13/mentalhealthimpacts/

Chapter, T.A. Kupers, M.D., M.S.P, *Posttraumatic Stress Disorder (PTSD) in Prisoners,* published in Managing Special Populations in Jails and Prisons*, ed. Stan Stojkovic,* (Kingston, NJ: Civic Research Institute, 2005).

The Association Between Trauma Experienced During Incarceration Healthy People 2030, U.S. Dep't of Health and Human Services, Office of Disease Prevention and Health Promotion, *Social Determinants of Health Literature Summaries: Incarceration*, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration#:~:text=Studies%20have%20shown%20that%20when,%2C%20hepatitis%20C%2C%20and%20HIV.

Laura M. Maruschak, BJS Statistician, Marcus Berzofsky, Dr.P.H. &Jennifer Unangst, U.S. Dep't of Just., Bureau of Justice Statistics, *Medical Problems of State and Federal Prisoners and Jail Inmates*, 2011-2012 (rev. Oct. 4, 2016), https://bjs.ojp.gov/content/pub/pdf/mpsfpji1112.pdf.

EXHIBIT A PAGE 23